

Social Accountability Intervention in Uttar Pradesh

1. Overview of the Project

The Uttar Pradesh Health System Strengthening Project (UPHSSP) supported by the International Development Association (IDA) is implementing various strategies to improve the quality of health care services in the State. As a part of this process, it proposes to introduce Social Accountability (SA) mechanism to improve health service delivery. The intervention is aimed to build trust and capacity among citizens by involving them in improving health service delivery mechanism and also holding Health Service Providers accountable and increasing their responsiveness to health needs of the community. UPHSSP intends to introduce community assessment of health and health care at the local level and use community audits of service delivery and assess information to stimulate community action to demand better services, and enhance positive health behaviours.

Mechanisms need to be developed and implemented to enhance the social accountability of Service Providers and the health system through engagement of VHSNC and Block level PRI representatives in the State. It is proposed and planned to undertake complementary and interactive activities, i.e. informing citizens, creating simple feedback mechanisms, improving service response, and enhancing community, household and individual health behaviours, thus strengthening the interface between health services and community.

Evidence from around the world suggests that Social Accountability mechanism can contribute to improved governance and increased development effectiveness through better service delivery and citizen empowerment. As per the World Bank's Social Accountability Source book, '**Social accountability**' is about affirming and operationalizing direct accountability relationships between citizens and the state. Social accountability refers to the broad range of actions and mechanisms beyond voting that citizens can use to hold the state to account, as well as actions on the part of government, civil society, media and other societal actors that promote or facilitate these efforts.

A generic framework of social accountability proposed in a study commissioned by the Department of Administrative Reforms & Public Grievances, Government of India suggests that 'social accountability' is an approach towards ensuring accountability that relies on civic engagement, i.e. in which ordinary citizens and citizen groups participate directly or indirectly in exacting accountability. This involves deploying tools like participatory budgeting, public expenditure tracking, citizen report cards, community scorecards, social audits, citizen charters, and so forth. Two prominent characteristics stand out in these tools and mechanisms. First: social accountability efforts work to enhance and integrate citizen voice into the everyday workings and decision-making processes of the state. There has, in this sense, been a shift from "vote" to "voice" is the principal accountability tool in the hands of the citizens. Second: central to social accountability

efforts is transparency in governance. The main channel through which citizens are being empowered to demand accountability is through creation of, and access to, more information. So the recurrent theme seems to be: more information means more empowerment, which in the context of greater participation means more voice, which means greater accountability.

UPHSSP proposes to develop and implement mechanisms is to increase the social accountability of service providers and that of the health system as a whole. The mechanism for Social Accountability would essentially focus on three key aspects–

1. Information provision by the health system to its intended beneficiaries to let them know what they can expect from the health services delivery system,
2. Institutionalization of a mechanism for receiving feedback from the citizens on what they end up receiving, and
3. Corrective actions on part of the health providers and facilities based on the feedback received.

Interventions : Aim, Objectives & Expectations

A key component of the World Bank's Uttar Pradesh Health Systems Strengthening Project (UPHSSP), the social accountability component includes support for introducing and strengthening social accountability mechanisms in order to stimulate community action:

- a) to demand better services,
- b) to enhance positive health behavior at individual and community level, and
- c) to promote social audits of service delivery and resource allocation in the health sector.

Project Aim

Develop sustainable Social Accountability Mechanisms to improve the delivery of healthcare services in the catchment area of the facility including all sub-centres in the project area.

Objectives

To inform the community of their health entitlements, facilitate monitoring based on agreed benchmark indicators and enable feedback on the indicators to the health system to facilitate corrective action in a framework of accountability, and enable the community to be partners in the process of improving the functioning of health system as envisaged by NHM. The specific objectives are:

1. To develop a design for the social accountability intervention at Block level and Village level to enable the community to be informed of their health entitlements.
2. To facilitate monitoring based on agreed benchmarks / indicators & enable feedback on the indicators to the health system to facilitate corrective action in a framework of accountability.
3. To enable the community to be partners in the process of improving the functioning of health system, as envisaged by NHM.

