Improving Governance the Participatory Way

A pilot study of maternal health services for urban poor in Bangalore
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A Pilot Study of Maternal Health Services for Urban Poor in Bangalore

Meena Nair • K. Prabhakar • Prarthana Rao • Poornima G.R.

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Centre for Advocacy and Research
Improving Governance the Participatory Way
A Pilot Study of Maternal Health Services for Urban Poor in Bangalore
Study done by Meena Nair, K. Prabhakar, Prarthana Rao, and Poornima G.R. for International Budget Partnership


Public Affairs Centre (PAC) is a not for profit organization, established in 1994 that is dedicated to improving the quality of governance in India. The focus of PAC is primarily in areas where citizens and civil society organizations can play a proactive role in improving governance. In this regard, PAC undertakes and supports research, disseminates research findings, facilitates collective citizen action through awareness raising and capacity building activities, and provides advisory services to state and non-state agencies.

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<td>BBMP</td>
<td>Bruhat Bangalore Mahanagara Palike</td>
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<td>BoV</td>
<td>Board of Visitors</td>
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<td>BP</td>
<td>Blood Pressure</td>
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<td>Below Poverty Line</td>
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<td>CSC</td>
<td>Community Score Card</td>
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<tr>
<td>IPP</td>
<td>India Population Project</td>
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<tr>
<td>JSY</td>
<td>Janani Suraksha Yojane</td>
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<tr>
<td>MH</td>
<td>Maternity Home</td>
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<td>MO</td>
<td>Medical Officer</td>
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<td>MHMC</td>
<td>Maternity Home Monitoring Committee</td>
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<tr>
<td>PETS</td>
<td>Public Expenditure Tracking Survey</td>
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<tr>
<td>RH</td>
<td>Referral Hospital</td>
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<tr>
<td>UFWC</td>
<td>Urban Family Welfare Clinic</td>
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</table>
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- Dr. Gopakumar Thampi, former Director of PAC and currently advisor to PGRG, for his inputs in shaping the project proposal and for his feedback on the final report.
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While we are indebted to the individuals mentioned above for their contribution, we the authors are solely responsible for the opinions expressed and any errors therein.

Dr. Meena Nair, Dr. K. Prabhakar
Ms. Prarthana Rao, Ms. Poornima G.R
Foreword

The genesis of this project could be traced to the decade long experience of Public Affairs Centre (PAC) in assessing and evaluating public service delivery outcomes through the globally recognized “Citizen Report Cards (CRC)”. PAC’s CRCs in Bangalore have shown that despite massive investments in critical services like health and education, there is mounting dissatisfaction among citizens on the delivery of these services; lack of effective access to services, poor quality and reliability of services, hidden costs and weak accountability mechanisms continue to plague the public delivery domain. PAC’s experiences highlight that there is a clear and discernible link between budget cycle and service delivery at the cutting edges.

Public Affairs Centre undertook a unique Citizen Report Card survey of maternity homes, India Population Project (IPP) Centres and Urban Family Welfare Centres (UFWC) in partnership with five city based NGOs in 2000. A total of 500 patients and 77 staff of these facilities were interviewed. The purpose of the survey was to get corroborative evidence on the poor quality of services provided, and the widespread corruption in the maternity homes to strengthen the advocacy work of Civil Society Organisations.

The findings that came out from the study clearly showed:

- Poor service delivery in maternity homes;
- High levels of corruption in the delivery of services in maternity homes;

The current study stems from the need to measure any changes that may have taken place over that last decade in the quality of service delivery in these maternity homes and to use tools such as Community Score Card (CSC) to take up issues related to service delivery and budgets to implement an effective advocacy process. The criticality of the current study follows the recent expansion of the city to form the Bruhat Bangalore Mahanagara Palike (BBMP), by including many peripheral urban local bodies. Provision of essential services like primary health care gains more importance as the redrawn administrative map now encompasses previous outliers and peripheries. Further, though PAC’s CRCs have been instrumental in raising public awareness on critical issues and also, in putting pressure on
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poor performers to reform and improve, effective complements to the demand side interventions remain largely unexplored.

PAC believes that the current study will build potent and timely institutional capacity within to influence policy imperatives. Through this study, PAC is working towards building core competencies in designing and undertaking budget analysis and score cards and institutionalize the same in the civil society space in future. By engaging key local actors in this process, PAC has begun to facilitate local capacities to design and implement objective and contextually driven models of engagement, using tested tools and approaches.

