

## Social Accountability: Governance Scenario in the Health and Education Sector

B.S. Bisht and Sanjeev Sharma

*National Institute of Administrative Research, Lal Bahadur Shastri National Academy of Administration, Mussoorie 248 179, Uttarakhand, India*

**KEYWORDS** Social Accountability. Governance. Community. Service Delivery

**ABSTRACT** Over the past few years there has been a growing concern in the development sector about the efficiency and effectiveness of resource-use by governments. This has led to the growing recognition that accountability can effectively contribute to improved governance, increased development effectiveness through better service delivery, and more importantly, citizen empowerment. However, despite large social sector expenditures, accountability of the system towards the citizens remains a dream yet to be fulfilled. The present paper attempts to analyze factors that may contribute to good governance and effective implementation of government programmes drawing inferences from field study undertaken in three states of the country namely Kerala, Bihar and Uttarakhand. Vital key factors were identified, which are necessary for successful implementation of a programme and strengthening of social accountability mechanisms, primarily - development of a mechanism on information exchange and continuous dialogue between community and programme functionaries; secondly, ability of stakeholders to actively look for accountability of the programme functionaries and policy makers; thirdly, ability and the willingness of functionaries be accountable to public. In addition to these, an enabling environment for promotion of social accountability, political freedom to promote accountability and lastly, open debates on issues of concern, economic basis and financial viability of civic engagements, and values, norms, and social institutions for constructive engagement are required, thus leading to building an environment where government is accountable to its citizenry and citizen's have the will and the capacity to demand it.

### INTRODUCTION

Recent years have witnessed a growing concern in development circle about issues of governance and accountability in developing countries. There are several reasons behind this trend. First, there is mounting dissatisfaction with the manner in which the state has performed its functions. Both citizens and outside observers have questioned the efficiency and effectiveness of resource-use by governments. Public investments have resulted in meager returns and low productivity in many cases. Failures in terms of lack of transparency, rule of law and corruption are often highlighted as the key contributory factors underlying this phenomenon (Paul 2008). Governance in India today faces a serious crisis of accountability. Despite significant growth and substantial increase in social sector expenditure, India continues to perform far worse than many poor countries, on key development parameters which are an indicator of just how deep the problem of accountability is (Chandrasekhar 2009). Governance is the conscious management of regime structure, with a view to enhance the public realm, the world bank thus insists on 'independence for the judiciary, scrupulous respect for the law and human rights at every level of government, transparent accountability of public monies, and independent public auditor respon-

sible to a representative legislature, not to an executive (World Bank 1992). The human development approach argues that creation of social opportunities through expansion of education, health care services and social security, contributes directly to the expansion of human capabilities and improvement in quality of life, and thereby further contributing to economic growth.

The point in consideration is that the government has focused on extending people's access to public services, while the concern and the efforts to maintain good reasonable quality, reliability and effectiveness of these services are missing. The policies undertaken appear to be good and perfect but the actual implementation and delivery are far from being satisfactory. In fact the findings reveal that there have been cases of corruption, incompetent and indifferent officials and an overall inefficient system in which very few efforts have been taken to build the capacity of individuals working to implement the programmes and also to bring awareness in the community to demand what is in truth their right.

India, with its experience over the last few decades and various five year programmes, has realized that the supply side mechanisms need to be equilibrated by demand side instruments. This constitutes strengthening the voice and capacity of citizens (especially poor citizens) to directly demand greater accountability and re-

sponsiveness from public officials and service providers. This mechanism is collectively termed as social accountability. It has also been acknowledged in the XI Five Year Plan (FYP) that one-and-a-half decades of liberalization and political rhetoric have failed to deliver and reach the majority of Indian population which remains poor, marginalized and unable to reap the benefits of sustained 7-9 percent growth rate. With this realization the XI Five Year Plan (FYP) makes an attempt at focusing on 'Inclusive Growth'. Recent years have witnessed a sharper focus in India's development strategy to address the basic issues of human development through programmatic interventions in education and health (Dev and Mooij 2002; Shariff and Ghosh 2002). While this shift has been taking place, there is also a widespread feeling that India's performance in the social sector is far from satisfactory (Dreaze and Sen 1995), and that the new investments have neither resulted in a more efficient and equitable delivery of public services nor helped reduce inter-state disparities.