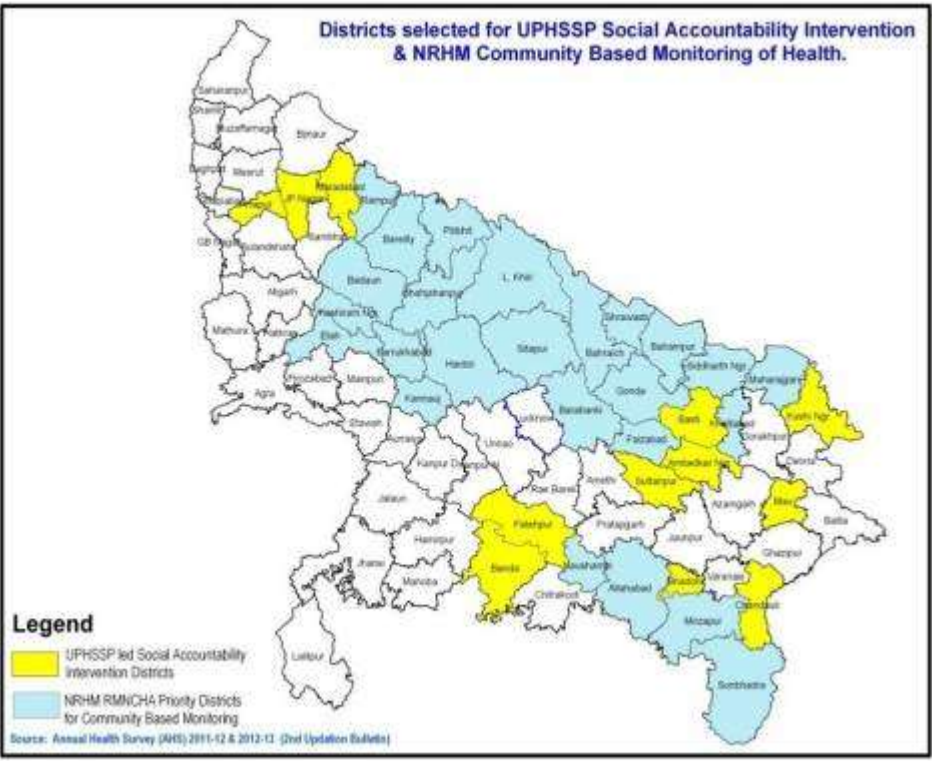
Expected outputs/ outcomes of the Social Accountability Intervention

- Creating a pool of trained & enabled VHSNC/ PRI members/ community members on issues of social accountability,
- Generation of Consolidated Reports (through collation and consolidation of score cards) for feedback to the committee and health system,
- Organization of Jan Samvaad or other interactive processes enabling engagements between Health System and community, and
- Responsiveness of the Health System in terms of action taken reports (ATRs) and monitoring by the committee.