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Introduction

1.0 Background to the Study

Bruhat Bengaluru Mahanagara Palike (BBMP) or Greater Bangalore Municipal Corporation is responsible for providing basic civic facilities to the citizens of Bangalore city which includes water supply to the urban poor, sanitation, roads, street lights, health facilities etc. BBMP currently manages and operates 24\(^1\) Maternity Homes; services provided include:

- Antenatal care
- Postnatal care
- Delivery
- Immunization
- Family welfare services – permanent and temporary

Each year, nearly 50,000 antenatal cases are examined in these maternity homes alone. Approximately 50 per cent of these mothers deliver in the Government maternity homes; stakeholder consultations and media reports\(^2\) in the past have significantly highlighted poor service delivery and alarming levels of corruption in the maternity homes. Various groups working for the poor in the city had expressed a strong demand to carry out a user feedback survey to empirically assess the quality of care particularly that of the service delivery process at the maternity homes. As a response to this, Public Affairs Centre\(^3\) undertook a unique Citizen Report Card (CRC)\(^4\) survey of maternity homes, India Population Project Centres (IPP) and Urban Family Welfare Centres (UFWC) in partnership

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\(^{1}\) A recent item in a local newspaper revealed that four of these maternity homes have ceased functioning leaving only 20 maternity homes managed by BBMP


\(^{3}\) Public Affairs Centre (PAC) is a non-profit organization dedicated to the cause of improving the quality of governance in India. The Centre is globally known for its pioneering Citizen Report Cards (CRCs)

\(^{4}\) The Citizen Report Card (CRC) is a simple and credible tool to provide systematic feedback to public agencies about various quantitative and qualitative aspects of their performance. CRCs elicit information about users’ awareness, access, usage and satisfaction with public services thus bringing in the dimension of a “bottom-up” assessment of public services.
with five city based NGOs in 2000. A total of 500 patients and 77 staff members of these facilities were interviewed. The purpose of the survey was to get corroborative evidence on the poor quality of services provided, and the widespread corruption in the maternity homes to strengthen the advocacy work of Civil Society Organisations.

The most distressing finding concerned the prevalence of corruption. While none of the facilities seemed corruption free, maternity homes stood out in terms of the severity of the problem. Payments were demanded or expected by staff for almost all services, but most of all, for delivery and seeing the baby. Most staff denied that they practiced corruption. They complained about the constraints on facilities, and shortage of staff, supplies and resources.

PAC assembled several experts and NGOs working with the urban poor for a discussion about the options that might be considered by Bangalore City Corporation (now BBMP) to improve its health services to the poor. The following elements of reform were considered essential by the group:

- An effective oversight mechanism should be created to monitor the activities of the maternity homes. A Board of Visitors (BoV) consisting of five to seven persons could play this role through quarterly meetings to review the operations, needs and plans of each maternity home.
- A patients’ charter should be created for the maternity homes
- Though the services are free, the reality is that poor women have to pay for them in a majority of cases. They pay, but have no assurance of quality or rights. It was proposed that BCC move to a system of user charges. The idea was not to recover the full costs of the services, but to let patients share the costs so that they have a right to receive the services. The fund thus created could be used for the maintenance and improvement of the facility where it is collected.
- Even if these actions are taken, there is a need to empower the poor women to demand their rights and to stand up against abuse.

The corresponding outcomes that came about were:

- A Board of Visitor for every Referral Hospital was constituted.
- Citizen’s charters have been put up in the form of painted boards in every maternity home.
- Introduction of User Fee in all maternity homes for various services offered
- One or two NGOs did set up help desks but could not sustain this due to lack of adequate resources to maintain them.

This study aims at assessing the current quality of services provided by these maternity homes. An additional component to the study is to understand the constraints from the supply side which is mainly the financial constraints which very often results in poor quality of services. An attempt has been made here, to study the budgets, incomes and expenditures of selected maternity homes to identify gaps if any in terms of flow or utilization of funds and correlate them with the quality of services that are being provided by the maternity homes.
1.1 Scope of the study

The scope of the study is limited to antenatal, delivery, postnatal, immunization and family planning services provided at the maternity homes. There are clearly other services that the maternity homes provide like treatment for general ailments, health camps, awareness programs, and pulse polio programmes, etc., which are not a part of the present study.

The project activities have been designed and carried out to achieve the following project outcomes:

1. Enhanced capacity of community groups working on health related issues to engage with local government finances and public service issues.
2. Informed, motivated and mobilised communities, holding government to account for state finance and public services.
3. Co-operative partnerships between civil society organisations and Government agencies to improve the allocation, spending and auditing of municipal finances to benefit citizens.
4. Measurable improvements in public service delivery.

1.2 The Research Design

The study involved the use of different tools at different stages to achieve the project objectives.

1. A city level CRC study has been conducted to understand the status of maternal health service delivery by BBMP.
2. Along with this, budget analysis and expenditures related to maternity homes has been undertaken for three maternity homes in the city to find out the supply side constraints especially with regard to allocations and flow of funds to be able to deliver quality maternal health services.
3. Based on the findings from these two exercises, a detailed Community Score Card (CSC) exercise has been carried out in the catchment areas of the three maternity homes to arrive at joint action plans for improvement.
4. A rigorous follow up action through advocacy and community monitoring of the implementation of the action plan has been done for about 6 months for the three maternity homes.