The purpose of this paper is to discuss ways and means of two flagship programmes Sarva Shiksha Abhiyan (SSA) and National Rural Health Mission (NRHM) to enhance the relevance and impact of the programmes and feedback from the community.

#### ***Service Delivery of Programmes: Evidences from Field***

Principles which guide social sector programmes in the country focus on community participation, decentralization and information sharing or generating awareness among people about how can they demand for any services from the government. These are in fact also the guiding principles to enable social accountability among the community.

#### **Decentralization and Opportunities of Civic Engagements**

One of the important strategies for strengthening the health and the education sector, envisaged by the government in the XI FYP is to involve communities at various activities- through the Panchyati Raj Institution (PRIs), communities and NGOs, and participation of people at all levels of health interventions. For example, the National Rural Health Mission (NRHM) tries to

ensure that more than 70 percent of the resources are spent through bodies that are managed by peoples' organizations and at least 10 percent of the resources are spent through grants in- aids to NGOs. The mechanism of untied funds at the local level is meant to give them a little flexibility. During the XI Five Year Plan (FYP), efforts will be made to promote various community-based initiatives.

Both programmes empower the PRIs at each level, that is, Gram Panchayat, Panchayat Samiti (Block), and Zilla Parishad (District), to take leadership to control and manage the infrastructure at district and sub- district levels. Village level committees in each village within the overall framework of Gram Sabha in which proportionate representation from all the hamlets would be ensured. Also, adequate representation is given to the disadvantaged categories like women, Schedule Casts (SCs), Schedule Tribes (STs), Other Backward Casts (OBCs), and Minorities. The Zila Parishad at the district level will be directly responsible for the budgets and for planning for people's needs. Monitoring committees will be formed at various levels, with participation of Panchayati Raj Institutions (PRI) representatives, user groups, and Community Based Organization (CBO)/Non Government Organization (NGO)/Voluntary Organization (VO) representatives to facilitate their inputs in the monitoring planning process. They will enable the community to be involved in broad-based reviews and suggestions for planning. A system of periodic Jan Sunwai or Jan Samvad at various levels has been built in (especially in NRHM) to empower community members to engage in giving direct feedback and suggestions for improvement for better service delivery.

The survey highlights that Village Education Committees (VEC), Village Education Development Committees (VEDC)/Village Health Committees (VHC)/Village Health and Sanitation Committees (VHSC), the corner stone of decentralization, are seen on paper only but when it comes in terms of practice they are largely dysfunctional. Distressingly as many as 60% of Gram Panchayats in Bihar and Uttarakhand are not aware about VEC/VHC. We are thus far away from the distant goal of community ownership of the programmes in Bihar and Uttarakhand. However, in Kerala the VEDC and VHSC are functioning satisfactorily and effectively due to cent-percent literacy and decentralization and

devolution of powers and resources grounded at the grass-root level through legislation and community pro-active participation and awareness.

The awareness levels among the gram pradhan and its members about programme implementation is also higher in Kerala as compared to Bihar and Uttarkhand where about 95 percent people knew about the programme being launched in their state. Similar response has been elicited in the knowledge of objective of the programme (Figures 1 and 2). This may be attributed to the trainings being given to PRIs in the state which is significantly higher in Kerala with about 70% of Panchayati Raj Institutions (PRI) members having undergone training in contrast only 6 percent and 25 percent people have received trainings in Uttarakhand and Bihar. This coupled with high literacy levels in Kerala have resulted in people being more aware about the programmes and also its functioning. Another important reason is that in Uttarakhand the PRIs are newly elected and they do not have much exposure on the schemes. However, during the survey it was observed that the elected PRIs in Uttarakhand are much keen to know about all the schemes running in their respective judiciary. However, the interesting point to note is the availability of reference documents for implementing the programmes at the panchayat level which is very low with only 5 to 15 percent of the PRIs having received any such material from the department.

