Question 2: *What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into health system strengthening efforts?*

Listening to voices from the field for building social accountability and grievance redressal for a responsive health system using a digital platform in India

Authors : Dr Devina Bajpayee[1], Dr Harish Kumar[1], Naresh Chandra Joshi[1], Dr Nitin Bisht[1], Dhivya Sivaramakrishna[2]

Organization : SAMVEG: Systems Approach for MNCH focusing on Vulnerable Geographies, Supported by USAID; 1. IPE Global; 2. DIMAGI Inc

HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Context

Achieving the SDG goals and Universal Health Coverage (UHC) remain the country's priority. India is taking forward this mandate through its National Health Policy and RMNCAH strategy$ to end preventable maternal and new-born deaths. India's implementation plans are built on a strong Quality assurance, Grievance redressal & Accountability framework, as stated in its recently launched SUMAN initiative.+

States have launched several initiatives to reach out to beneficiaries such as Call centers for sharing information on health schemes and referral linkages and *Mera Aspataal* portal for grievance and feedback sharing. Digital data portals such as Reproductive Child Health (RCH) portal - tracking individual woman and child beneficiary through her reproductive life cycle and upto five years age respectively & SNCU online portal for tracking small and sick newborns admitted for special care are available with state. However, these various platforms do not converge for utilizing the large data available for any suitable action and remain largely at facility level. Community participation is largely lacking resulting in action which are not aligned to the need of the community#.

The first 1,000 days of life - the time spanning between conception and child's second birthday - is a unique period of opportunity when the foundations of optimum health, growth across the lifespan are established *. This period requires continuum of care through antenatal care, safe delivery and post-natal care of mother and baby and childcare not only for survival but also for optimal development of the child and is prioritised for strengthening.

Inadequate social accountability, Grievance redressal, community involvement and use of available data from multiple sources remain weak links in India's journey towards self reliance to achieve SDG goals

$ Ministry of Health & Family Welfare Government of India, January 2013 A Strategic Approach to Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) in India
+MoH&FW Surakshit Maatritva Aashwasan (SUMAN) Guidelines 2020
Broeder, Uiters, ten Have, Wagemakers, Schuit; Community participation in Health Impact Assessment. A scoping review of the literature,; Environmental Impact Assessment Review
* Black et al., 2017; Britto et al., 2017; Richter et al., 2017. – Lancet Series 2017
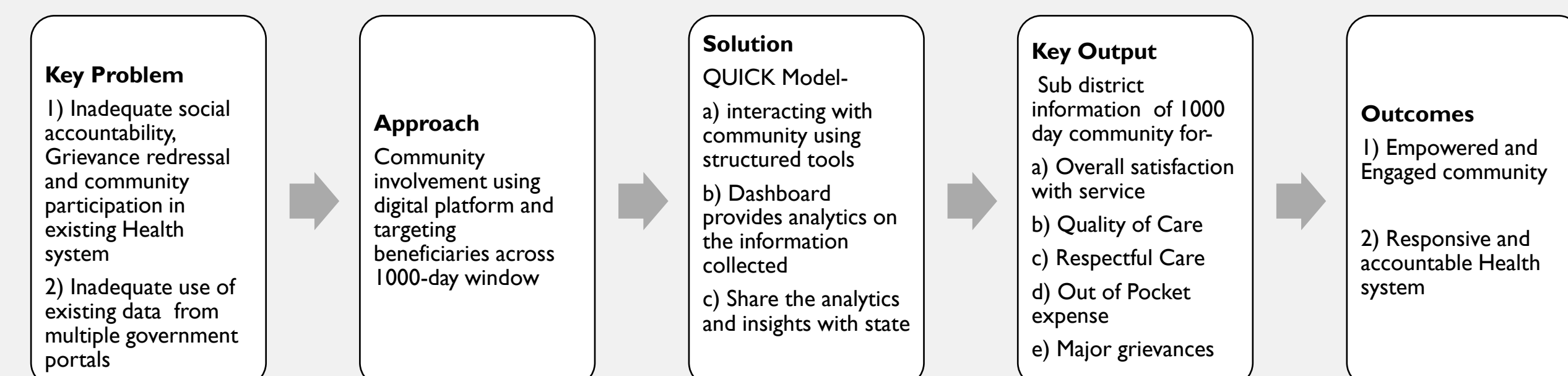
Activity Description

