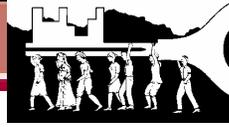


‘Ensuring service delivery through community monitoring of health services in 30 health centers in Tonk district of Rajasthan’

State Level Dissemination cum Advocacy Meeting
Jaipur, July 29, 2010

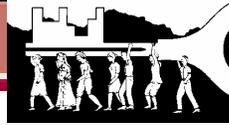


Do Shocking News shock us...

- 8 Indian states poorer than Africa's 26 poorest countries based on Multidimensional Poverty Index (MPI).

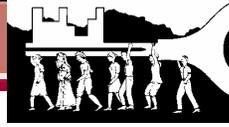
(MPI: The measure assesses the nature and intensity of poverty at the individual level in education, health outcomes, and standard of living)

- India has higher population of poor living on less than \$ 2 per day than sub-Saharan Africa
- 1/3rd of world's poor live in India, says ToI study



what these figures say...

- In India, 72 per cent of total healthcare expenditure is privately funded and 89.5 percent of which is paid out-of-pocket by patients (WHO in 2008)
- 40 per cent of those hospitalized are forced to borrow money or sell assets to meet hospitalization costs.
- In 1999-2000 alone, 3.25 cr. patients fell below poverty line just after a single hospitalization
- WHO estimates that 65 per cent of India's population lacks regular access to essential medicines
- India lies at 124th position in case of availability of doctors.
- Urban India is having 6 times more concentration of doctors than rural India



what is happening to us...

Project Title:

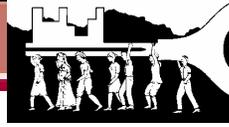
‘Ensuring service delivery through community monitoring of health services in 30 Primary Health Centers in Tonk district of Rajasthan’

Project Duration:

August 2009 to October 2010

Project Partners:

Results for Development (R4D) Institute &
Department of Health, GoR



Project Tools / Approaches:

Participatory Absenteeism Tracking Process (PATP)

(900 on the spot observation of 30 PHCs)

- Citizen Report Card

(902 users provided their opinion on service delivery)

- Interviews

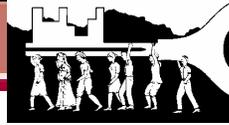
(58 service providers interviewed)

- Focus Group Discussions (10)

- Interface Meetings (10)

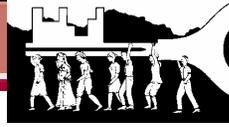
- Community based Monitoring model (10 places)

- District Level Dissemination Meeting (DLDM)



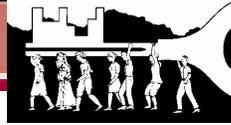
PATP: Methodology & Process

- 30 PHCs (out of 45) were selected on a random sampling basis
- Selected PHCs were observed at 3 points of time (10.00 AM, 11.30 AM & 5.00 PM) during duty hours
- Observation for 35 consecutive days except on Sundays by the members of community monitoring cell (CMC)
- CMC consisted of 5 unemployed educated youth oriented for monitoring.
- Monitors were strictly instructed to do monitoring on every 6th alternate days and not in sequence
- This all could be possible with the help of 10 locally based organizations and 150 monitors.



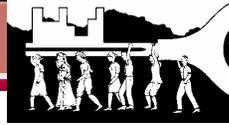
CRC: Methodology & Process

- Participatory survey that ask for user feedback on the performance of public services.
- CRC is used in situations where demand side data on on quality and satisfaction with public services is absent.
- A useful medium through which citizens can credibly and collectively ‘signal’ to agencies about their performance and advocate for change
- 30 service recipients from each PHCs, 58 service providers and 30 RPRI/VHSC members were interviewed.



What is happening in Tonk...

- 69 % of respondents say that they either get no medicines or only few medicines
- 47 % reports that they don't know about VHSC and only 54 % says that they have never met any VHSC member.
- 82 % of the people reported that they do not know any existing grievance redress mechanism.
- 44 % of the respondents found not to be satisfied with health service delivery.



what is happening in Tonk...