1.3 Literature Review

A brief but comprehensive literature review was carried out to understand the issue of maternal health from the human rights perspective, the various maternal health entitlements offered by the State to urban poor women, the process of budgeting and expenditures by the State on the maternal health component and the process of expenditure tracking. Extensive discussions were held with officials from BBMP health department at various levels to understand the
dynamics of the maternal health service delivery in these institutions. These activities helped PAC to develop an appropriate strategy that would help realise the committed outcomes of the study. The summary of learning from these exercises is detailed below.

Based on the literature review

1. India is a signatory to many International covenants such as International Covenant on Economic, Social and Cultural Rights, The Convention on the Elimination of Discrimination Against Women (CEDAW) etc. It has also committed to fulfilling the Millennium Development Goals (MDG). The Constitution clearly states its opinion on the right to health care as Article 21 reads, “No person shall be deprived of his life or personal liberty except according to procedure established by law.”

2. In response to this there have been several programmes that are being implemented by the State to ensure good Public Health Service Delivery.

3. However, much needs to be done for effective implementation of the same as spending on health care in India remains low in comparison to many developing and developed countries.

Based on the discussions with various stakeholders

1. Existence of community participation model in the form of BoV is a good starting point to engage with the service providers for implementation of the tools as well as for follow up and advocacy.

2. Interactions during the preparatory stages of the project have shown overlap of services, responsibilities and lack of clarity in flow of information at different levels of the department. A lot of concentrated efforts have to be planned to gain clarity on these aspects to be able to plan for effective advocacy.

3. The quality and accuracy of information especially the budget related information is poor and as a result there has to be a major change in the proposed methodology of study. Instead of the proposed tool – PETS exercise a budget and expenditure analysis at the maternity homes may have to be carried out due to non availability of unit level budget information at the maternity homes.

4. The absence of operational guidelines and asset details in the public domain makes it difficult to compare/monitor performance of these units.

5. It is also important to convince the BBMP health department that the efforts within the project are towards building partnerships between the users (community) and the providers (BBMP) for improved maternal health services through use of collaborative platforms and not confrontational.

Based on the above learning and understanding of the BBMP health system and in particular the maternity home functioning and maternal health services offered by the BBMP, the following impact plan was developed.
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THEORY OF CHANGE TO IMPACT PLAN

**Project Objectives**
1. Establish partnerships between community groups and BBMP to improve quality of maternal health services
2. Maternal health budgets in BBMP based on evidences from service users and providers

**Short-term Objectives**
1. Training of community groups on reading budgets related to Madilu Yojane
2. Develop evidence based indicators to:
   - assess changes in the maternal health service delivery
   - influence budget allocations for Madilu Yojane
3. Develop a guideline for active involvement of BOVs / HMCs in budget formulation and expenditure for Madilu

**Decision Makers**
1. Commissioner, BBMP
2. Mayor and Council, BBMP
3. Standing Committee for Health in BBMP

**Changes to Policy**
1. Unit-level budget preparation
2. Evidence-based allocations to Madilu

**Changes to Budget**
Evidence-based budget preparation at the Unit level

**Activities/Methods**
1. Secondary data
2. Partnerships with NGOs
3. CRC
4. Budget analysis
5. First CSC
6. Follow-up by community
7. Repeat CSC
8. Develop relevant indicators and tools

**Change to Rules**
Amendment in BoV composition guidelines — to incorporate actual users from the community

**Ultimate Goal**
Improved participation and transparency in budget formulation and delivery of maternal health care services in the selected BBMP Maternity Homes
Citizen Report Card

2.1 Research Methodology

a. Preparatory activities

Several rounds of discussions were held with all the key staff members of the BBMP health department like the Deputy Commissioner, the Chief Health Officer, the Superintendents of the Referral Hospitals, the Medical Officers of the maternity homes, to understand the operating guidelines of BBMP maternity homes, their service mandates, process of budget preparation, the various sources of income to the maternity homes, the various schemes that are applicable to the maternity homes and also the broad expenditures of the maternity homes.

b. Questionnaire design

Data collection thus encompassed not just the users but also the implementers and the instruments were accordingly designed to suit the purpose. Four sets of data collection instruments were designed, which included observation schedules and interview schedules. These were:

- Observation schedule for maternity homes
- Interview schedules for users of maternity homes
- Interview schedules for Medical Officers / Asst. Surgeons
- Interview schedules for doctors other than the Medical Officers
- Interview schedules for ANMs.

All the data collection instruments included the aspects that are covered in a CRC, which are:

- Availability
- Access and usage
- Service quality and reliability
- Problem incidence, responsiveness and problem resolution
- Costs, including Corruption
- Satisfaction and suggestions for improvement.
Apart from this, a checklist was also prepared to get feedback from the members of the Board of Visitors of these maternity homes about the various aspects of functioning of the maternity homes.

c. Sampling design

The survey comprised of 50 percent of the maternity homes managed by the BBMP. Every maternity home that was selected for the survey was observed for basic infrastructure facilities. In each of these maternity homes, the Asst. Surgeon who is in-charge of the maternity home was interviewed. Along with the Asst. Surgeon another doctor was interviewed wherever available. One ANM from each of these maternity homes was also interviewed. 10 users who had availed all or at least a few of the facilities from these maternity homes in the past 2 years were interviewed to get their feedback on the services provided by these maternity homes. These respondents were selected from the catchment areas of these maternity homes. The sample size for the study is given below in Table 1.