A **Q**uality **U**pgrade through **I**mprovements in (Accountability and Responsiveness) & **C**ommunity **K**nowledge (**QUICK**) Model was launched for improving maternal and child health outcomes, in the 1000-day continuum of life. The model aimed to improve social accountability and build a responsive health system through community participation and feedback using existing government call center to ascertain the needs and priorities of the community.
Activity was launched in Uttarakhand State in Haridwar District having 1.18 million population and an area identified as vulnerable geography by country's health system.
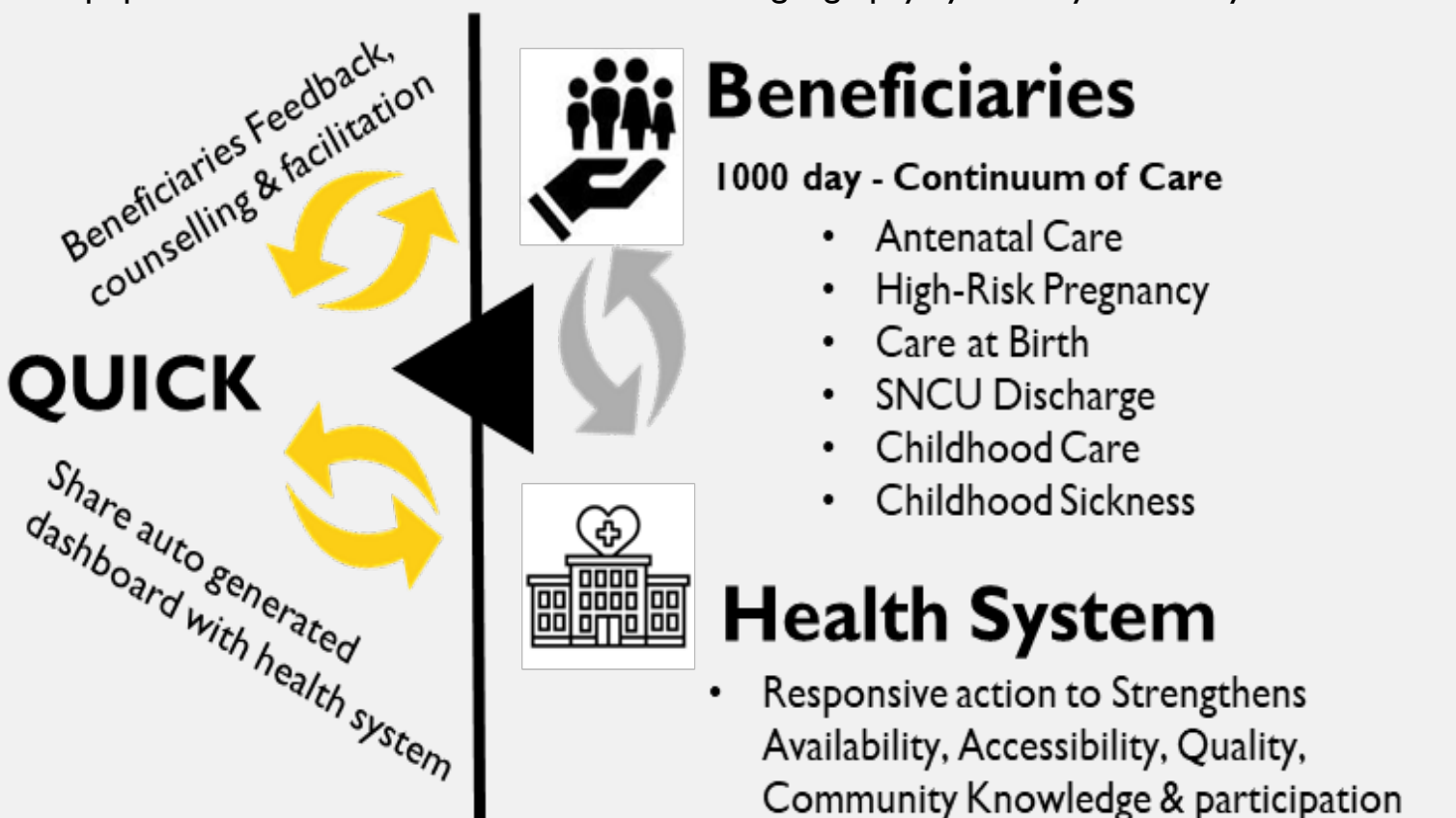
QUICK STEPS

1) Calling -list across 1000-day window generated and fed into the open-source CommCare web-based application using the random representative sample criteria from data sourced from the RCH and SNCU portals.