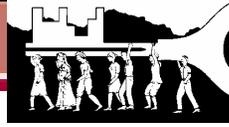
- Entitlements under Janani Suraksha Yojna (JSY)

32 % of respondents says that they have not received any cash assistance under JSY

37 % says that 24-hour delivery facility is absent at their PHC

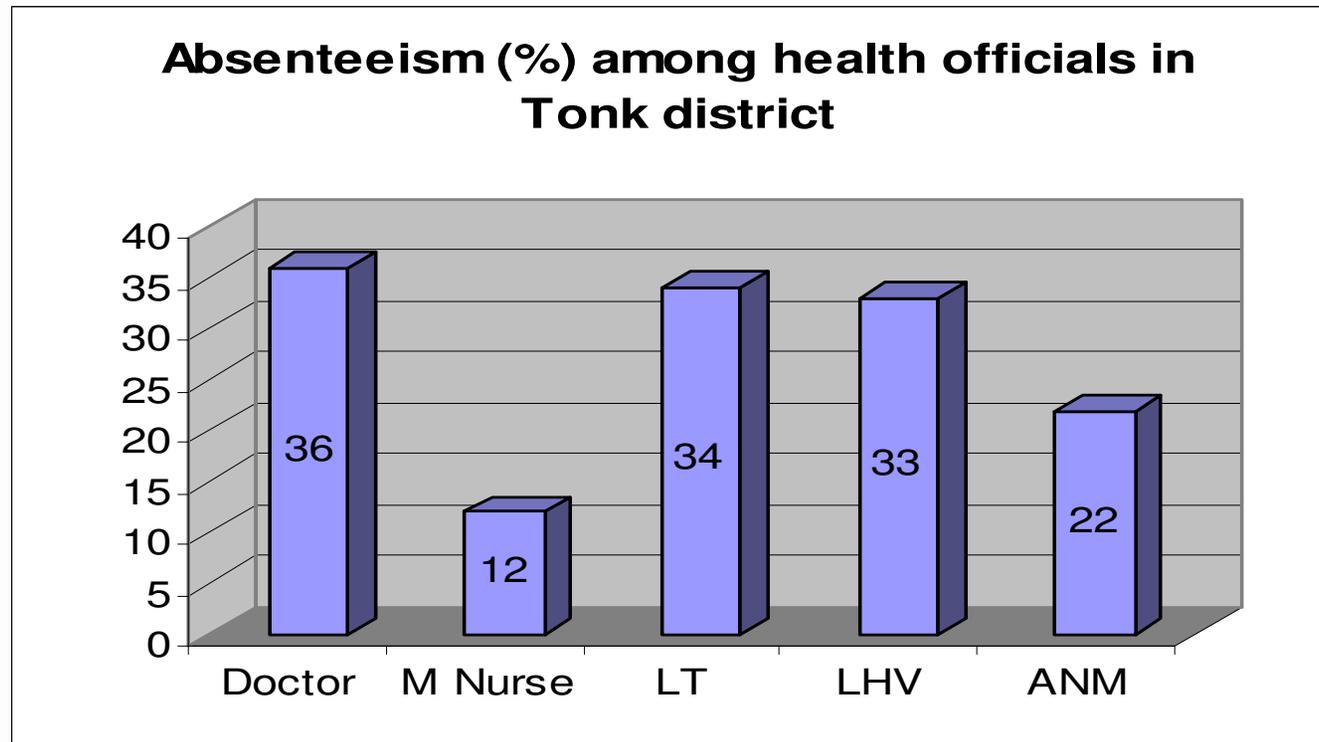
34 % says that no one has visited their home to know their health status

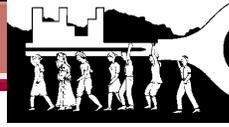
24 % of JSY beneficiaries were not given iron tablets and 25 % were not done any lab test



What is happening in Tonk...