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Details of Interviews</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Observation of maternity homes</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>Interview with Medical Personnel</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Medical Officers / Asst. Surgeons</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Doctors</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>ANM</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>Interview with Users</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td>Users per maternity home</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Total Interviews</td>
<td>168</td>
</tr>
</tbody>
</table>

d. Field work and quality assurance

A Bangalore based agency with prior experience in conducting such surveys was selected to carry out the field work. One-day training programme for the survey team was carried out in Bangalore. The training programme involved briefing on the data collection instruments and mock call exercises. The field work started soon after the training programmes were conducted and was completed in a month’s time in all selected maternity homes.

During the course of field work, PAC research team consistently monitored the field work through field visits and carried out spot checks and back checks and onsite scrutiny of filled-in questionnaires. The team supervisors also kept in contact with the PAC team for updates on a daily basis. Another round of random scrutiny was carried out once the questionnaires were received at PAC before data entry.
e. Data entry and analysis

Data entry for the 156 interviews and 12 observations was carried out by a professional agency based at Bangalore.

f. Secondary data collection

Since collection and scrutiny of secondary data related to budgets and expenditures is a very time consuming exercise, this was carried out in only 3 maternity homes, one each in the three health zones of BBMP. These three maternity homes were,

- Gavipuram Guttahalli maternity home in the South Zone
- Cox Town maternity home in the East zone
- Nandini Layout maternity home in the West Zone

Several documents related to budgets, incomes and expenditures were collected from these three maternity homes and their respective Referral Hospitals. These included the overall health budget of BBMP, Budget Information Data Sheets from the maternity homes, indents and estimates raised by the maternity homes for drugs, linen and equipments, User Fee collected and their expenditures, food bills of the maternity homes and salary details of the maternity home staff. These details were collected for the 2 previous financial years (2008 – 09 and 2009 – 10)

### 2.2 Profile of the Respondents

The respondents were all women from the urban poor community who had availed the services of the BBMP managed maternity homes in Bangalore. More than half of them (59%) were from the age group of 21-25 years. Two third of the respondents belonged to the Hindu community with 48% of them representing the Scheduled Caste section of the society. Around 71% of them were less educated with less than SSLC qualification. They were mostly women belonging to the non-agricultural labour class (48%) or people working in small private enterprises (28%). The average monthly income of the respondent families was Rs. 4500/-. Around 88% users have been using the maternity home for less than 5 years

### 2.3 Feedback from Users

#### 2.3.1 Maternal Health Services

1. Access and Usage

   - Close to half (48%) of the respondents reported that the maternity home is nearly 5 kms from their residence
   - Regarding availing the services in the maternity home, it was found that all respondents (100%) have availed ante-natal services. A majority of them (99%) had availed post-natal and immunization services too.
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II Ante-natal Care

Most users (99%) have reported that a person was available at the registration counter when they approached.

Nearly 99% users reported that they were advised to get regular check-ups by the doctor as soon as their pregnancy was confirmed and 88% of them followed the advice.

In most cases (92%) the doctor examined the pregnant ladies every time they went for a checkup. In the absence of doctor as in the case of 8% respondents, the head nurse examined the pregnant ladies.

In terms of quality of examination, more than 95% users reported that every time they went for a checkup, the medical personnel would check for BP, weight and also conduct physical examination to monitor the growth of the baby.

Around 84% pregnant mothers were advised to take iron and folic acid tablets which were given to them at the maternity home. However, 10% of them also reported that the tablets were not given to them.

Though 97% ladies reported that they were advised for scanning, 85% of them reported that the scanning was not done at the maternity home. Half of these respondents said that they got the scanning done at the Private lab while the remaining half got it done at the Referral Hospital or other Government hospitals.

Most of the respondents got the blood tested at the maternity home for HB count and blood sugar. However, around 7% users visited the private labs to avail the same facility.

Only 56% respondents have had deliveries at the maternity homes while the remaining delivered at other government institutions or private hospitals.

- A majority of the respondents (92%) had gone to the maternity home on their own without any references from either relatives or neighbours.
- The most recent visit to the maternity home by 46% users was for their first delivery.

Figure 1: Usage of Services at the maternity home

- Ante-natal check up: 100
- Postnatal care: 99
- Immunization: 99
- Delivery: 56
- Birth Certificate: 43
- Family planning: 23
Most users (81%) got the HIV test done at the maternity home. Only 4 respondents got the test done in a private lab.

Around 89% users got the urine test done at the maternity home. Only 4 respondents got the test done in a private lab.

Nearly 94% users reported that the tetanus injections were given to them at the maternity home during their pregnancy. Around 45% of them received 3 vaccinations and 47% received 2 vaccinations during their pregnancy.

In most cases (97%) it was reported that a disposable syringe was used for every injection. However, one third of them said that they had to pay for the syringe.