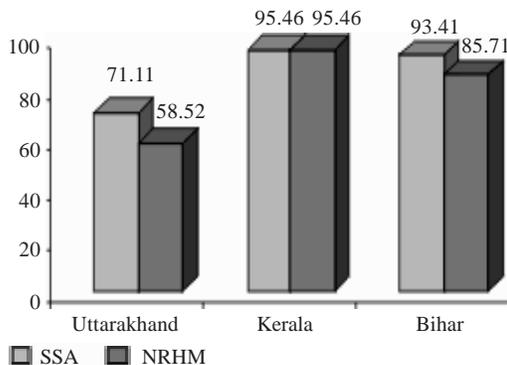


Fig. 1. Awareness of PRIs about programmes (in %)

**Information Sharing and Awareness among Community**

Information is the basis of generating accountability. Since for the community to participate

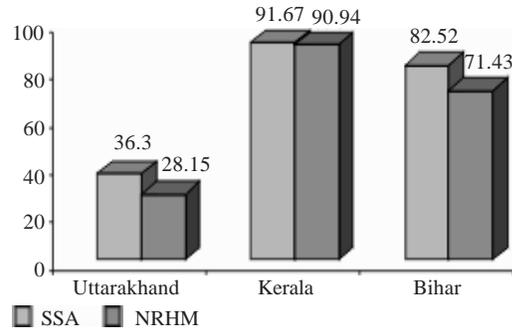


Fig. 2. Awareness of PRIs about objectives of the programme (in %)

with the government and hold government to account, they first need to know what is their right and what kind of services are being provided and what kind of services they can demand from the government and the officials implementing the government. A look at Figure 3 depicts that though in Uttarakhand and Kerala more than 94 percent citizens had knowledge of programme implementation, however the same in Bihar is just hovering around 74 percent.

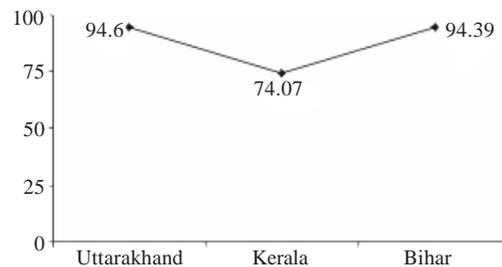


Fig. 3. Citizen's knowledge on programme implementation (in %)

A general lack of awareness about SSA and NRHM has been observed especially in Bihar. It was good to note that in most villages the communities were found to be aware about JSY, immunization and availability of ASHAs in the villages. However, there was a general ignorance about: the roles of ASHA's and ANMs; the status of formation and roles of VHCs and VECs; and, community involvement and participation in planning and monitoring of SSA and NRHM. The communities have a peripheral knowledge of the programme.

A look at the data (Fig. 4) shows that though a fair amount of citizens: 95.45 percent in Uttarakhand, 73.33 percent in Bihar and 94.29 percent

in Kerala, do have knowledge about the programme and almost similar number have knowledge of implementation of the programme in their district. However, when it comes in terms of knowledge of programme objectives (Fig. 5), the number sharply falls to 65 percent to 75 percent in both programmes studied in all the three states. The most striking finding which reveals the perception of community about the quality or impact of the programme is that still 40 to 50 percent of the population feels that there has been no major change since the programme was launched. This figure is relatively less in Kerala largely due to the fact that the high literate population combined with literate PRI officials has brought a comparatively better quality in the programmes launched and brought the services closer to the people.

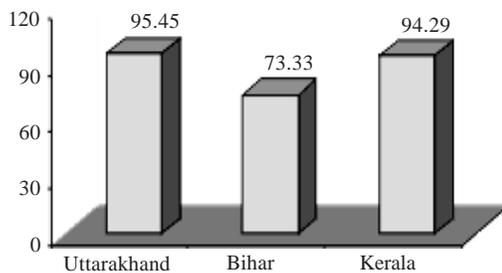


Fig. 4. Citizen's awareness about the programme (in %)

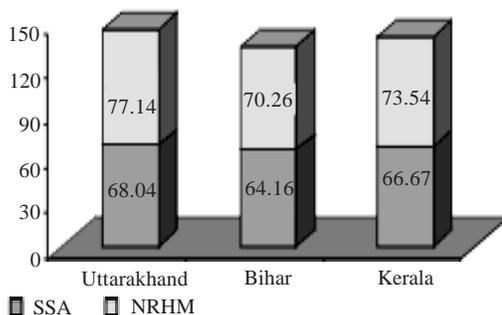


Fig. 5. Citizen's knowledge of programme objective (in %)