- High absenteeism (Average 27%) among service providers

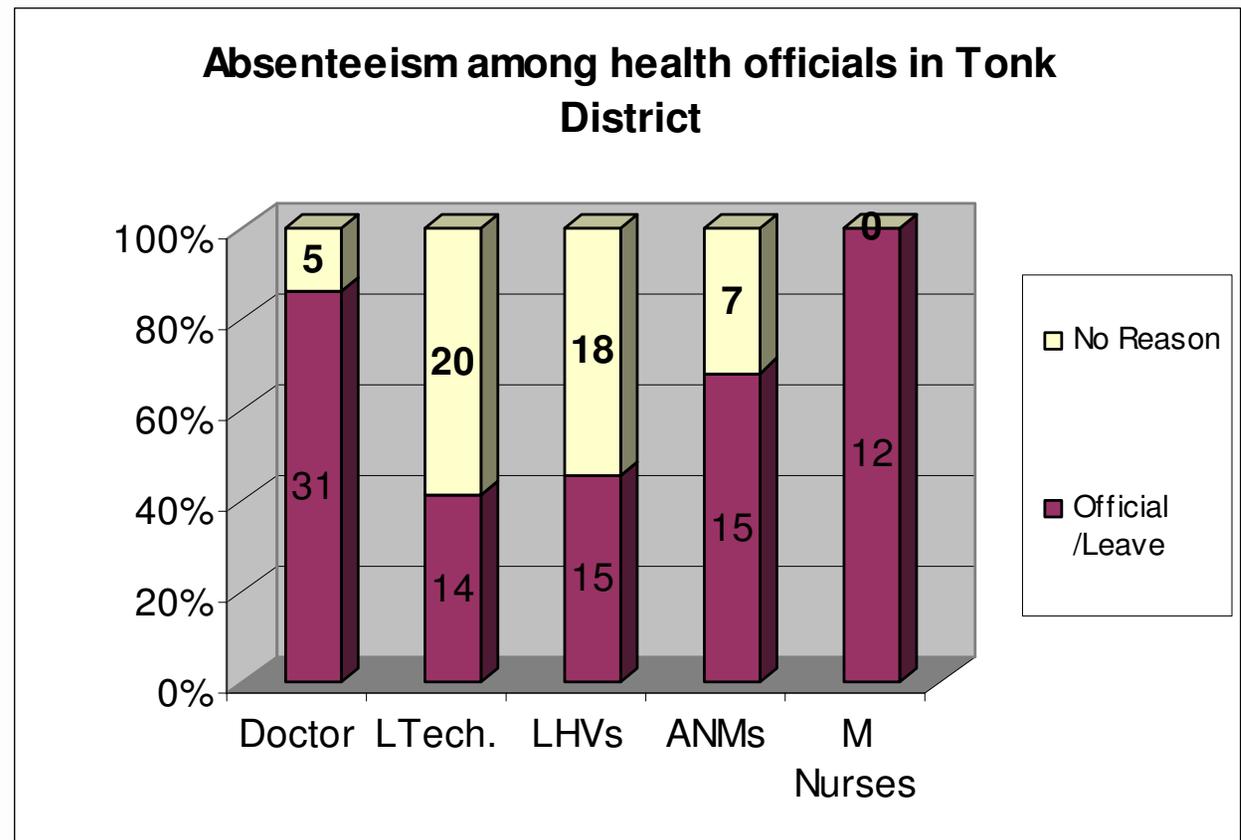


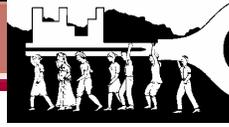


what is happening in Tonk...