### III Delivery

Only half (56%) of the respondents delivered at the maternity home. The others who had availed ante-natal and post-natal facilities at the maternity home but had not undergone delivery, mostly delivered at the government hospitals (67%).

A majority of those who delivered at the maternity home had a normal delivery (92%). It is interesting to note that nearly 55% of them were admitted for 4-7 days while the remaining 46% for less than 3 days at the maternity home inspite of having normal deliveries in both cases.

A majority of them reported that a bed was given to them as soon as they got admitted (94%). Around 70% of them said that the linen was changed whenever it got dirty.

Around 79% users reported that the doctor was available at the time of delivery. However every one (100%) reported that the nurse and other staff were available.

### IV Schemes and benefits

Janani Suraksha Yojane (a safe motherhood intervention) – Only 26 out of the 120 respondents were aware of the JSY scheme. One of the important criteria to be eligible to avail the benefits of this scheme is that the pregnant lady should be from a BPL (Below Poverty Line) family. It was found from the study that out of 67 ladies who reported that they had delivered in the maternity homes, 41 were from the BPL category. Amongst these, 12% have not availed the benefits of the scheme which means have not received the cash incentive of Rs.600.

Madilu Yojane – Around 73% users were aware of the Madilu Yojane (baby kit consisting of essential items like oil, soap, warm clothes, etc. for the new born) and 60% of them availed the benefits of the scheme. The scheme is applicable to all ladies who give birth at the maternity homes for their first and second child. Keeping this criterion in mind, when the responses were cross tabulated, it was found that 24% of the eligible mothers did not receive the benefits of the scheme.

In the earlier study conducted in 2000, a larger proportion of women (94%) delivered at the maternity homes
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V Immunization

A majority (99%) of the mothers reported that they were told about the different vaccinations that have to be administered to the newborn after the delivery at the maternity home and a card was also issued giving the immunization schedule.

Most of them (98%) reported that they followed the immunization schedule that was advised.

VI Family planning

Around 54% users reported that they were advised on the family planning methods by the maternity home staff and all of them have reported following them.

Around 10% users have used Copper–T, 22% have undergone sterilization operations. None of the ladies reported that their husbands had undergone the operation.

VII MTP

None of the respondents had availed this facility from the maternity homes.

VIII Availability and distribution of medicines

Though 95% users reported that medicines were prescribed to them, only 12% reported that all prescribed medicines were given at the maternity home and 51% reported that some of the medicines prescribed were given at the maternity home. Among these who either got all medicines or some of the medicines from the maternity home, 32% got the medicines free of cost. It is disturbing to see that 37% users reported not getting any medicines at the maternity home. Only 76% users were aware that they were entitled to get medicines free of cost.

In the earlier study conducted in 2000, only 63% users were aware that medicines had to be given free; 36% users were given ALL medicines, amongst them, 39% reported receiving all medicines FREE

2.3.2 Quality of interaction with staff

Though only 2% users were dissatisfied with the availability of staff during their visit to the maternity home, a higher proportion of them were dissatisfied with their ability to provide necessary information (6%) and also their helpfulness (15%). More than a third of them were dissatisfied with the time taken to attend to them by the staff. With regard to satisfaction with the overall behavior of staff, 98% were satisfied with the doctor’s behavior, 84% with the behavior of nurse and 78% with the behavior of other staff at the maternity home.

In the earlier study conducted in 2000 more than 70% users were always satisfied with the behavior of doctors, nurses and other staff at the maternity homes.
2.3.3 Extra money

An attempt was made to understand the approximate amounts that the user had to spend in the process of availing the various facilities at the maternity homes, – as per stipulation and extra to avail a service.

Table 2 gives the details of the proportion of people who reported that they had to pay certain amounts for availing the facilities. When column 3 and 5 are compared we find that not all people who have reported to have paid User Fee have actually paid the stipulated amounts. Column 7 clearly shows that nearly one third of those who have paid the User Fee have actually paid amounts more than the stipulated fee. It is also surprising to see in column 8 that many of them have even got receipts for the excess amounts paid. It is seen from the table that for a large number of services / facilities, users have paid money as Fee though there is no stipulated User Fee. It is seen that 26% users have paid money to see the new born baby soon after delivery. The amount varies from Rs. 300 for a girl child to Rs. 500 for a boy child.

Another aspect of expenditure towards maternal health is the forced investments which are a result of lack of facilities at the maternity homes. Table 3 gives the details of amounts spent towards particular facilities by the users when availed services of different institutions like maternity homes, Referral Hospitals, Government hospitals and private hospitals. It can be seen from the table that on an average a person availing facilities at the maternity home pays 80 % less than the same facility at the private hospital.