2) Targeted beneficiaries contacted by trained telecallers using structured tool in QUICK application to capture feedback and provide counselling and facilitation.

3) Automated Dashboard generated with composite indices on Community Satisfaction, Respectful Care, Quality of Care for sharing across all levels of health system for responsive action.

Beneficiaries
Beneficiaries Feedback, counselling & facilitation
QUICK
Share auto generated dashboard with health system

1000 day - Continuum of Care
- Antenatal Care
- High-Risk Pregnancy
- Care at Birth
- SNCU Discharge
- Childhood Care
- Childhood Sickness

Health System
- Responsive action to Strengthens Availability, Accessibility, Quality, Community Knowledge & participation

Theory of change

Key Problem
1) Inadequate social accountability, Grievance redressal and community participation in existing Health system
2) Inadequate use of existing data from multiple government portals

Approach
Community involvement using digital platform and targeting beneficiaries across 1000-day window

Solution
QUICK Model-
a) interacting with community using structured tools
b) Dashboard provides analytics on the information collected
c) Share the analytics and insights with state

Key Output
Sub district information of 1000 day community for-
a) Overall satisfaction with service
b) Quality of Care
c) Respectful Care
d) Out of Pocket expense
e) Major grievances

Outcomes
1) Empowered and Engaged community
2) Responsive and accountable Health system

Stakeholders in QUICK

1. **State government** -provided leadership and access to data from its portals on the 1000-day community and the provisions of care .
2. **Call centre agency-** permitted use of the existing state outbound calling platform
3. **DIMAGI Inc.** as a co implementing partner, developed tool with algorithms for structured outcalls and deriving composite indices on provision of quality of care, respectful care and OOPE for Dashboard.
4. **Sub district local community** -in their acceptance to interact and share their feedback and listening to the counselling and knowledge sharing during the call

Activity Impact

The model strengthened sub district leadership & governance, an important component of the health system. Responsive actions taken by state/ district which have impacted governance, local ownership and improved quality of service delivery.

QUICK Impact on Health system –
1. Triangulation of data from various public portals
2. Local actions based on local evidence – for reducing OOPE, addressing grievances & improving quality of care.
3. Identification of vulnerable sub district geography for targeted action
4. Initiation of a monthly review process based on the QUICK indices for need-based action
5. Reaching vulnerable 1000-day community for their empowerment
6. Linking of the health seekers in community to state teleconsultation services

RESPONSIVE ACTION BY LOCAL HEALTH SYSTEM

Contributed to Health Equity
- Linking community to government schemes
- Improved IEC for teleconsultation (E Sanjeevani) scheme
- Improved IEC for birth registration
- Improved use of tele consultation (E Sanjeevani)
- Promoted inclusion - 12% of the beneficiaries' family male members participated in the calls

Contributed to Health Quality
- Improved provision of USG services
- Focus put on examination by doctor for every HRP under government PMSMA@ (Prime minister's safe motherhood) initiative
- FLWs guided to focus on facilitation for Birth preparedness and identifying Birth companion
- Strengthened Supportive supervision of ANC by FLWs in villages by Community Health officers
- Sub district geographies with poor data reporting in governments RCH portal identified and instructed to improve performance and address data issues

@GoI's Pradhan Mantri Surakshit Matritva Abhyan for ANC

QUICK- INSIGHTS that prompted responsive action

Quality of Care
- Only about 60% of high risk pregnant (HRP) women had consult with MO.
- Urine RE was not done in ANC for 72% responders.
- 38% of respondents say that their weight was not measured in ANC.
- 33% of responders say that they did not receive Calcium tablets.
- Interaction with HRP revealed Clinical examination was not complete
- Nonavailability of specialist at Special newborn care unit

Respectful Care
- Birth companion used by only 39% of women who delivered.
- Family participatory care facilitated in 89% of responders whose sick and small newborns were admitted for specialized care.
- Long waiting time and poor counselling during immunization services at VHSNDs.