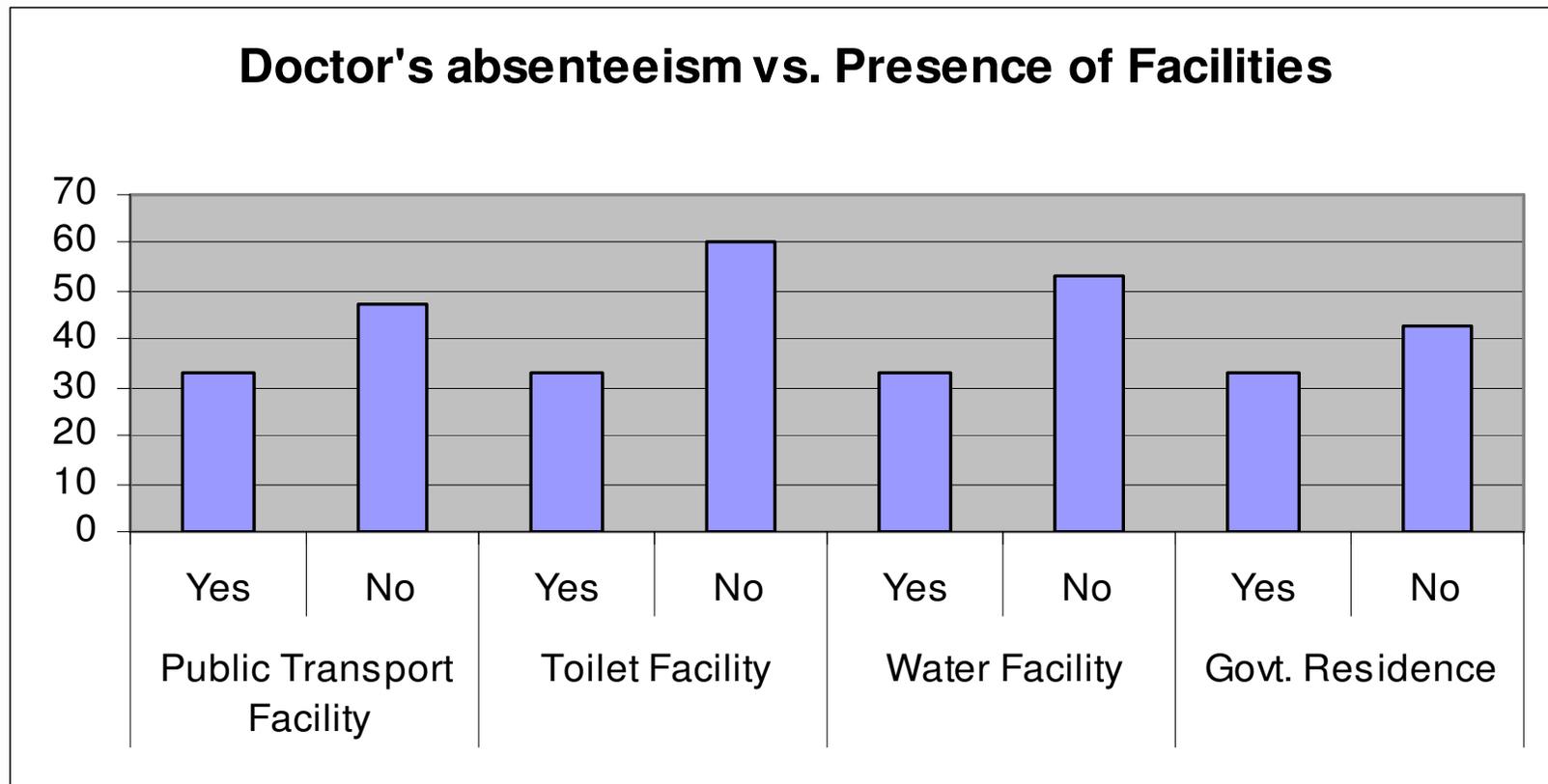
This graph says

In case of doctors, 31 % absenteeism is official and only 5 % is without any reason

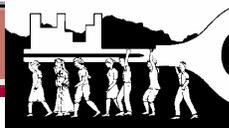




what is happening in Tonk...



