

# Empowering Communities for Social Accountability\*

## Efforts Made by SUMA-Rajasthan White Ribbon Alliance for Safe Motherhood\*

**The Sustainable Goal 3: Ensure healthy lives and promote well-being for all at all ages includes a target to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.**

This calls for a perspective shift from engaging people as mere recipients of services to ensuring peoples' active participation and engagement at various levels of decision making. This calls for greater investments in building capacities and empowering communities for accessing mandated spaces as well as creating their own spaces.

There is also a need for systemic changes for voices of the communities to be heard and a responsive and accountable public health system. Accountability is dynamics of entitlements and obligation between people and their Government and within the complex system of relationship that form the wider health system. It is about strengthening health systems that function for the benefit of the people.

*(L.P.Freedman; Human Rights, Constructive Accountability and Maternal Mortality in the Dominican Republic: a commentary; 2003)*

Reducing Maternal and Newborn Mortality is one of the goals of the National Health Mission (2012-17), a flagship programme of the Government of India. The Mission envisages attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs with effective inter-sectoral convergent action to address the wider social determinants of health. Empowering community to become active participants in process of attainment of highest possible levels of health and institutionalization of transparency and accountability in all process and mechanisms are among the core values of the National Health Mission.

In Rajasthan, one of the high focus states of the National Health Mission, India, Maternal Mortality still continues to be high.

SUMA-White Ribbon Alliance Rajasthan, initiated in 2002 and anchored by CHETNA, rolled out a programme for ensuring social accountability for maternal health in 2013. The programme was implemented in 11 districts of 83 villages in Rajasthan. The 11 districts are Dungarpur, Udaipur, Sirohi, Jodhpur, Rajsamand, Chittorgarh, Jhunjhunu, Tonk, Jhalawar, Karauli and Baran.



**Capacity enhancement workshop for alliance members.**



The objective being, enhancing capacities of the alliance members to implement social accountability tools such as checklists for assessment of health facilities and Citizens' Report Cards. The Village Health Sanitation and Nutrition Committees (VHSNCs), Rajasthan Medicare Relief Societies (Facility based planning and monitoring committees) and Gram Sabhas (Constitutionally mandated spaces for Citizens' participation and voice in local self governance) were identified as mechanisms for ensuring accountability for maternal health services. A total of 83 villages, 28 Sub Health Centres, 12 Primary Health Centres and eight Community Health Centres (CHCs) were covered in this initiative.



**Women sharing their experiences of accessing maternal health services.**

Discussions were held with a total of 1183 women from 83 villages on their experience of accessing maternal health services. Pregnant and lactating mothers shared positive experiences such as receipt of services during pregnancy, nutritious food, free transport services, etc. They also elaborated on the problems they faced, which included behaviour of service provider, cost of care, basic amenities at the health facility, distance to the health facility, quality of services and timely availability of transport in their villages.

The teams comprising members of the village and facility-based committees and NGO representatives collected information regarding services provided on Village Health Nutrition Day (VHND), Sub Health Centres, PHCs and CHCs. Based on these information Citizens' Report Cards were prepared and discussions were held with women/families to identify priority issues. These were then taken to the identified decision making forums.

Within a short span, the programme has made some changes – improving services at the Village Health and Nutrition Days in 26 villages of Udaipur and Rajsamand districts; utilization of untied funds of the Village Health and Sanitation Committees for supplies; ensuring that Gram Sabhas are held, maternal health is included in the agenda, resolutions are passed to strengthen maternal health services in 28 Gram Sabhas; Strengthening facility based committees (RMRS) to take action for improving facility based services at 15/19 facilities, etc.



**Women discussing the issues emerged in Citizens' Report Card.**

In a period of one year, RMRS and Gram Sabhas took measures to improve the maternal health services. This document is on the efforts of engaging with these two social accountability forums.





# Advocacy on Maternal Health Issues in the Gram Sabha\*

*“Traditionally, women are not allowed even to touch the Hatai (elevated platform) on which Panchayat members sit during Gram Sabha/Ward Sabha. We took an initiative and asked the Ward Panch /Sarpanch to ensure equal participation of women in Gram Sabha. As a result, during Ward Sabha meeting in Golipura village (Rindlya Panchayat, Tonk district) the Ward Panch invited women to sit on the platform along with male members and discuss maternal health issues.*

*Few days later, in Rindlya Gram Sabha large number of villagers, including nearly 100 women, participated and raised maternal health issues. Four proposals on maternal health issues were accepted and passed by the Gram Sabha. Work on one of the proposals - Construction of connecting road between Sub Health Centre and two villages - has been completed.”* (Shared by SUMA partner from Tonk, Rajasthan)

*“In Madala Gram Sabha, Udaipur, five proposals on maternal health issues were accepted and outcomes have been achieved. One of the proposals was regarding construction of labour room at Jamun Sub Health Centre. The Gram Panchayat took immediate action and budget for construction of labour room was sanctioned within few days. The labour room has been constructed. Action was taken on the other four proposals also and results have been achieved.”* (Shared by SUMA partner from Udaipur, Rajasthan)

\*The Gram Sabha or the village level discussion forum is the cornerstone of Panchayati Raj Institution (PRI) system for democratic decentralization of power in India. It gives an opportunity to the citizens of the Gram Panchayat to take part in decision-making of decentralized governance, planning and development.

