

State Level Dissemination cum Advocacy Meeting

Hotel Jaipur Palace
Jaipur, Thursday, 29 July 2010

Event Report

Improving Service Delivery through Measuring Rate of Absenteeism in 30 Health Centres in Tonk District of Rajasthan, India



Organised by

CUTS Centre for Consumer Action, Research & Training (CUTS CART)

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Introduction

CUTS Centre for Consumer Action, Research & Training (CUTS CART), in partnership with the Results for Development Institute organised State Level Dissemination cum Advocacy Meeting (SLDAM) at Hotel Jaipur Palace Hotel in Jaipur on July 29, 2010 after incorporating the feedback gathered in the District Level Dissemination Meeting organized at Tonk under the project 'Improving Service Delivery through Measuring Rate of Absenteeism in 30 Health Centres in Tonk District of Rajasthan, India', being implemented in Tonk District of Rajasthan.

Background

Good governance is one of the pathways to achieve the vision of Consumer Unity & Trust Society (CUTS) and so it has been continuously working for improving status of governance at all levels of government through the use of various methods and approaches. CUTS center for Consumer Action, Research & Training (CUTS CART) has been utilizing various social accountability approaches in various flagship schemes of GoI for enhancing client power and engagement in the processes of implementation.

CUTS CART is implementing a project 'Improving Service Delivery through Measuring Rate of Absenteeism in 30 Health Centres in Tonk District of Rajasthan, India' in partnership with Results for Development (R4D) institute under its Transparency and Accountability Programme (TAP). Through the implementation of various research activities and use of social accountability tools like Citizen Report Card and Community Monitoring under the project for the duration of 10 months now, the project has come up with concrete findings related to the delivery of health services in Tonk district and the findings as well as the advocacy points drawn out of evidence were disseminated through SLDAM

Objective

The overall objective of dissemination was to advocate for making changes and engaging community in the implementation procedure for the improved service deliveries at the PHCs and also to show the effectiveness of community monitoring done as a project activities for better outcomes and cooperation among the service providers and service recipients.

Participants

The event experienced participation of around 100 relevant stakeholders including the Mr. Rao Rajendra Singh, MLA, Rajasthan, Ms. Shyama Nagarajan (Health Specialist, World Bank, New Delhi and In-charge of Rajasthan Health System Development Project), Dr. Shiv Chandra Mathur (Executive Director, Rajasthan



Health System Resource Centre), Ramawatar Jaiswal, Dy Director, Department of Health and Family welfare, Priyanka Singh (Seva Mandir, Udaipur) were the key respondents. The representatives of CSOs, media and PRI and various other stakeholder groups attended the meeting and shared their experiences and responded on the presentations.

Details of the Proceeding

Screening of the Film

A film 'Social Accountability in Action: Experiences from Grassroots' showing the experiences from grassroots of using the tools of Social Accountability in getting better service delivery was shown to the participants.

Welcome, Amar Deep Singh



Amar Deep Singh, Project Officer, CUTS, welcomed the distinguished participants present on dias and other stakeholders present in the auditorium at the outset. He also presented the overview of the project in brief and said that the study was taking place in the Tonk district of Rajasthan for last one year and the major aspect, which was studied under the project was the status of health service delivery and community monitoring, which is an integral part of NRHM. After conducting district level dissemination meeting at Tonk and incorporating the comments, we will be presenting the key findings of the study today in this SLDM, he said.

Context Setting, George Cheriyan

George Cheriyan, Director, CUTS International, started with welcoming the distinguished guests and participants and shared about the objective of the dissemination meeting of the project findings is to ensure maximum benefits of the health services in the primary health centres of Tonk by providing recommendations based on the evidences collected through various research activities and the use of social accountability tools.

He further added that public expenditure management for better outcome is thrust of government now as we have huge allocation and beautifully designed schemes and programmes. He informed that in the financial year 2010-11, government has allocated 37 percent of the outlay on the social sector which is unprecedented. He said that government had the mechanism of health service delivery but the reason behind inaugurating NRHM was to provide quality health service delivery for poor and marginalized for which community was given better space to engage themselves in the implementation of schemes and also to monitor the delivery of services.



He also talked about the existing accountability framework in the NRHM and the provision of internal monitoring, periodic survey and community based monitoring model. Further he said that education and health are the two sectors, which are human resource

oriented, so this study has also tried to see the rate of absenteeism through community monitoring. At last he ensured emphatically that this was not a fault finding mission but an effort to suggest certain measures based on citizens' report on the quality and quantity of service delivery to policy makers. At the end he congratulated the whole team involved in the study for their rigorous and meaningful work.