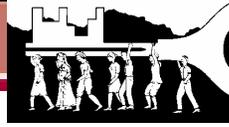
Interesting co-relation found



Rs. 84 lakh of financial loss per year in Tonk

(when only 5 categories of health providers considered)

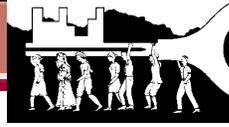
S. No.	Medical Providers	Absence Rate (in %)	Salary with Allowances per Month	No. of Officials (in Tonk)	Loss of Resource
1	Medical Officers (Doctor)	36	22800	42	4136832
2	Lab Technicians	34	8000	36	1175040
3	Lady Health Visitors	33	8000	35	110800
4	Adult Nurse Midwives	22	5200	47	645216
5	Male Nurses	12	12900	73	1356048
	Total				8421936



Thanks to RTI...

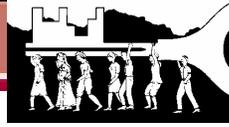
In 10 percent cases, health officials manage
to sign register
without visiting health centre

S.No.	Medical Providers	Absence Rate (in %)	Absence Rate (in %) Obtained through Attendance Sheet	Difference
1	Medical Officers (Doctors)	36	31	5
2	Lab Technicians	34	14	20
3	Lady Health Visitors	33	15	18
4	Adult Nurse Midwives	22	15	7
5	Male Nurses	12	12	0
	Average	27	17	10



what is happening in Tonk...

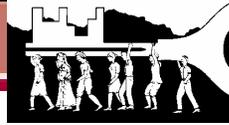
- 69 % of service providers want to change their PHC.
- 12.5 % of them were found dissatisfied with their jobs
- 25 % of them say that they don't get leave on demand.
- 41 % of them say there is shortage of staff at their PHC
- 12 % of the respondents reported somebody having left job recently.



what is happening in Tonk...

On an average 12% positions are vacant in Tonk

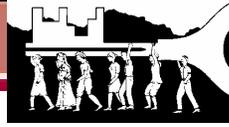
S. No.	Medical Providers	Posts Sanctioned	Appointed	% Vacant
1	Doctors (MO)	47	42	11
2	Lab Technicians	42	36	14
3	Lady Health Visitors	47	35	25
4	Adult Nurse Midwives	50	47	6
5	Male Nurses	77	73	5
	Average			12



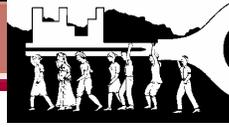
what is happening in Tonk...

30% of PHCs have no or poor drinking water

S. No.	Infrastructural Facilities at the Health Centre	Good (%)	Average (%)	Bad (%)	No (%)
1	Public Transport to the PHC	50	37	7	20
2	Toilets	37	43	17	10
3	Water	40	43	13	17
4	Electricity	37	47	13	13
5	Govt. Residences	37	27	20	27



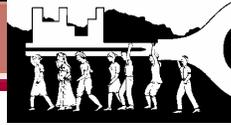
- Distance mapping was done for every PHC and found long distance variation among the PHC location
- The number of PHCs having nearest PHC located
 - Below or equal to 5 Km - 6
 - Below or equal to 10 km - 27
 - Above or equal to 15 km - 15
 - Above or equal to 20 km - 7



What is happening in Tonk...

Very poor access to medicines

- Medicines are supplied once or twice in a year to the PHCs
- Medicines are not sent to the PHCs even after repetitive requisition sent
- Not more than 15 medicines out of 35 essential drugs enlisted by the department are made available
- No private shops of the medicines nearby PHCs in most cases, health officials carry medicines from town
- People prefer to visit quacks with medicines than visit to PHC without medicines.



What happened to the core strategies of NRHM...

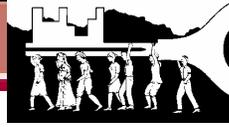
2 core strategies of NRHM are ignored...