The patient load for various facilities at the 24 maternity homes were computed with the User Fee applicable in the facilities to arrive at the total amount received by the BBMP for the year
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Table 2: Details of Expenses by patients at the maternity homes

<table>
<thead>
<tr>
<th>Services</th>
<th>N</th>
<th>% of users who paid for service</th>
<th>Stipulated user fee (INR)</th>
<th>Paid Stipulated amount (%)</th>
<th>Received Receipt (for stipulated amount)</th>
<th>Paid more than stipulated amount (%)</th>
<th>Received receipt % (for more than stipulated amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>117</td>
<td>70</td>
<td>5</td>
<td>33</td>
<td>69</td>
<td>67</td>
<td>44</td>
</tr>
<tr>
<td>Iron and folic acid tab</td>
<td>95</td>
<td>2</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Scanning</td>
<td>17</td>
<td>77</td>
<td>100</td>
<td>92</td>
<td>25</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Blood test&lt;sup&gt;a&lt;/sup&gt;</td>
<td>105</td>
<td>64</td>
<td>70</td>
<td>83</td>
<td>46</td>
<td>17</td>
<td>60</td>
</tr>
<tr>
<td>HIV Test</td>
<td>94</td>
<td>21</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>21</td>
<td>55</td>
</tr>
<tr>
<td>Urine Test</td>
<td>107</td>
<td>45</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>45</td>
<td>44</td>
</tr>
<tr>
<td>TT Injection</td>
<td>114</td>
<td>27</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>27</td>
<td>7</td>
</tr>
<tr>
<td>Syringe</td>
<td>114</td>
<td>29</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>29</td>
<td>6</td>
</tr>
<tr>
<td>Bed Charges</td>
<td>66</td>
<td>33</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>33</td>
<td>50</td>
</tr>
<tr>
<td>Delivery(N/C)&lt;sup&gt;b&lt;/sup&gt;</td>
<td>66</td>
<td>67</td>
<td>300/350/500</td>
<td>55</td>
<td>48</td>
<td>45</td>
<td>37</td>
</tr>
<tr>
<td>For Baby seeing</td>
<td>65</td>
<td>26</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Immunization</td>
<td>118</td>
<td>36</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>36</td>
<td>9</td>
</tr>
<tr>
<td>Family planning</td>
<td>76</td>
<td>12</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>12</td>
<td>11</td>
</tr>
</tbody>
</table>

<sup>a</sup> Blood test amount includes HB, cholesterol, Sugar and VDRL charges

<sup>b</sup> N - Normal, C – Caesarian; NA – Not Applicable

<sup>c</sup> What Users reported as receipts were not from the regular receipt book, instead it was mostly on blank white chits mostly used for prescriptions.

Table 3: Comparative analysis of expenses by patients towards availing various lab facilities

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Scanning</td>
<td>17</td>
<td>100</td>
<td>45</td>
<td>538</td>
<td>3</td>
<td>75</td>
<td>47</td>
<td>442</td>
<td>356</td>
</tr>
<tr>
<td>2</td>
<td>Blood test</td>
<td>104</td>
<td>61</td>
<td>4</td>
<td>217</td>
<td>3</td>
<td>50</td>
<td>8</td>
<td>464</td>
<td>1612</td>
</tr>
<tr>
<td>3</td>
<td>HIV test</td>
<td>97</td>
<td>49</td>
<td>4</td>
<td>557</td>
<td>7</td>
<td>92</td>
<td>4</td>
<td>550</td>
<td>504</td>
</tr>
<tr>
<td>4</td>
<td>Urine test</td>
<td>107</td>
<td>51</td>
<td>1</td>
<td>300</td>
<td>3</td>
<td>287</td>
<td>8</td>
<td>325</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Injection</td>
<td>112</td>
<td>95</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>356</td>
<td>1612</td>
<td>504</td>
<td></td>
<td>1876</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2008 – 09 in Table 4. These amounts are estimated amounts and not actual as the data on patient load used here is not segregated into BPL patients and other patients. This was compared with the average amounts reported to have been spent by the users in the same proportion of users reporting the payment. For example the average amount reported to have been paid for a
normal delivery at the maternity home is Rs. 800. This is reported by 67% users. Based on this, 70% of the patient load was multiplied with the average amount of Rs. 800 to arrive at the total estimated amount received at the BBMP maternity homes for delivery. The difference in both the amounts is quite alarming which shows the proportion of out-of-pocket expenses that are spent by users, which does not reach the BBMP accounts but gets unofficially distributed within the system!

2.3.4 Satisfaction levels with the maternal health services

Taking all aspects of maternal health services, less than 50% users are completely satisfied with all the services of the maternity home.