Presentation of the findings, Om Prakash Arya

Om Prakash Arya, Project Coordinator, CUTS, presented the key findings emerged out of the various research activities and information gathered through the use of social accountability tools like Citizen Report Card and Participatory Absenteeism Tracking Process. He said that we come across with many astonishing news and information but we remain un-shocked. The cost of health services is so high that it brings down the people under poverty line from above poverty line and in such a scenario if public health facility is not working, we can imagine the people who are poor and marginalized. Referring to a WHO data, he said that in India, 72 percent of total healthcare expenditure is privately funded and 89.5 percent of which is paid by out-of-pocket patients.

A few of the key findings and recommendations are enlisted below.

Key findings



'36 per cent absenteeism was found in doctors and on an average 27 per cent of it was observed in 5 categories of health providers including doctors'. The male nurses were found at lowest at 12 percent. The financial loss due to this absenteeism was INR 8.4 million in a year while considering only five categories of health service providers.

while talking about methodology, he said that 900 unannounced on-spot observations were made for 35 consecutive days except on Sunday by 150 monitors selected from the catchment of the PHCs. One of the reasons behind absenteeism can be the poor infrastructure facilities for which interesting correlation was found. Other than that absence of medicines and other medical facilities at the centre and also poor implementation of community monitoring, which are integral part of NRHM, were found poor.

Along with the participatory absenteeism tracking, Citizen Report Card were utilized for 902 people to know their perception about the status of health service delivery in the district. In this project titled 'Ensuring service delivery through community monitoring of health services in 30 health centers in Tonk district of Rajasthan' CUTS kept civic engagement and community monitoring aspect of National Rural Health Mission (NRHM) as a central point

- 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.
- 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

To understand their viewpoint, the service providers were also interviewed and found that 69 percent of them want to change their PHC. At the same time, 12.5 percent of the respondents were found to be dissatisfied with their jobs and 25 percent of the respondents say that they don't get leave on demand. 41 percent of the service providers say there is shortage of staff and 12 percent of the respondents reported somebody having left a job recently.

Key Responses

Ghanhshyam Gurjar , Sarpanch, Gram Panchayat Pachewar

The *Sarpanch* of *Gram Panchayat Pachewar*, Ghanhshyam Gurjar shared that the PHCs in his village has neither lady doctor nor ANMs. He said that Pachewar Gram Panchayat is the largest in Tonk and several GPs are dependent on Pachewar PHCs but the position of ANM is vacant since last so many years. He further added that even the sub centers are not functional as they lack the presence of nurse and other support staff. He said that due to intervention of CUTS community monitoring initiative, the situation is improving but we request the govt. officials to look into the matter seriously.

Mohan Lal Meena

Mohan Lal Meena, Local Supporting NGO, Tonk

Mohan Lal Meena, representative local supporting NGOs in study in Tonk from Shri Kalyan Sewa Sansthan described about the implementation of various tools for absenteeism tracking and community based monitoring model in the project area briefly. He stated that lot of effort was made to obtain the authentic data and there were several levels of monitoring for absenteeism data collection.

Priyanka Singh, Seva Mandir, NGO, Udaipur

Ms Priyanaka Singh, In-charge, Education and Health Programme from Seva Mandir, Udaipur, congratulated CUTS for this initiative as such kind of absenteeism study is not done generally.. She further commented on the research methodology of the project and said that she could not understand how the authenticity of the data collected by the researchers was ensured. She added that she found Tonk as a very good district as in one such exercise, Seva Mandir found that the rate of absenteeism is as high as 60 percent in some cases. Commenting on the recommendation part of the study she said that IEC activities are not able to ensure awareness in the community and thus continuous and long term involvement with the community is needed to create awareness and sustain it.