- Increasing Community ownership by vesting responsibilities with PRIs
- Promoting the non-profit sector to increase social participation and community empowerment, promoting healthy behaviors, and improving intersectional convergence

The 1st phase (pilot) of community monitoring
is completed after 5 years

&

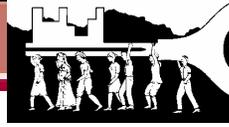
Now only government has realized that NGOs have a
Major role to play in improving health care delivery



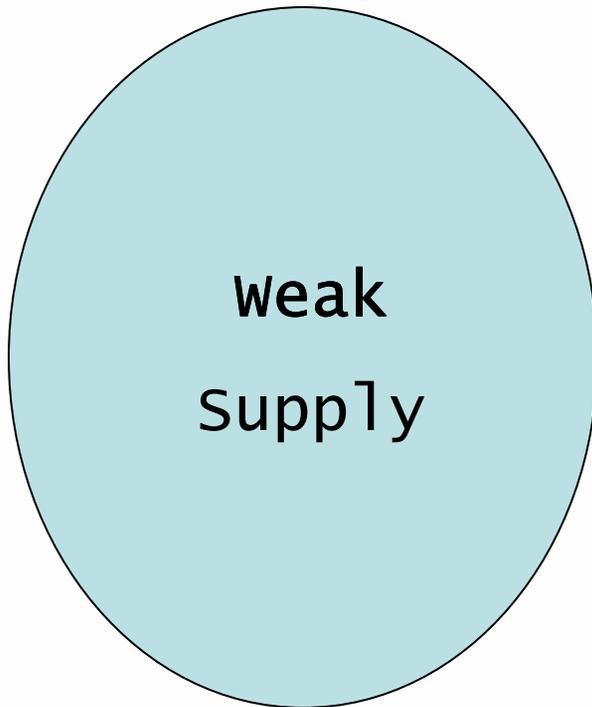
Problems identified

Weak
Community
monitoring,
participation
ownership and
NGO's
involvement

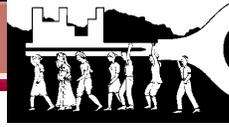
- Lack of faith in community towards Services at PHCs
- Poor awareness on entitlements
- People don't know any grievance redress mechanism
- Negligible VHSC meetings, community monitoring
- Low OPD Count (Fake names)
- Villagers are not sure about the services available at the PHCs



Problems identified



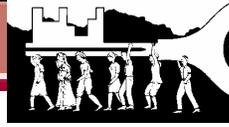
- Severe lack of medicines/medical facilities
- Lack of Infrastructural facilities for a healthy life style for health officials
- Doctors are given lot of other work, Not given leave, 24*7 hospitals have one doctor
- PHCs are not located centrally, not evenly distributed



Problems identified

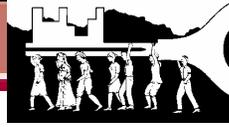
Other Limitations

- Community do not cooperate with health official of PHCs sometimes
- Political interference in transfers, selecting PHCs location
- Uneven distribution of staff
- Poor availability of doctors to work in rural areas



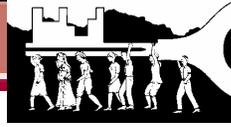
Recommendations

- Regular Interface meetings or VHSC committee meetings
- IEC activities for awareness on services available and entitlements
- Names with their mobile numbers of staff, their arrival and departure details, the service/medicines available and other information needs to be written at outer wall of PHCs
- Establishment of a grievance redress mechanism and making people aware about it (Local helpline on call centre model).



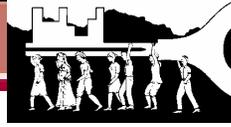
Recommendations

- Regular monitoring with increased frequency with aim of improving service delivery at PHCs
- More involvement of PRIs
- Availability of all listed medicines with a buffer stock
- Opening of a medical store of generic medicines at every PHC
- GO-NGO collaboration for yearly study of the problems



Community-based monitoring model

- Process
- Coverage
- Success
- Sustainability



Thank You & Feedback