Another major response received which highlights the accountability of the implementing personnel is that 94.60 percent and 96.30 percent citizens in Uttarakhand and Bihar have said that they were not informed about the benefits that they would be getting from the programme/scheme. On the contrary, this figure is just 26.88 percent in Kerala to a query that has anyone come to you to find out if you have received all ben-

efits accrued to you from the programme/scheme. Except for Kerala where 38.73 percent people have responded that programme implementing officials have come to tell them about this, in the other two states only 5.29 and 1.38 percent have said so. This may be attributed to cent-percent literacy and decentralization and devolution of powers and resources grounded at the grass-root level through legislation and community pro-active participation and awareness, the VEDC and VHSC are functioning satisfactorily and effectively.

### Satisfaction and Quality of Programmes

The satisfaction ratings derived from the survey of households are based on the self-assessment of the utility of the two flagship programme by the users. It is evident that the reported level of satisfaction with programmes could be influenced by several factors such as the characteristics of the programme (access, reliability, cost and quality), the profile of households (income, social status, and education) as well as awareness of how the programmes functions. The survey, for example, collected data on the levels of satisfaction of households for SSA and NRHM using a three-point scale viz., Fully Satisfied, Somewhat Satisfied and Dissatisfied. The users' ratings are quantitative, which are discrete choices. The level of satisfaction of the beneficiaries is a discrete rated variable in three categories with ordinal numbers 1, 2 and 3. The satisfaction rating associated with 1 (fully satisfied) is better than 2 (some what satisfied) and rating associated with 2 is better than 3.

The satisfaction rating of SSA and NRHM in three states are presented in the Tables 1 and 2. The data on program implementation and impact reveals that apart from Kerala where 41.27 percent are fully satisfied in both programmes, in Uttarakhand and Bihar this percentage drastically comes down to around 7 to 9 percent approximately in Bihar and around 22 to 28 percent in Uttarakhand as far as satisfaction with program implementation is concerned. Similarly, as far as satisfaction with programme impact is concerned, again Kerala scores above all with fully satisfaction percentage being 41.27 percent and 35.35 percent while in Bihar this is just 4.02 percent and 1.27 percent and 27.20 and 18.73 percent in Uttarakhand. While the majority of the section is in the grey area saying they are somewhat sat-

**Table 1: Satisfaction with the programs implementation**

Details	Kerala		Bihar		Uttarakhand	
	SSA	NRHM	SSA	NRHM	SSA	NRHM
Fully satisfied (1)	390 (41.27)	390 (41.27)	70 (7.41)	82 (8.68)	272 (28.78)	208 (22.01)
Somewhat satisfied (2)	549 (58.10)	553 (58.52)	756 (80.00)	712 (75.34)	593 (62.75)	613 (64.87)
Dissatisfied (3)	6 (0.63)	2 (0.21)	119 (12.59)	151 (15.98)	80 (8.4)	124 (13.12)
Average Rating	1.59	1.59	2.05	2.07	1.80	1.91

**Table 2: Satisfaction with the programme impact**

Details	Kerala		Bihar		Uttarakhand	
	SSA	NRHM	SSA	NRHM	SSA	NRHM
Fully satisfied (1)	390 (41.27)	335 (35.35)	38 (4.02)	12 (1.27)	257 (27.20)	177 (18.73)
Somewhat satisfied (2)	552 (58.41)	609 (64.44)	779 (82.43)	768 (81.27)	587 (62.12)	625 (66.14)
Dissatisfied (3)	3 (0.32)	1 (0.11)	128 (13.54)	165 (17.46)	101 (10.69)	143 (15.13)
Average rating	1.59	1.65	2.10	2.16	1.83	1.96

ified or in other words, the just alright response to being dissatisfied with the state of affairs. This is in itself the reflection of the status of programme owing to the poor awareness levels of the community and the inclination of the PRIs and the programme implementing officials to pass on the knowledge due to lack of capacity and their own overt or covert interests.