(From L to R: George Cheriyan, Shyama Nagarajan, Rao Rajendra Singh, Shiv Chandra Mathur, Priyanka Singh)

Dr. Shiv Chandra Mathur, Executive Director, Rajasthan Health System Resource Center, (RHSRC), Government of Rajasthan

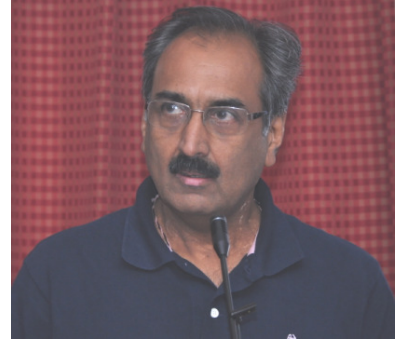
Dr Shiv Chandra Mathur, Executive Director, RHSRC in his response congratulated CUTS for taking such an initiative. He further threw light on the work on RHSRC and NRHM. Responding to the problem of PHCs not being situated centrally, he said that the allocation of PHCs is done on the basis of some norms and at times it's not possible to construct PHCs at central location due to various physical, geographical, political and social barriers. He further added that the 24*7 means that they must have a support staff (preferably ANM) present round the clock at the center and that the doctor of the PHC is not supposed to give duty at the center 24*7. He also stated that if there is any shortage in supply of drugs at the PHC the reason must be some sort of management problem, as there is no shortage in supply of such drugs. He further added that schemes like JSY must reach to the intended beneficiaries. On the matter of Village Health and Sanitation Committee (VHSCs), he said that there is 'silent revolution' taking place in the villages through the process of strengthening VHSC.

Ms. Shyama Nagarajan, Incharge, Rajasthan Health System Development Project and Health Specialist, The World Bank

Ms. Shyama Nagarajan, Incharge, Rajasthan Health System Development Project from World Bank, shared her views on the presentation. She stressed on the fact that there must be shared responsibilities of the individuals to ensure their accountability and thus contribute towards governance. She congratulated CUTS for its effort to mobilize communities and conduct such a vast study. She also shared her experiences of working in Rajasthan through RHSDP project and said that in the four years of programme she has noticed visible change in the attitude of communities in Rajasthan. They have started to come up with their response on the status of service delivery which shows the enhanced level of awareness among mass who asks for there entitlements.

Mr, Rao Rajendra Singh, Member of Legislative Assembly, Rajasthan Assembly

Mr Rao Rajendra Singh MLA, Rajasthan shared his valuable experiences on the study and related facts. He said that even after 60 years of independence we have people living below poverty line equal to the population of India at the time of independence. He also further stated that according to the report of Transparency International, corruption is in Health Department is maximum. Adding to the fact he stated that total immunization in Rajasthan is mere 27% according to the Rajasthan health survey. He stressed on the point that elected representatives bears of cost of poor service delivery and poor governance. He pointed out that India is a democracy having the biggest constitution and people who have to know the constitution are significantly illiterate, so how can they exercise their rights until they know them. He very strongly remarked on the poor status of Integrated Child Development Scheme (ICDS) and to ensure to Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) the services under ICDS need to be ensured, He said. He stressed on the fact that there must be a attendance system for public representatives too. At last, he questioned why the problems remain same every time when go for election even after having 6 public elected representatives for one person in India Until and unless there is spirit among us to ameliorate the things and be accountable, we will not be able to progress, he concluded.



Open Session

Mr Om Prakash from an organization CULP, asked that whether Tonk district can be representatives of the state. He further asked that the sampling method of this research must be made



clearer. He further inquired if the headquarter of the medical officers is PHC or the district where the PHC is located. He also raised the query why only 30 PHCs out of 45 were selected for the study and the scientific reason behind it, if any. Dr Shipra Mathur, Development & Communication Division, Rajasthan Patrika, Hindi Daily, asked to the present policy makers the way forward to move Mr. Brij Bihari Sharma, head of one of the partner organizations, answered few questions related to the methodologies and made it clear. Several other participants responded on the findings relating to their experiences and responded accordingly by the project team members.

Vote of Thanks

Madhu Sudan Sharma, in his concluding remarks, pointed out that the project aimed at finding out the highlights and gaps in the implementation of the scheme, which it has succeeded in and resulted in drawing recommendation for improvement at all levels. He also proposed the vote of thanks. He thanked all the distinguished guests and participants, who attended State Level Dissemination Meeting from various places and gave special thanks to the partner NGOs and other stakeholder of of Tonk, who helped in the study for their efforts in various ways in supporting the project activities and showing their active presence in the meeting as they were present in the SLDM to support the study findings in large number. He also thanked the governance team members Shyam Sunder Vijay, Dharmendra Chaturvedi and Nikita Srivastava who helped in organizing the event and making it successful.

Highlights

- policy influencing government officials arrived to the meeting in significant number and showed their interest in finding of the study
- Large number of relevant stakeholders including large number of media member remained present through out the meetings.
- Good electronic and print media coverage certainly drew attention of other relevant stakeholders who were not present in the meeting.