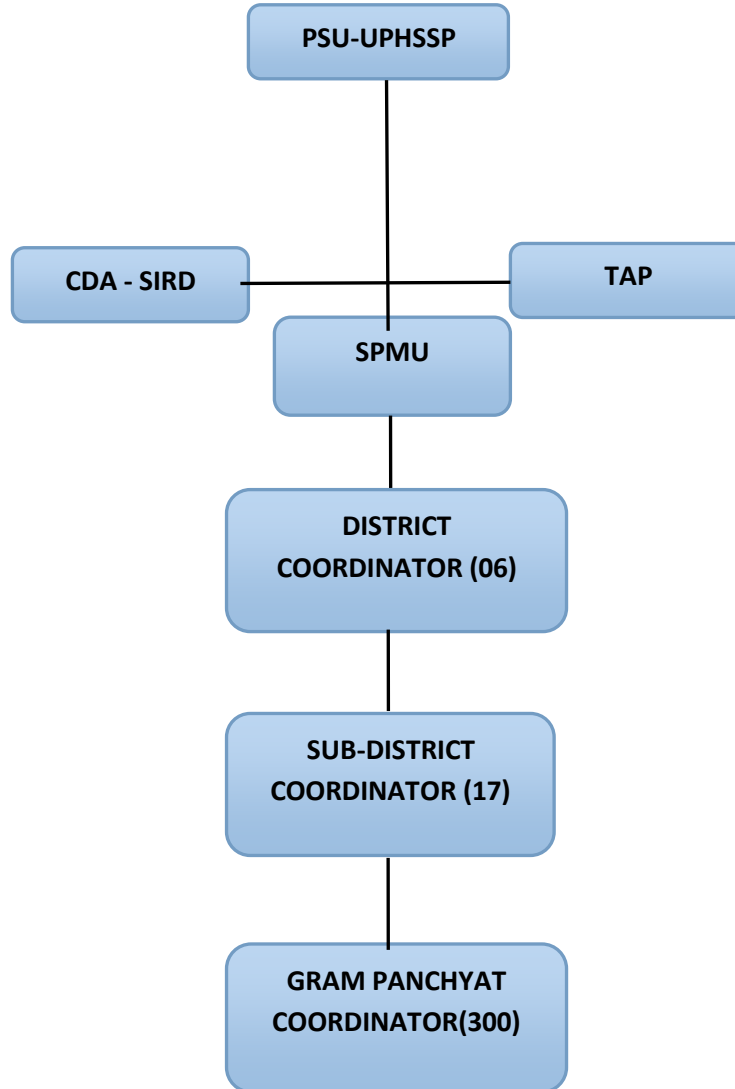
2. Project Implementation Design

Project coverage area

Project Design comprises of 12 Districts. **In Phase -1 the intervention will be initiated in proposed 12 districts of UP covering approximately 51 blocks and 3000 Gram Panchayats.** The proposed districts are as below-

	<p>Intervention Districts - 10 Districts (SIRD)</p> <ol style="list-style-type: none"> 1. Banda 2. Ambedkar Nagar 3. Mau 4. Basti 5. Kushinagar 6. Chandauli 7. SR Nagar (Bhadohi) 8. Moradabad 9. Jyotiba Phule Nagar 10. Hapur (Panchsheel Nagar) <p>RCT Districts W/SIEF)</p> <ol style="list-style-type: none"> 1. Sultanpur 2. Fatehpur (pilot district)
<p>UPHSSP/TAP/CDA directly administer programs in 10 intervention districts.</p> <p>Provides GPC staffing to support intervention SA goals</p> <p>Sambodhi carries out research components in RCT Districts.</p>	

Structure of Project Management Unit



Social Accountability Intervention - Methodology

The Social Accountability Intervention (SAI) efforts in the project will focus on promoting availability and use of information for transparency, developing community score cards (CSC) and activities to facilitate accountability and governance, based on guidelines of the State Government of UP. The proposed SA design comprises four main components:

Assessment of ground level availability of intended service and identification of critical gaps.

Capacity building of local governance institutions for community participation and engagement

- ✓ Train VHSNCs and PRIs and community members on creation of score cards
- ✓ Facilitate participation in budgeting, transparency, and information dissemination
- ✓ Training of Block level officials (MOIC, BDO, ADOP, CDPO, Block Pramukh)
Gram Pradhan and Secretary Panchayat

Information Transparency

- ✓ Citizen Charter (between citizens and public service providers)
- ✓ Transparency of policies and processes; rights and responsibilities
- ✓ Transparency of public budgets
- ✓ Information on health sector performance

Community Participation and Engagement

- ✓ Community Score Cards
- ✓ VHSNC & PRI engagement to address community priorities
- ✓ Follow-up & Monitoring
- ✓ Block level representation

Service Provider Responsiveness

- ✓ Corrective actions taken
- ✓ Creation of public accountability mechanisms (including technology based reporting and transparency tools)

Steps/Work Plan for Implementation of Social Accountability Intervention

- 1. Training & Capacity Building of Master Trainers/ Trainers/ Facilitators*
- 2. Capacity Building of key stakeholders*
- 3. Capacity Building of Local Governance Institutions (PRI) for community participation and engagement*
- 4. Engaging CBOs/ NGOs/ CRPs to establish SA mechanisms*
- 5. Facilitating ongoing SA activities*
- 6. Collection & Analysis of information /data for development of score cards and indicators*
- 7. Monitoring of processes and reporting*
- 8. Scale up Social Accountability Intervention*

3. Process of Community Mobilization:

For the Social Accountability Intervention Project, various tools and techniques will be used for community mobilization which is important in linking health institutions and structures to communities, fostering greater access to and equity in health care.