![Figure 3: Satisfaction related to maternal health services](image)

Table 4: Quantification of extra money paid on an annual basis at the MHs in Bangalore

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Services</th>
<th>Total no. of cases registered (2008-09)*</th>
<th>User fee applicable (INR)</th>
<th>Amount earned by BBMP as user fee</th>
<th>Actual amount paid by users (with averages computed from CRC survey)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OPD</td>
<td>80,525</td>
<td>5</td>
<td>4,02,625</td>
<td>7,89,145</td>
<td>3,86,520</td>
</tr>
<tr>
<td>2</td>
<td>Delivery</td>
<td>11,328</td>
<td>300</td>
<td>33,98,400</td>
<td>60,71,808</td>
<td>26,73,408</td>
</tr>
<tr>
<td>3</td>
<td>MTP</td>
<td>894</td>
<td>100</td>
<td>89,400</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Copper T</td>
<td>3,375</td>
<td>0</td>
<td>0</td>
<td>85,455</td>
<td>85,455</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td>38,90,425</td>
<td>69,46,408</td>
<td>31,45,383</td>
</tr>
</tbody>
</table>

*Source: BBMP
Improving Governance the Participatory Way

2.3.4.1 The major reasons for dissatisfaction are as follows

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Services</th>
<th>Reasons for dissatisfaction</th>
<th>% in agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ante natal Care</td>
<td>• The staff demand money for every service</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Doctors do not inform the test results properly</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Delivery</td>
<td>• The staff demand money for every service</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Money is asked even to show the new born</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Non-availability of staff during delivery</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Carelessness of nurse during delivery</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Baby is not bathed after delivery/ hot water not given</td>
<td>13</td>
</tr>
<tr>
<td>3</td>
<td>Immunization</td>
<td>• Baby is not handled carefully while injecting</td>
<td>60</td>
</tr>
<tr>
<td>4</td>
<td>Family Planning</td>
<td>• Did not advice properly about benefits of the plan</td>
<td>84</td>
</tr>
<tr>
<td>5</td>
<td>Overall</td>
<td>• The staff demand money satisfaction for every service</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use of abusive language and carelessness by nurse and other staff</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Benefits are not extended properly</td>
<td>9</td>
</tr>
</tbody>
</table>

2.3.4.2 Suggestions for improvement

**Extension of facilities at the maternity home**
- Scanning – 31%
- Caesarian and sterilization – 9%
- Attend emergency cases also – 8%
- Antenatal checkup to be done on all days – 5%
- All prescribed tablets to be given at the maternity home – 4%

**Behaviour of Staff**
- Doctors should visit the maternity home everyday – 3%
- Nurse and other staff should be more courteous – 4%
- Treat all patients equally – 3%

**Corruption**
- Stop asking money for every service – 10%

**Manpower**
- More doctors – 9%
- Appoint more nurses – 2%

**Improvement of infrastructure**
- Drinking water and clean toilet facilities – 12%
- Chairs at the waiting area – 4%
- More beds in the labour ward – 4%
2.4 Feedback from Personnel of Maternity Homes

2.4.0 Experiences of Medical Officers regarding provision of Maternal Health Services in the BBMP Maternity Homes

Medical Officers of 12 maternity homes were interviewed on various aspects of their work at the maternity homes. Among them 2 were senior specialists and the remaining 10 were Asst. Surgeons. All of them were qualified MBBS doctors with close to half (42%) qualified as MBBS, DGO. All were females who have been working in the health department for 4 or more years with 17% having worked for 14 years. A quarter of them were working in the same maternity home for four years, however 42% had worked for just a year at the maternity home with current posting.

All Medical Officers have reported that most of the facilities like ante-natal services, delivery, post-natal services, immunization, family planning advice and minor ailment treatment are provided at all the maternity homes. Delivery and MTP is not done in one of the maternity homes due to infrastructure problem. Only 75% of them have reported the issue of birth certificates at the maternity homes though the norms say that all maternity homes should provide this service.

It is found that weight measurement and BP measurement is done during every routine checkup by the Medical Officers. However, 92% of them have reported that physical examination is done every time.

Regarding scanning and other lab tests, it is found that the basic blood and urine tests are done in all maternity homes. However, HIV test is not done at one of the 12 maternity homes. Scanning is mostly not done at the maternity homes with only 10 maternity homes reporting so. The patients are generally referred to Referral Hospitals or government hospitals for scanning. All Medical Officers have reported that iron and folic acids are given to all pregnant ladies during their pregnancy.

Except for one maternity home, it is reported that tetanus injections are given to pregnant ladies during their pregnancy.

All maternity homes undertake 24 hours delivery except in one maternity home where delivery service is not extended.

All maternity homes reported that some of the cases are referred to government hospitals for delivery. The main reasons for doing so seems to be high risk cases that cannot be handled at the maternity homes due to non availability of qualified surgeons (pediatricians and in some cases Gynecologists) and also non availability of equipments.

All maternity homes provide immunization to the new born babies and have a stipulated immunisation day in a week (Thursday).

All maternity homes where delivery services are extended reported that they are eligible to extend Janani Suraksha Yojane and Madilu Yojane benefits. All these maternity homes also reported that they extend these facilities to all eligible patients.
2.4.1 Status of Human resources in maternity homes

Table 5 shows the current strength of human resources in the surveyed maternity homes as reported by the concerned Medical Officers.