OOPE
- Out of pocket expenditures related to diagnostic services, particularly ultrasound in certain blocks
- High Per cent of institutional deliveries in private facilities.

Queries raised
- 22% not aware about free 108 & drop back ambulance service scheme.
- 66% responders not aware about 104 health helpline and grievance redressal
- Beneficiaries enquired where to obtain covid vaccination.
- Beneficiaries enquired on the mechanism of birth registration.
- Enquired how to breast feed in case of lactation failure

❖ The Uttarakhand government showcased the QUICK Model approach as **a best practice** during the National Maternal Health Workshop organized by the Ministry of Health and Family Welfare (MOHFW) in New Delhi.
❖ The Uttarakhand state government adopted the QUICK Model by incorporating it into its existing 104 call center

USAID India Director, Sangita Patel, visited the SAMVEG stall at the National Maternal Health Workshop, where Dr Harish showcased the QUICK model poster and provided an explained model's impact.
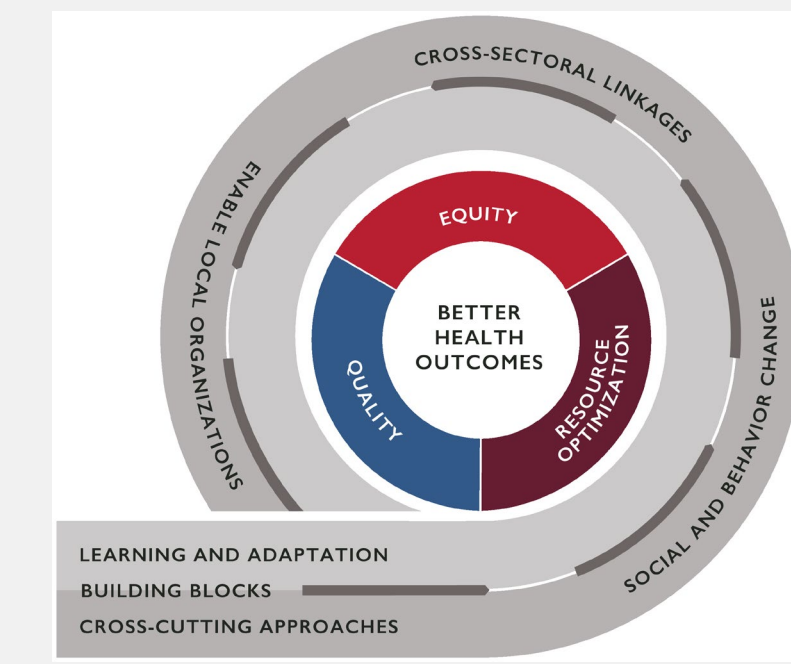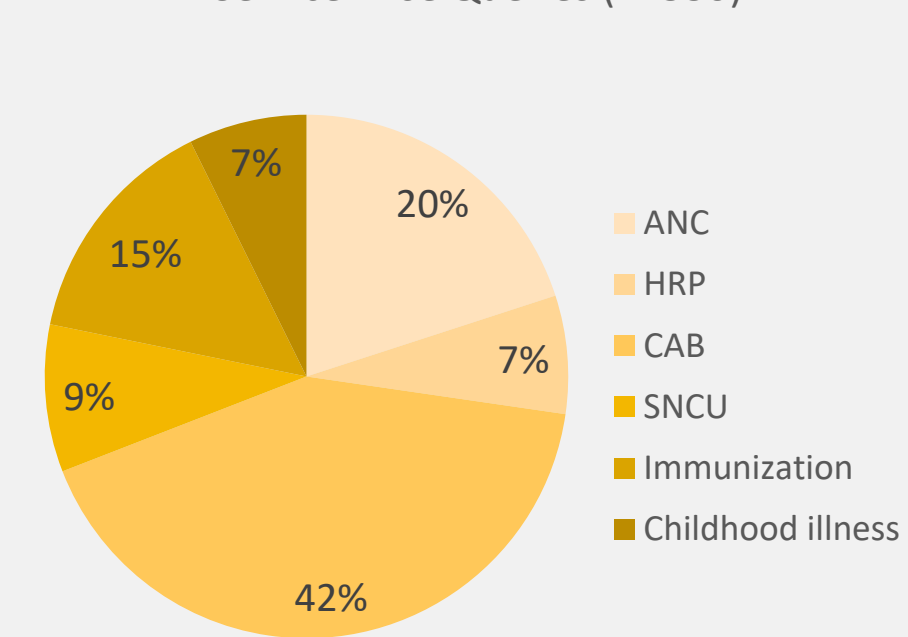
Evidence