### Effectiveness of the Programmes

Citizen feedback on programmes is also a systematic way of articulating the voice of people. It is collective 'voice' that can exert pressure on government to improve services when people have no exit options. Feedback of citizens on programmes in a way of positive or negative is measured based on the participatory rural appraisal methods (time-line). Here in this study a total of 945 beneficiaries from three states were asked about the changes they are feeling about the programmes. The survey, for example, has collected data on the levels of changes "Positive or Negative" of households for SSA and NRHM using a three -point scale viz., Very effective, Effective and Not at all. The level of effectiveness of the beneficiaries is a discrete rated variable in three categories with ordinal numbers 1, 2 and 3. The satisfaction rating associated with 1 (Very effective) is better than 2 (Effective) and rating associated with 2 is better than 3.

The profile of the effectiveness of both the programmes, that is, SSA and NRHM among rural households are presented in Table 3. The table shows that the largest percentage of households altogether very effective and effective with both the programmes is in Kerala (51.86 percent) followed by Uttarakhand (48.57 percent). The table also reveals that the percentage of 'not at all effective' is highest in Bihar (59.26 percent) followed by the Uttarakhand (51.43 percent).

**Table 3: Changes found before and after implementation**

State	Very effective	Effective	Not at all	Average ranking
Kerala (1)	130 (13.76)	360 (38.10)	455 (48.15)	1.20
Bihar (2)	76 (8.04)	309 (32.70)	560 (59.26)	1.44
Uttarkhand (3)	118 (12.49)	341 (36.08)	486 (51.43)	1.60

**Key Characteristics of Resources Flow:** According to the officials in both the programmes studied, it was reported that neither from the state government nor from the State Project Office to the District Project Office to further down at the block level, there is any systematic delay in the release of funds. This was true for all the blocks and districts studies in the three states covered. Inputs relating to education like, that is, text books, uniforms, and scholarship for disadvan-

tages group are delivered to students after 2-3 months of the initiation of sessions. This is more or less true for all states studied.

The data further reveals (Fig. 6) that as far as PRIs in Uttarakhand are concerned about 18 per cent received funds through post offices, about 44 percent via banks, 9 percent in cash and around 5 percent through other mode. In the case of Bihar, about 39 percent PRIs received funds via post offices, 5 percent through banks. In Kerala the situation is substantially different where more than 70 percent PRIs received funds through banks, only 7 percent received via post offices. It has been observed that in Kerala the flow of fund has been accruing smoothly because of e-banking as compared to Bihar where the majority of funds are getting transferred through post offices and through cash. Comparatively, funds are getting transferred to PRIs timely in Kerala while in Bihar and Uttarakhand, delays of 2-3 months have been observed in PRIs receiving funds as against hardly any delayed in Kerala being noted.

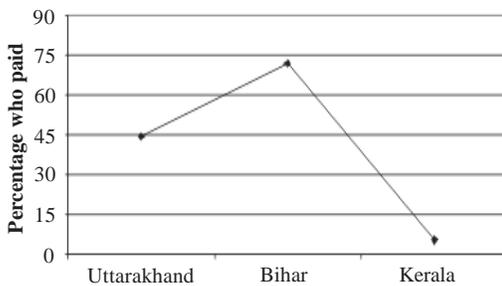


Fig. 6. Speed money transferred through bank across report cards

### Capacity Building of the Programme Implementation Officials

Training of the officials, teachers, doctors, paramedical staff and ASHA workers play a pivotal role in implementation of both the programmes. As many as 40% officials have not received any training in Uttarakhand and Bihar. Surprisingly out of those trained, 61% reported that training is not useful. Training continues to be a deficient area and a lot needs to be done on the front of the training of the stakeholders, specially at cutting edge level, by devising appropriate training modules and requisite pedagogical support.

### Grievance Redressal

The PRIs have received very few grievances from the community in respect to both SSA and NRHM in the three states. For instance, 4 percent PRIs have received complaints under SSA, 12 per cent in Bihar and 14 percent in Kerala. Similarly, around 4 percent PRIs have received complaints of concerning NRHM in Uttarakhand about 10 percent in Bihar and 18 percent in Kerala. In Uttarakhand, PRIs have received 22 percent complaints from the beneficiaries, around 7 percent from non-beneficiaries, 7 percent from NGOs/CBOs. In Bihar, about 22 of the complaints received by PRIs are from the beneficiaries, 9 percent from non-beneficiaries.