1. Usage of IEC materials, Citizen Charter, Flex/Display Board etc.
2. Organize “Protshahan Camp/ Appreciation Camp” of Service Providers to acknowledge their best services, (every six months, twice in a year). *Grading Tool will be developed to identify best VHSNC.*
3. Organize “Special Drive Campaign” at Village Level to promote best services/ efforts related to maternal & child health, health & hygiene, nutrition, sanitation & environment, safe drinking water, health welfare scheme, centrally sponsored schemes, etc.
4. Organize “Jan Samvaad” (Public Hearing) at selective Villages/GPs, Block & District Level between public service provider agencies and community on issues and challenges related to their services. (06 such meetings per block)
5. Use of Mass Media, Wall writing, Nukkad Natak, etc.
6. Inter Personal Counseling (IPC) of VHSNC members and front line workers. *Flip Book /Tablet application will be developed for GPC.*

4. Technology based Monitoring & Reporting

Data Analysis Overall Purpose

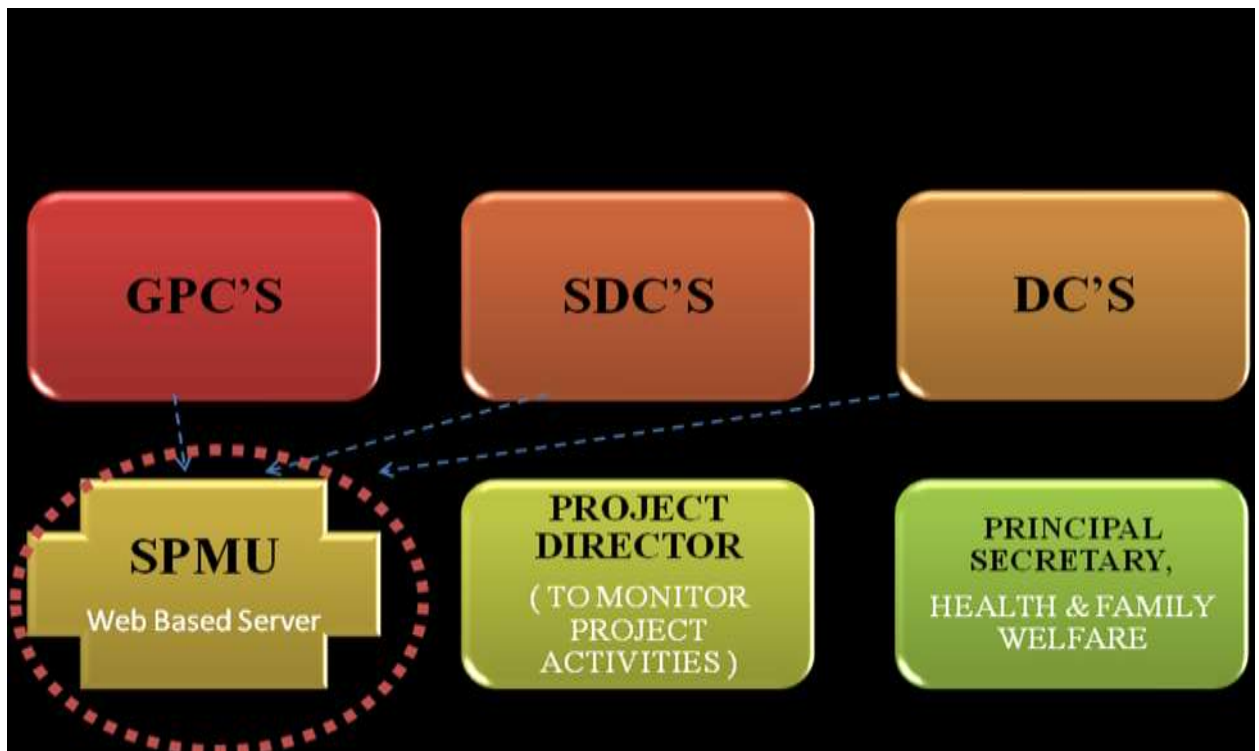
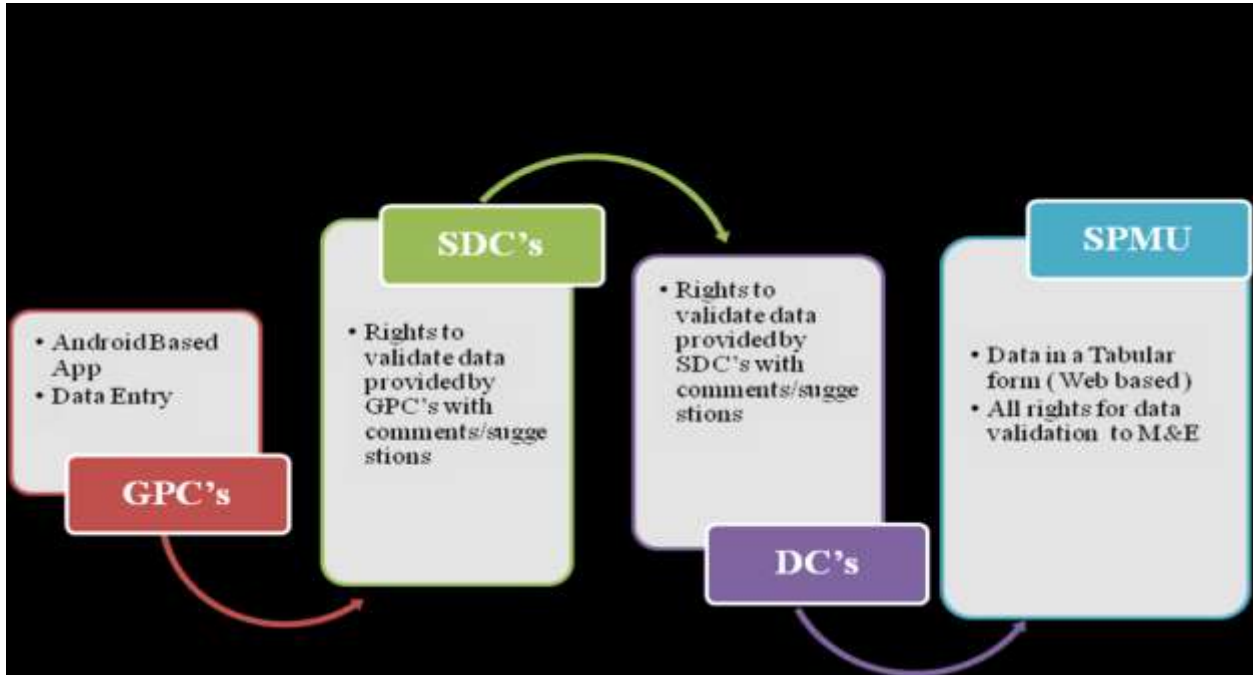
Data analysis is helpful in improving process of project implementation, guide in achieving objectives and deliverables of the project. The process set forth is aligned to the State Framework, which includes the Social Accountability Intervention (SAI) continuous improvement process. Data alone carries no meaning; it must be interpreted to highlight information and reveal important factual insights about the strengths and needs of the system. The success of the any developmental programme is always dependent on Reporting Pattern and Supportive Supervision by the project officials.

Under social accountability intervention CDA-SIRD/UPHSSP and WB team introducing IT base monitoring and supporting system for the SA intervention providing Tablet Base data entry and monitoring.

Benefits/Advantages

- Technology based reporting – using IT enabled methods to measure performance of local health committees and activities.
- Developing and facilitating technology based methods for grievance reporting mechanisms
- Facilitate Social Audits, Participatory Budgeting, Expenditure tracking by external agencies
- Government may also use the electronic (and/or photographic) records as management inputs for decision making and planning, or to aid in monitoring the process of accountability.

- Using telephone /text message based methods to generate regular user feedback
- Everything together at one place (Centralized Database).
- Data is automatically backed up daily, safe and secure.
- Geo-Fencing mechanism (Area based)
- Geo-Tagging mechanism (location time stamp)



Note: All data will be available on Website