The QUICK model was successful in hearing voices from the field, sharing knowledge with 1000-day community on healthy practices, building awareness about government Health schemes and collecting their satisfaction and feedback on services received
The state has identified the model as a best practice to be scaled across all districts .
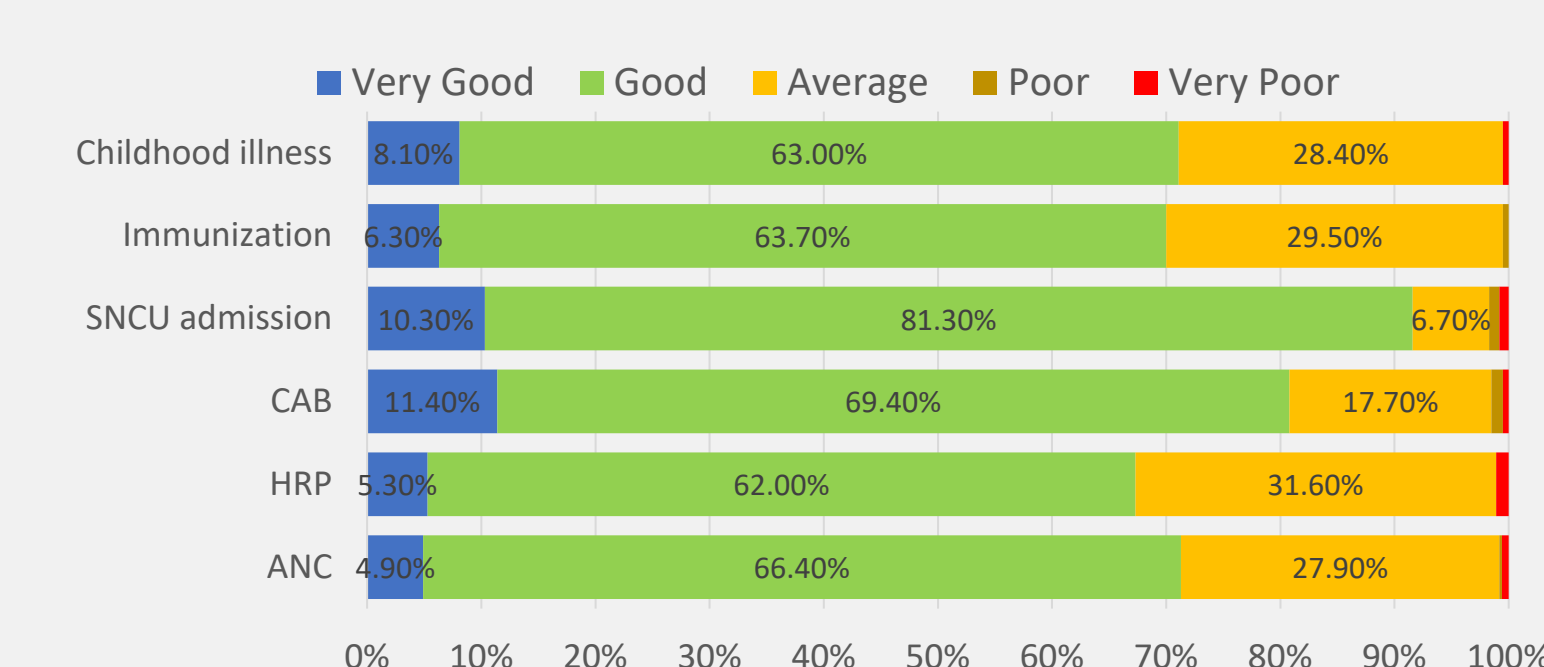
1. Evidence of Community Acceptance
- Between Jan 2022 and March 2023, around 19 K beneficiaries were reached.
- 94% beneficiaries gave consent to participate in detailed discussions.
- 96% mentioned they will be happy to receive such information related calls in future
- Average duration of call was approx. 14 minutes
- 530 queries were raised, on platform. Queries were related to medical issues, govt. schemes, Covid vaccination, tele consultation and registration of birth . Around 70% queries were resolved.
- 55 grievances were raised by beneficiaries during the calls. Grievances were related to non availability of specialist doctor, non availability of ultrasound, medicines and long waiting for immunization and delay in provision of care

