Consumer Unity & Trust Society (CUTS International), Jaipur, India

Analytical Work Plan

1. Title of study

'Ensuring Service Delivery through Community Monitoring in 30 Health Centers in Tonk district of Rajasthan, India'

2. Abstract of study

The project aims at strengthening the service delivery entitled for common people available through Primary Health Centers (PHCs) (which are the cornerstone of rural health care in India, established by the Dept. of Health of the government), by measuring the quantum of availability of various services and the status of service providers. By involving unemployed educated youth, female members of Self-Help Groups (SHGs)[1] and elected representatives of local self government *(Panchayati Raj Institutions-PRIs*) in the form of a group called Community Monitoring Group (CMG) and building their capacity, the services will be monitored (community monitoring) which will help in inducing demand for accountability among service providers. A report showing the perception and level of satisfaction of people about the delivery of services will also be generated through the use of Citizen Report Card (CRC) by the people, who are the beneficiaries of the services in the jurisdiction of the PHC. Few interface meetings between service providers and recipients will be conducted to find out the intricacies and strengthen the bond between both service providers and recipients will be conducted. The data collected through community monitoring process and CRC will be analyzed and the findings including gaps and highlights will be disseminated among service providers and policy makers. A rigorous advocacy will be done for adopting suggested changes of the study and the community monitoring model built under the project through various means. An end evaluation through the use of CRC will determine the improvement in service delivery at PHCs.

3. Hypothesis or Objective

- To improve service delivery at PHCs through the use of community monitoring approach and evolving this approach as a sustained model for replication
- To measure the rate of absence of various service deliveries at PHCs and perception of users about the services and disseminate the findings for taking action
- To strengthen the bond between the service providers and the community for fighting the gaps in service delivery together.

[1] SHG in India is a group of 12-15, formed by women from poorer sections, to come together mainly for economic activities such as developing habit of saving and strengthening their own capital resource base, in turn to help in their own empowerment.

4. Sampling plan

The district selected for the implementation of study is 'Tonk' in Rajasthan state of India, which having a population of more than 1.25 million. There are 6 blocks in the district. Since the target is 30 public PHCs, 5 PHCs from each of the 6 blocks will be chosen randomly, including one 24x7 PHC. So for community monitoring process, the sampling strategy will be stratified random sampling.

For conducting CRC, the random sampling method will be used among the people, who have been registered beneficiaries of the PHC during a particular time period. The time period for conducting the CRC will be 3 months, which includes identification of surveyors, orientation of surveyors, developing questionnaires, filed testing and finalization etc.

5. Methodology – Desk Study/Budget records

Primary Source: Both qualitative and quantitative data will be collected through the process of community monitoring and citizen report card and the interface meeting (Time period- 3 months).

Secondary Source: The website, newspaper, officials records etc will be used as secondary source of information (6 months).

6. Methodology – Facility survey(s) and visits

Community monitoring: The monitoring process will begin with identification of youths, SHG members, elected representatives etc and orienting them for the process. Citizen monitoring card will be developed and tested for finalization. This card will be used for noting down the absence/ presence of services at the PHCs. All the services people are entitled to get at a PHC will be mentioned in the Citizen Monitoring Card.

Citizen Report Card: The Citizen Report Card (CRC) is a simple but powerful tool to provide public agencies with systematic feedback from users of public services. By collecting feedback on the quality and adequacy of public services from actual users, CRC provides a rigorous basis and a proactive agenda for communities. This report card will be generated by asking the community members about perception/level of satisfaction on various services delivered at the PHCs.

Some informal interviews and meetings with potential beneficiaries (like women who are pregnant or have undergone childbirth in the recent past, or those with small children) to understand the community members' experiences and problems faced, as well as assess the extent to which key services are being delivered effectively.

The proposed time period is of 3 months.

A tentative list of Variables could be:

- Presence of staff
- Availability of medicine
- Availability of laboratory facilities
- Availability of vaccination facilities
- Adolescent health care facilities
- Patient transport facilities
- Availability of permanent methods of family planning
- Facility & Entitlements under *Janani Suraksha Yojna*
- Ante & Post natal care

7. Methodology – Other activities

Scoping visits in the beginning and few focused group discussions will also be conducted for getting the clear understanding of local details about the service delivery.

8. Data Analysis Plans

On the basis of indicators identified for monitoring, the frequency of availability of each kind of services will be calculated and the scale of satisfaction of the available services will be measured through citizen report card of services and also. The identified gaps through monitoring and CRC will also be triangulated by the information collected through secondary sources, interviews and interface meetings.