### Formulation and Review of Budgets

Experiences reveal that there is lack of monitoring efforts at the cluster and block level to address quality issues. In addition to this there is negligible role of PRIs and community in quality monitoring. Also, though as per the existing framework there is provision for public participation in budget planning process starting from village level plan upwards. Consequently, we may say that still a lot is to be achieved in terms of norms being followed both by the functionaries and various stakeholders either intentionally or due to lack of knowledge. Here, the Social Accountability Mechanisms such as transparent budget analysis processes could be additionality to the existing framework. The same should be linked to the release of funds at various levels.

### Leakage/Corruption of Funds

A great variation was observed for numbers of students enrolled, actually present, and students for whom food is prepared under Mid-day meal programme in Bihar and Uttarakhand. It is presumed that the same may happen in other welfare schemes such as free text books and uniforms also (in Kerala due to the closure of schools for summer vacation, it could not be confirmed or physically verified). Under NRHM, in both Bihar and Uttarakhand, it was reported by the people that employees in PHC and sub health centres were taking bribes for payment of the JSY incentives. Also, ASHA has been reported as being involved in institutional delivery of cases outside her jurisdiction for getting her own in-

centive in all the three states covered. No such cases were observed in SSA.

The potential for leakages is greater in health sector than in education sector due to larger non-salary expenditures in health, since there are fewer problems with leakage of salary expenditure as compared to non-salary expenditure. The problem in getting excess to expenditure statements may be further reduced by greater use of information technology and transfer of data electronically from all levels.

### CONCLUSION

Social accountability experiences from field studies of two programmes, it is apparent that the some key factors are vital for success of such mechanisms related to strengthen social accountability in the system. For effective implementation of a programme the following factors are responsible:

- Development of a mechanism on information exchange and continuous dialogue between community and programme functionaries.
- The ability of stakeholders to actively look for accountability of the programme functionaries and policy makers.
- The ability and the willingness of functionaries on account of responsibility towards public.
- Transparency and information disclosure, attitudes, skills and practices favoring listening and constructive engagement with community.
- Proper use and introduction of incentives, rewards and sanctions to promote transparent and responsive behavior.

For promoting accountability on a broader perspective, the following will strengthen the environment - (i) policy, legal and regulatory framework for civic engagement, (ii) type of political system with political freedom to promote accountability, and a tradition of open pub-

lic debate on issues of concern, (iii) economic basis and financial viability of different forms of civic engagements, and (iv) values, norms, and social institutions in the society to support/oppose in open public debate through critical but constructive engagement.

Electronic reforms and open accesses to information through web based portals are among the critical factors to provide transparency and access to information. In addition, institutional reforms and supporting activities on the supply side of service delivery are the point of discussion in an existing structure of the programme. Citizen voice and effective use of information along with potential constraints and actions to overcome these related to the demand side are also to be kept in view for the success and development of such mechanisms.

### REFERENCES

- Chandrasekhar KM 2009. Excellence in Governance. *Theme paper Presented on "Civil Services: Accountability to People in Civil Service Day at Vigyan Bhavan, New Delhi, April 21, 2009.*
- Dev S M, Mooij Jos 2002. Social sector expenditure in the 1990's. Analysis of central and states budgets. *Economic and Political Weekly*, 37(9): 853-66.
- Dreze Jean, Sen Amartya 1989. *Hunger and Public Action*, World Institute for Development Economic Research. Studies in Development Economics. Oxford: Clarendon Press.
- Eleventh Five Year Plan 2007-2012. *What We Need to Monitor? A Guide for Civil Society*. Centre for Budget and Governance Accountability, New Delhi.
- Eleventh Five Year Plan 2007-2012. *Inclusive Growth*. New Delhi: Planning Commission, Government of India.
- Paul Samuel 2008. Auditing for social change: Learning from civil society initiatives. In: Bidyut Chakrabarty, Mohit Bhattacharya (Eds.): *The Governance Discourse: A Reader*. New Delhi: Oxford University Press, P. 160.
- Shariff A, Ghosh P 2002. 'Indian Public Expenditures on Social Sector and Poverty Alleviation Programs during the 1990s'. Overseas Development Institute, *Working Paper 175*. London: ODI.
- World Bank 1989. *From Crisis to Sustainable Growth - Sub-Saharan Africa: A Long Term Perspective Study*. Volume No. 1, P.192. Washington DC: World Bank.