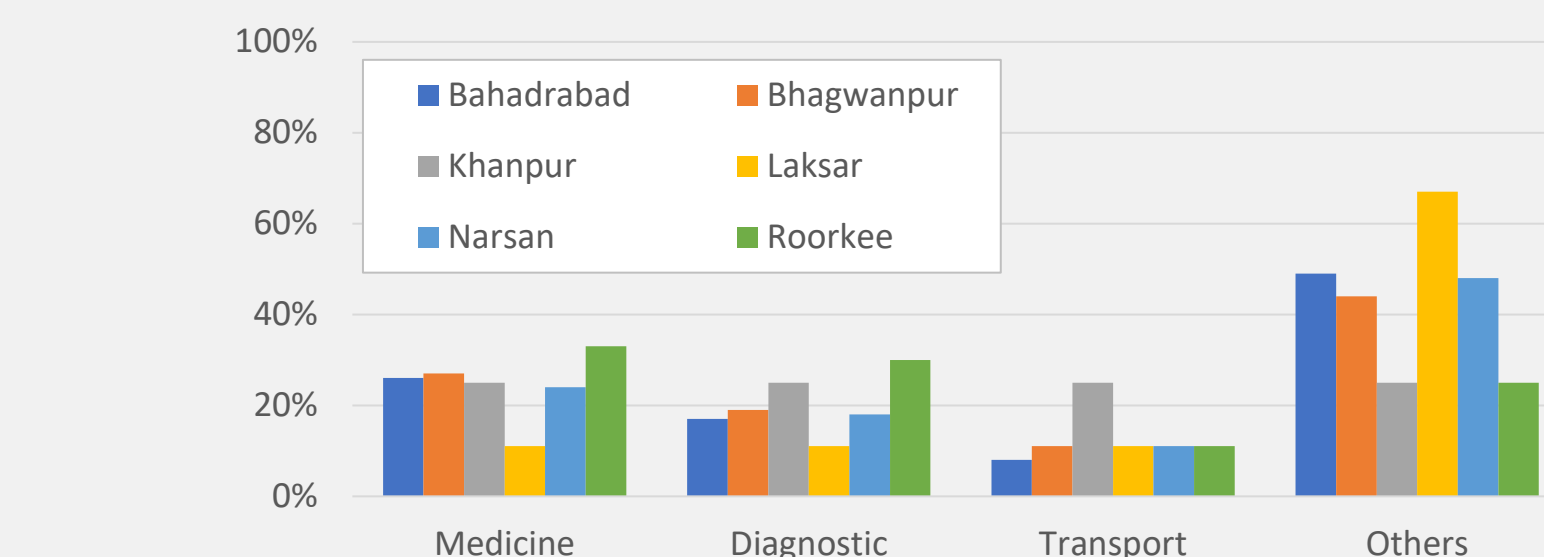**2. QUICK was able to generate regular Overall Satisfaction Ratings across provision of care**
❖ 75% of the respondents indicated an overall satisfaction rating of Good or Very Good.