THE HINDU
SUNDAY, AUGUST 1, 2010

Absenteeism rampant in Tonk PHCs

'Respondents also complained of getting only a few medicines'

Special Correspondent

JAIPUR: On an average more than one third of the health services personnel was observed missing during duty hours in Primary Health Centres (PHCs) in Tonk district of Rajasthan according to a study. Absenteeism was as high as 36 per cent among doctors while in five categories of health service providers it was found to be 27 per cent on an average.

The study, conducted by CUTS International in partnership with Transparency and Accountability Programme (TAP) of the Results for Development (R4D), based in Washington DC, also found 69 per cent of respondents (citizens) complaining of either not getting any medicines or getting only a few.

The findings were presented in a State level dissemination cum advocacy meeting here in the presence of experts, policy makers and people's representatives including MLA Rao Rajendra Singh, Shyama Nagarajan, Health Specialist, and World Bank Shiv Chandra Mathur, Executive Director, Rajasthan Health System Resource Centre and Priyanka Singh, Seva Mandir, Udaipur.

CUTS employed the PATP (Participatory Absenteeism Tracking Process), along with the 'Citizens' Report Card (CRC) tool, among 902 people served by 30 of the total 45 PHCs in Tonk to know their perception about the status of health service delivery. In the study, civic engagement and community monitoring aspect of National Rural Health Mission (NRHM) were kept as the central point.

In all, 900 unannounced on-spot observations were made for 35 consecutive days except on Sunday from August 2009 by 150 monitors selected from the catchment of the Primary Health Centre (PHC), Om Frakash Arya, the Project Coordinator who presented the key findings, said.

George Cherian, Director, CUTS International, while presenting the overview of the project, said that absence of governance and accountability was the major obstacle in the process of service delivery. One of the reasons behind absenteeism could be the poor infrastructure facilities in the area for the serving personnel, he noted.

The study observed that on average 12 per cent posts of health personnel in PHCs remained vacant. The unfilled posts ranged from 5 per cent in the case of male nurses to 25 per cent in Lady Health Visitors. The situation was of both service deliverers and the end users remaining unhappy and dissatisfied.

As for the end users, 44 per cent of the respondents were not found satisfied with health service delivery. As many as 47 per cent said they

did not know about VHSC (Village Health and Sanitation Committee) while a whopping 82 per cent reported that they had no knowledge of any existing grievance redress mechanism. Thirty two per cent of them said they did not receive any cash assistance under Janani Suraksha Yojna (JSY). Thirty seven per cent complained of 24-hour delivery facility lacking in their PHC. Thirty four per cent said no one ever visited their home to know their health status.

The PHCs lacked facilities like clean drinking water and toilets. The study found that 30 per cent of the PHCs had either poor or no proper drinking water facility. A 10 per cent of the PHCs lacked toilets and 13 per cent, electricity. Perhaps to understand the level of satisfaction/dissatisfaction of the service providers one should consider these findings of the study as well: 12.5 percent of them are unhappy with their jobs, 25 per cent of them complained of not getting leave on demand and 41 per cent pointed out that there is shortage of staff.

Study was conducted by CUTS International in partnership with TAP

'Absence of governance and accountability major obstacle in the process of service delivery'

HINDUSTAN TIMES, NEW DELHI
FRIDAY, JULY 30, 2010

'Absentee rate of doctors 36 pc'

HT Correspondent
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JAIPUR: Absentee rate among health officials is as high as 27 per cent, a survey has found. While the rate was 12 per cent for male nurses, doctors and medical officers topped the survey with 36 per cent.

The finds of the survey, conducted by NGO CUTS Centre for Consumer Action, Research and Training (CUTS CART) in 30 out of 40 Primary Health Centres (PHCs) in Tonk district, were revealed at a state-level dissemination cum advocacy meeting of their project 'Ensuring Service Delivery through Community Monitoring of PHCs in Tonk, Rajasthan'.

The survey says 34 per cent laboratory technicians, 33 per cent lady health visitors, 26 per cent female nurses and 27 per cent pharmacist were found absent.

The NGO had launched a project last year to improve health services after realizing the need for community-based monitoring of National Rural Health Mission (NRHM), which had seen a sizable increase in budgetary allocation from Rs 92 crore in 2005-06 to Rs 1,280 crore in 2009-10 but no corresponding improvement in health care.

Rao Rajendra Singh, the MLA, said, "Nobody knows who is responsible so problems remain unsolved. Once aanganbari centres function well, PHCs will automatically follow the suit."