9. Total time line for proposed study activities

S. No.	Activities	Month											
		1	2	3	4	5	6	7	8	9	10	11	12
1	Project Scoping	√											
2	Constitution of Monitoring Cell	√											
3	District Level Launch Meeting	√											
4	Sampling		√										
5	Developing & Printing Community Monitoring Card (CMC) & Citizen Report Card (CRC)		√										
6	Orientation of the members for conducting CMC & CRC				√								

7	CMC & CRC Process					√	√	√					
8	Secondary Data Collection				√	√	√	√	√	√			
9	Interviews, Focus Group Discussion							√					
10	Interface Meetings								√				
11	Compilation and analysis of CMC and CRC									√			
12	Civic Engagement Process	√	√	√	√	√	√	√	√	√	√	√	√
13	Meeting with Policy makers	√	√	√	√	√	√	√	√	√	√	√	√
14	District Level Dissemination Meeting										√		
15	Publication of a communiqué					√						√	
16	State Level Dissemination Meeting											√	
17	End of the project survey using CRC											√	
18	Printing & Distribution of Final Document												√

10. Goals

Please list three measurable goals that you have for this project and your means to measure success in achieving these goals. Goals can be related to analytical work, advocacy work, or overall impact.

Goal	**How will you measure success?**
Improved access to service delivery	Increase in number of patients treated, Increased/regular attendance of staff at PHCs, availability of services at PHC measured through end evaluation.
Development of a community based monitoring model	Existence of the model for replication
Improved transparency/Accountability and Policy Reforms	Disclosure of entitled/available services and facilities (including stock of medicine etc.), the change in policies to address the identified gaps in the delivery of services.

11. Consultants and External Collaborators

A consultant may be hired for designing the CRC and CMC process for the effective outcome, if necessary. The need of conducting PETS can also arise during the implementation of the project for understanding the gaps in budget allocation, transfers and expenditure and its impact on service delivery. This will be executed with the help of a consultant.

A local NGO from each block will be selected for administering citizen report card, facilitating community monitoring and interface meeting. Government will also be a partner in terms of supporting various activities under the project, participating in the process and helping in bringing changes in policies, if necessary.

12. Revised Budget

Category	**Number of Units (a)**	**Unit Cost US$ (b)**	**Total Cost US$ (a) * (b)**
1. Personnel expenses sub-total	**Weeks**	**Weekly rate**	**14,800**
Project Director	10	300	3,000
Project Coordinator	20	200	4,000
Assistant Project Coordinator	52	150	7,800
2. Operational expenses sub-total	**Units**	**Unit Cost**	**14,600**
Office supplies	5 % of total		1200
Communications (phone, e-mail, mail)	5 % of total		1800
Document production[2]	500	8	4000
Communiqué production	1000	2	2000
Meals for Participants in events	100*3 = 300	3	900
Meals for Participants in training (CMC)	150*2 = 300	3	900
Meals for participants in training (CRC)	30*2 = 60	3	180
Other- Coordination Cost for making payment to local partner	6	400	2400
Other- Venue for Workshop/dissemination meeting/ Training etc	9	80	720
Other- Information & Communication material	500	1	500
Other (specify)			
3. Domestic travel expenses sub-total	**Units**	**Unit Cost**	**5370**
Airfare	10	200	2000
Hotel	50	30	1500

[2] This will include the cost of designing and printing a hard bind document based on complete project for further advocacy and distribution.

Category	Number of Units (a)	Unit Cost US$ (b)	Total Cost US$ (a) * (b)
Meals	150	5	750
Ground transportation	28	40	1120
Other (Specify)			
4. Data purchase/collection expenses	**Units**	**Unit Cost**	**6,700**
Publication of Questionnaire and Absenteeism monitoring card.			7,00
Data collection (CMC & CRC)[3]			6,000
5. Contracts (for example, contracting to other groups or individuals for translation, data gathering, media)	**Units**	**Unit Cost**	**600**
Compilation of primary data and monitoring data			300
Media management			100
6. Subtotal direct costs for this project (sum of lines 1, 2, 3, 4, 5 not to exceed $43,000)			**42070**
7. Indirect cost allowance (15 percent of line 6)			**6311**
8. Amount to be paid to your institution for the project (sum of lines 6 and 7)			**48381**

[3] This will include the cost of collecting monitoring data, CRC in the beginning and at the end of the project. If required, the fee of Consultants for conducting PETS and for designing CMC and CRC will also be paid from here. About 150 community monitors and 30 data collectors will be paid a lump sum amount for their work from this head of budget.