Legend: Very Good | Good | Average | Poor | Very Poor

	Very Good	Good	Average	Poor
Childhood illness	8.10%	63.00%	28.40%	
Immunization	6.30%	63.70%	29.50%	
SNCU admission	10.30%	81.30%	6.70%	
CAB	11.40%	69.40%	17.70%	
HRP	5.10%	62.00%	31.60%	
ANC	4.60%	66.40%	27.90%	

Service-wise Queries (n=530)
- ANC 20%
- HRP 7%
- CAB 9%
- SNCU 15%
- Immunization 7%
- Childhood illness 42%

3. Out of Pocket Expenditure was identified in sub district geography under various heads
❖ 33.31% of beneficiaries incurred OOP expenditures

Sub district detail of OOPE under various heads

Legend: Bahadrabad | Bhagwanpur | Khanpur | Laksar | Narsan | Roorkee
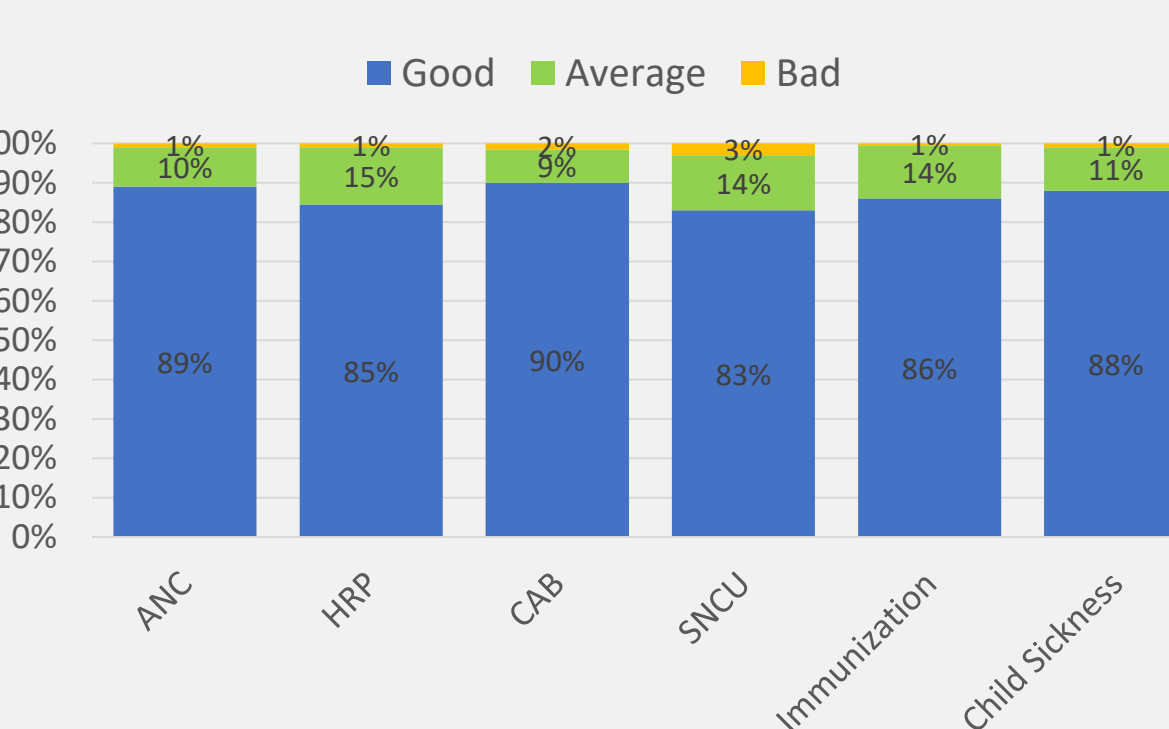(bar chart categories: Medicine, Diagnostic, Transport, Others)

4. Regular measure of Components of Respectful Care
❖ 87% of beneficiaries noted that the behavior of healthcare providers was good and satisfactory

