

## PARTNERING TO MAKE BUDGETS WORK FOR THE PEOPLE

### Centre for Health and Social Justice (CHSJ) – India

The Centre for Health and Social Justice (CHSJ) was founded in 2005 to promote human development, gender equality, human rights, and social justice with a specific focus on health. CHSJ's activities are divided into four thematic areas: 1) community action for health rights; 2) health rights and marginalized groups; 3) reproductive and sexual rights and health; and 4) men and gender equality. CHSJ works with civil society and government to facilitate the formulation and implementation of health policies and programs to ensure social justice. Through this work, CHSJ has established its credibility for providing technical and supervisory support to state health systems and civil society organizations involved in community action in the health sector. The organization also functions as a national resource center for empowering, strengthening, and motivating communities to claim their health rights. CHSJ's key activities involve monitoring, evaluating, and auditing government health programs, including India's National Rural Health Mission (NRHM).

#### CHSJ Manages Community-Based Monitoring Process of the National Rural Health Mission

Launched in 2005, India's National Rural Health Mission (NRHM) aims to improve the availability of and access to quality health care for people living in rural areas, the poor, women, and children. Community-based monitoring (CBM) of health services is a key strategy of the NRHM for ensuring that the services reach the targeted beneficiaries. To manage and provide technical support to the NRHM's CBM process across the country, CHSJ and the Population Foundation of India (PFI) formed the National Secretariat on Community Action.

The CBM implementation framework involves five steps: 1) orientation of stakeholders and the strengthening of district and block (subdistrict) nongovernmental organizations (NGOs); 2) community mobilization resulting in the production of a village health services profile; 3) formation and strengthening of Village Health and Sanitation Committees (VHSCs), primary health centers (PHCs), and district and block committees; 4) community-level investigation and monitoring involving village health report cards and facility score cards; and 5) sharing of reports (through public hearings) and planning at the PHC, village, and block levels.

The first phase of community monitoring of the NRHM was implemented over a period of 18 months across nine states (including 324 PHCs and 1,620 villages). During this period, national and state-level materials on CBM were prepared and distributed to the public; state-level planning and monitoring committees were established; over 2,000 VHSCs were formed across the nine states; and a number of local public hearings were held.



**INDIA**  
**Open Budget Index 2010**  
 Overall Score: 67  
 Government provides significant information to the public on how it manages public resources.

**Availability of budget documents critical for effective public input:**

|                             |     |
|-----------------------------|-----|
| Pre-Budget Statement        | No  |
| Executive's Budget Proposal | Yes |
| Citizens Budget             | Yes |
| Enacted Budget              | Yes |
| In-Year Reports             | Yes |
| Mid-Year Review             | Yes |
| Year-End Report             | Yes |
| Audit Report                | Yes |

[www.openbudgetindex.org](http://www.openbudgetindex.org)

To date, significant gains have already been made. CBM has already stimulated active engagement between communities and local health departments, which has allowed communities to become active agents in the management of the public health system.

Through the VHSCs, communities also have become empowered to voice their concerns and take action. Communities' knowledge about their rights and entitlements also has increased as a result of the CBM process, particularly through community mobilization, the formation of VHSCs, the implementation of monitoring tools, and public hearings. In a number of cases, local health departments implemented changes in response to problems raised at public hearings. These actions have led some communities to change their perceptions of local health departments, and they now see them as responsive and accountable. This change has the potential to encourage communities to go back to using public health facilities, which would result in improvements in health and nutrition outcomes.

Important gains have also been made in the area of equity, particularly with regard to the active participation of previously excluded and marginalized groups. The CBM process used an affirmative approach to ensure that *Dalits* (scheduled castes), scheduled tribes, and women were involved. Furthermore, specific efforts were made in many states to ensure

that members of these marginalized groups headed the VHSCs. Community monitoring has built stronger relationships between communities and health service providers, as well. Communities have begun to appreciate the constraints faced by service providers, and in some cases have made efforts to address some of these constraints. The production and sharing of village report cards and PHC score cards in communities also have paved the way for village-level needs-based planning. These activities have deepened the process of decentralization, which is a key objective of the NRHM.

As part of the National Secretariat, CHSJ has overseen the set up of various institutional arrangements at the national, state, and local levels to implement community monitoring. In the future, these institutions can be used as technical resource agencies when the monitoring process is scaled up throughout the country. The national-level institutions also have produced quality training materials, which have been adapted for use at the state level. A sizeable pool of trainers has been created through this process, which will facilitate a smooth rollout when CBM is scaled up. CHSJ

also has developed a short documentary which captures the lessons and gains of the CBM process which can be used as a training and advocacy tool, as well.

States where more than one round of monitoring was done (Karnataka, Maharashtra, and Rajasthan) have experienced major improvements in village health report cards between two rounds of monitoring. These improvements have been attributed to the responsiveness of government officials, the adequate supply of funds, and sustained pressure from communities, civil society organizations, and people's organizations. While the availability of untied NRHM funds and supportive decision makers provide the basic inputs for improvement, the CBM process has provided a critical "push from below" to help ensure that desired changes are actually implemented. The success of CBM so far has encouraged some state governments to include community monitoring under their state program implementation plans (PIPs). States like Karnataka, Maharashtra, and Rajasthan are already in the process of scaling up community monitoring of the NRHM in additional districts.

## CHSJ's Participation in the Partnership Initiative

With the support of the Partnership Initiative, CHSJ plans to work with the community-level planning and monitoring committees that are part of the NRHM. The NRHM includes mechanisms of decentralized planning through district and state-level program implementation plans (PIPs) and gives local government bodies the authority to make decisions on how to use funds. Currently, community participation in the planning and monitoring committees is low. CHSJ will introduce the concept of expenditure tracking to the monitoring committees, as well as increase the opportunities and capacities of community organizations to monitor the NRHM. In addition, CHSJ will work to expand the role of community monitoring of the NRHM beyond the report cards envisioned by the scheme.

---

### Centre for Health and Social Justice (CHSJ)

63, D Block, Basement  
Saket, New Delhi - 110017, India  
Tel: +91 (11) 4615-0604, 2653-5203  
chsj@chsj.org /www.chsj.org

### International Budget Partnership

Cape Town • Mexico City • Mumbai • Washington, D.C.  
info@internationalbudget.org  
www.internationalbudget.org

---

*The IBP's Partnership Initiative is a collaborative effort that seeks to enhance the impact of civil society budget work in selected countries of Africa, Asia, and Latin America. The initiative strives to contribute to the development of sustainable institutions; to increase public access to timely, reliable, and useful information; to enhance the effective participation of civil society in policy and budget processes; and to establish a platform of good practices on which future generations of civil society can build.*