The Panchayati Raj in India generally refers to the system introduced by constitutional amendment in 1992. The Panchayati Raj now functions as a system of governance in which Gram Panchayats are the basic unit of local administration. The system has three levels: Gram Panchayat (village level), Mandal Parishad or Block Samiti or Panchayat Samiti (block level) and Zila Parishad (district level).

It was formalised in 1992 by the 73rd Amendment to the Indian Constitution. Subsequent State Acts were passed for adoption at the State level. Rajasthan's Panchayati Raj Act was passed on 23-04-1994 pursuant to the 73rd Amendment Act, 1992. This came into effect on April 23, 1994. Certain important amendments were made in 1999, 2000 and 2004. Under this legislation, Panchayats at all the three levels have been entrusted with duties and functions with regard to all the 29 matters listed in the Eleventh Schedule of the Constitution. (<http://www.panchayat.gov.in/home>)

A baseline study of 31 Gram Panchayats of 10 districts of Rajasthan State, namely Tonk, Dungarpur, Karauli, Jhalawar, Baran, Chittorgarh, Sirohi, Rajsamand, Jodhpur and Udaipur, revealed that a total of 42 Gram Sabhas were held in the 31 Panchayats during April 2013-March 2014. In two districts - Rajsamand and Jodhpur – no Gram Sabha was held during this period.

None of the Gram Sabhas had discussed maternal health issues and nor was women's participation. Out of 210 Wards, only six Ward Sabhas (WS) were organized; none had discussed maternal health issues.



The Gram Sabhas were conducted without consideration of quorum. Decisions which were supposed to be taken by the Gram Sabha were taken by few members (Sarpanch/ Deputy Sarpanch etc.).

SUMA- Rajasthan Surakshit Matritva Gathbandhan took initiative in 2014 to ensure that Gram Sabha are held as per schedule, people, especially women participate in Gram Sabha, maternal health issues are discussed and actions are taken to address the needs expressed by women and communities.



**SUMA members campaigning for women's participation in Gram Sabha.**

SUMA partners advocated with Panchayat and Block level representatives so that orders for organization of Gram Sabhas are issued and maternal health is included in the Gram Sabha agendas. The NGOs campaigned in villages, shared Citizens' Report Cards and identified the asks /demands on maternal health, mobilised women to participate and raise maternal health issues in the Gram Sabhas. Women were provided hand-holding support for drafting demands/proposals which were later submitted in the Gram Sabhas.

It was the first time that women participated in

Gram Sabhas, discussed maternal health issues and submitted written/verbal proposals. Most of the proposals pertained to bringing improvement in facilities (including basic infrastructure, human resource, medicines and equipment, etc.) and services provided at village Sub Health Centres and Anganwadi Centres.



**Women sharing common platform with male members in a Ward Sabha.**

## Results

During August 2014 - August 2015, several actions were taken.

- A total of 26 Gram Sabhas were organised in 10 districts in 2014; 20 Gram Sabhas were held during August – December 2014. A total of 13 Gram Sabhas were organised in eight districts in August 2015.
- A total of 616 women participated in 20/26 Gram Sabhas; 168 women raised maternal health issues in these Gram Sabhas.
- A total of 68 proposals on maternal health issues were submitted in 16 Gram Sabhas in 2014.
- A total of 44 resolutions were passed in 13/20 Gram Sabha for action, of which actions were taken on 22 resolutions.
- A total of 10 proposals on maternal health issues were submitted in August 2015 and follow-up was done for action on pending proposals submitted in year 2014 (Source: Information received from the Partners)

Engaging with the Gram Sabha requires rigorous efforts at the system level and mobilising women and communities to make proposals. Substantial follow-up is required to ensure that the resolutions are passed and funds are allocated. It is difficult to sustain the motivation and accountability of the duty-bearers within a short time interval. Given the complexity of the mechanism, which is a mix of the elected and the administrative process, substantial efforts are required, though one would expect this mandated space to be operational on its own.