Beneficiary Feedback on respectful Care received
- Privacy Delivery 95%
- Birth companion 39%
- Family Participatory Care 89%
- Privacy ANC 91%
- Staff Behaviour 88%
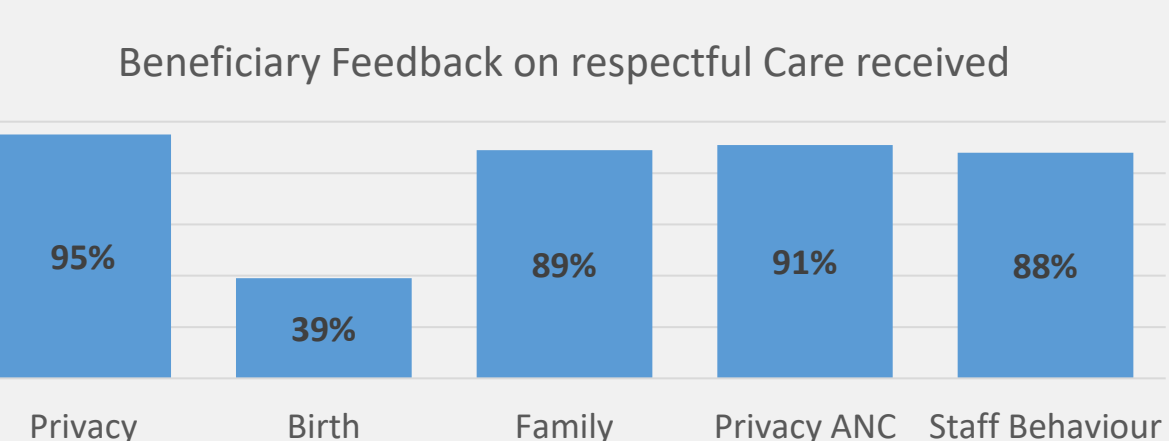
Feedback on healthcare worker behaviour across continuum of care

Legend: Good | Average | Bad

	Good	Average	Bad
ANC	89%	10%	1%
HRP	85%	15%	1%
CAB	90%	9%	1%
SNCU	83%	14%	3%
Immunization	80%	14%	1%
Child Sickness	88%	11%	1%

Facilitators

❖ Aligned to Government priority SUMAN program for building social accountability and community involvement.
❖ Constant leadership provided by state and district officials, who were involved both in QUICK design and implementing responsive actions .
❖ Building on existing state's call center approach to widen community engagement, the model was implemented fully within the existing health system -
❖ Availability of beneficiary data in existing government portals
❖ Acceptance by community to engage in a counselling and feedback process.
❖ Used Global guidance -WHO Nurturing Care framework & WHO Recommendations on antenatal care for a positive pregnancy experience for developing structured tools for tele caller.

Challenges

❖ Data available in the government portals was often found lacking in correctness and completeness. While this was anticipated , but not the extent. 30% of the Beneficiary mobile data not correctly mapped in RCH portal
❖ Data quality also differed across blocks: and a few blocks did not have adequate number of beneficiaries registered in RCH portal to achieve equal beneficiaries across blocks. The criteria of equal representation across blocks was accordingly relaxed in order to reach more beneficiaries.
❖ Small and sick newborns numbers was less since the SNCU unit was under refabrication.
❖ A number of calls had to be attempted before a call was picked up as the unknown number would reflect as spam call in beneficiaries mobile. This issue was anticipated, and provision kept for additional calls .
❖ Follow-up with beneficiaries who had raised grievances revealed that community was often not ready to take a stance and divulge name or details, and for this we have started a special initiative of visiting 50 women in the community through their journey across 1000 days to develop a rapport with them and gain an understanding on the social determinants of health outcomes.
❖ Vacant position in call center led to interruption of operations for a month. We had to hire a resource to complete the backlog

Lessons Learned

❖ It is possible to get voices from the field and involve community using reach of mobile technology.
❖ It is possible to develop algorithms to measure OOPE, Respectful care, Quality of care, Satisfaction scores
❖ Data analytics guides the local health system to address equity and quality issues through responsive and evidence-based actions .
❖ The model excites the local leadership to scale it further, as the resources required are minimal
❖ It is possible triangulate data available in various government portals for deriving meaningful action.
❖ The feedback, perception and queries raised by community provide useful insights to state for devising its IEC strategy.
❖ The use and scrutiny of data has led to feedback and an improvement in data quality.
❖ The model encourages knowledge sharing with family including male members.
❖ Model has helped in linking beneficiaries to government initiative for teleconsultation, E-Sanjeevani