# Strengthening Capacities of Facility-based Committees

*“We were invited to be a member of the Rajasthan Medicare Relief Society (RMRS) of Bhula Primary Health Centre, Sirohi district, which was recently upgraded from a Sub Health Centre to a PHC. We used a checklist to assess maternal health services provided by the centre. During the assessment, we observed several gaps related to infrastructure, supplies and human resource. A report card was developed which depicted the strengths and the gaps. We used this evidence and submitted a proposal for strengthening the PHC at the Gram Sabha scheduled in August 2014. A resolution was passed. We kept following up with the Panchayat Samiti and finally funds were allotted to construct a new building for the PHC. We meet regularly and have taken initiative in choosing an accessible location for the PHC building.”*  
(Shared by RMRS members)



Capacity building workshop of RMRS members in Sirohi district.

Based on the concerns expressed by over a thousand women, SUMA undertook an initiative to strengthen facility-based committees – Rogi Kalyan Samiti or Rajasthan Medicare Relief Society (RMRS), as known in Rajasthan, to improve the maternal health services in selected 19 health facilities from 11 districts, including Dungarpur, Udaipur, Sirohi, Baran, Rajsamand, Chittorgarh, Jhalawar, Jhunjhunu, Jodhpur, Karauli and Tonk.

Rajasthan Medicare Relief Societies (RMRS) were formed in 1997 to strengthen and modernise the services of the public health system.

This provides space for the community participation in the overall functioning of the public health facilities.

The members of facility-based committees – Rajasthan Medicare Relief Societies (RMRS)/Rogi Kalyan Samiti and Village Health Sanitation and Nutrition Committees (VHSNCs) were interviewed to know the functioning of these committees. Information regarding Gram Sabhas organized in 2013 and their decisions on maternal health issues was also collected. The need for strengthening these three forums of social accountability emerged from this information.

## Findings

Of the 19 RMRS, meetings were held regularly at two facilities, monitoring visits were reported to be conducted by the members from 8/19 facilities and only 17/70 members shared that they had received some orientation on their roles and responsibilities.

Under the initiative, the strengthening process included mapping of RMRS to understand its functionality status, participation of members in the facility-level maternal health services assessment, development of Citizens' Report Card highlighting strengths and gaps, orientation and mentoring of the RMRS members on their roles and responsibilities and preparation and implementation of the action plan.



## Results

The outcomes of RMRS strengthening process in 19 facilities are following:

- 15 have started organising members' meeting.
- 10 have started monitoring of health facilities-take rounds of the facility and visit labour room and post partum (PP) ward.
- Two have displayed RMRS membership list at their facility.
- 10 have taken action to fill the gaps identified through the assessment.
- Two have included civil society as a RMRS members. (Source: Partners' Reports 2015)\*\*\*

CHETNA also developed a kit for the RMRS members, which included:

- Government of Rajasthan Guidelines for RMRS (2007)
- Service guarantees at public health facilities
- Social accountability tools and checklists for monitoring of health facilities
- An oath to be taken at the closure of the orientation and
- A table calendar on maternal health for motivation.

Some of the challenges faced while working with these committees were: the absence of updated guidelines in public domain, which was challenging for members to engage with the committees; frequent changes in membership due to transfer of medical officers, which was challenging in retention and taking action; lack of interest and inadequate capacities of RMRS members or in some cases the unequal power relationships within the membership, which created a situation of conflict.

---

\* Coordinated and documented By Vd. Smita Bajpai, State Coordinator, SUMA and Project Director, CHETNA, Ahmedabad, Gujarat, India.

\*\* CHETNA initiated and is anchoring the SUMA-Rajasthan White Ribbon Alliance for Safe Motherhood as its secretariat since 2002 for awareness, action and advocacy for reducing maternal and neonatal mortality in the state. This initiative was undertaken by CHETNA as a partner of Women's Health and Rights Partnership-South Asia supported by ARROW-Malaysia and White Ribbon Alliance India (WRAI).

\*\*\* SUMA Partners: Gram Vikas Evam Prashikshan Sansthan (GVPS) - Jhalawad and Karauli; Srushti Seva Samiti – Sirohi and Udaipur ; Seva Mandir - Udaipur; Jatan Sansthan – Rajsamand ; Gram Vikas Navyuvak Mandal Laporiya (GVNML) - Tonk; Centre for Rural Prosperity and Research (CRPR) -Tonk ; Navachar – Chittaurgarh; Gramin Vikas Vigyan Samiti (Gravis) - Jodhpur ; Prayatn- Baran ; Shikshit Rojgar Kendra Prabandhak Samiti (SRKPS) - Jhunjhunu .



### Centre for Health, Education, Training and Nutrition Awareness

Supath-II, Block-B, 3rd Floor, Opp. Vadaj Bus Terminus, Ashram Road,  
Ahmedabad- 380013, Gujarat, India.

Phone: 079-27559976/77 Fax: 079-27559978 Email: sumachetna@gmail.com  
chetna@chetnaindia.org Website: www.chetnaindia.org