Table 5: Status of human resources at the maternity homes

<table>
<thead>
<tr>
<th>Staff</th>
<th>Sanctioned</th>
<th>Shortage against sanctioned (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asst Surgeon</td>
<td>12</td>
<td>25</td>
</tr>
<tr>
<td>Jr Health Asst (Nurse)</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Aaya</td>
<td>39</td>
<td>23</td>
</tr>
<tr>
<td>Peon</td>
<td>33</td>
<td>52</td>
</tr>
<tr>
<td>Pourakarmika</td>
<td>30</td>
<td>43</td>
</tr>
<tr>
<td>Dhobi</td>
<td>6</td>
<td>83</td>
</tr>
</tbody>
</table>

It is seen from the table above that many of the sanctioned posts in BBMP maternity homes were vacant. In addition to this, there have been requests for additional posts to be sanctioned in some of the maternity homes as reported by the Medical Officers of the maternity homes.

An interesting fact is that some of the posts like Staff nurse and Clerk are sanctioned in only some maternity homes. It was also seen that in a few maternity homes, where some of the posts were not sanctioned at all, people had been brought on deputation and were working there full time and salaries of these employees were drawn from their parent departments. For example, in some of the maternity homes, the post of peon is not sanctioned however, there is a peon working in the maternity home. Some of the essential posts like that of an Asst. Surgeon who is very vital for any maternity home was shared among maternity homes in some cases. Administrative assistants like Clerks were also being shared among maternity homes. It was very interesting to note that in one of the maternity homes, an MO suggested that the posts of Aayas (cleaners) be removed as their roles and responsibilities are being fulfilled by the Pourakarmikas (Municipal Sweepers).

2.4.2 Budget preparation, allocation and utilization

The entire process of Budget preparation seemed to lack clarity when it comes down the hierarchy level at the maternity home. Even though 83% MOs reported that maternity home budgets are prepared based on the requirements sent by the maternity homes (in the form of Budget Information Data (BID), only 25% said that they were involved in the process of Budget preparation. Many of them (66%) perceived that the process of budget happens at the Chief Health Officer’s level with little involvement of the Superintendents of the Referral Hospitals as well. However, 91% felt that this existing system of budget preparation was robust.

All maternity homes reported that they do submit the expenditure details. This is usually submitted to the Superintendent of the concerned Referral Hospital (reported by 92% maternity homes); usually on a monthly basis (reported by 10 maternity homes).
2.4.3 Medicines and Equipments

All vaccinations for the mother and the infants were reportedly bought from the Central Drug Store of BBMP. In most cases (83%) tablets were also procured from these stores. Two maternity homes reported that they obtained medicines from General Medical Store of the Karnataka State Government. In case the drugs are to be procured from private drug houses, prior approval has to be obtained from the Board of Visitors.

Generally, it was reported that medicines were received from the central drug store in a day (50%) or two (42%) of placing the request. In case of a drug shortage or emergency, medicines were procured by utilizing the User fee collected (reported by 67% maternity homes). None of the maternity homes reported of instances where expired drugs were supplied from the store. All Medical Officers reported that they submit the drug utilization details to the superintendent of the respective Referral Hospitals. Most of them report the utilization on a monthly basis (92%).

Medical Officers of nearly 83% maternity homes reported that they had all necessary equipments. However, 1 maternity home reported that only some of them were in working condition like the Baby warmer, scanning machine, incubator and NST Machine. The machines and equipments were maintained using the User Fee in 82% cases. In nearly 33% maternity home, the equipments were on Annual Maintenance Contract (AMC) which made it easier to maintain or repair the equipments in time as reported by the Medical Officers.

2.4.4 Food for Inpatients

Medical Officers of 10 out of 12 maternity homes reported that they provided food for inpatients free of cost. In 7 maternity homes, milk was given to all inpatients twice a day. In 9 maternity homes bread was given to patients once a day. In 8 maternity homes, patients were served with either a banana or an egg every day. In most of the maternity homes, a fixed quantity of milk was procured every day. Hence in case of shortage of milk, instead of giving 250 ml twice a day as per the norm, the quantity of milk available was equally distributed to all the patients as reported by one of the Medical Officers. The food items were all procured from designated suppliers from BBMP in all the maternity homes. Regarding quality of the food supplied, 80% MOs opined that the food was of good quality and 90% opined that the quantity of food given was sufficient for the patients.

2.4.5 User Fee

It was found that all maternity homes collect User Fee stipulated by BBMP for Lab facilities and other facilities like delivery, MTP etc. In all cases, is the Medical Officers reported that receipts were given to the users for the fee paid. The details on amount collected and spent from the

“We have the scanning machine. I operate it to monitor child development but I do not give any report to the patient as I am not a qualified radiologist. Those patients who want the report go to the government hospital and get the scanning done and obtain the report” – Medical Officer of one of the maternity homes
User Fee were submitted to the Superintendents of the respective Referral Hospitals on a monthly basis and to the Board of Visitors during their quarterly meetings.

Every maternity home was allowed to spend a sum of Rs.5,000 per month from the User Fee (reported by 83% Medical Officers). The User Fee is mostly utilized for purchase of emergency drugs as reported by 67% Medical Officers, repair of equipments (25%) and for stationary and for Photostatting (8%). Two third Medical Officers felt that this sum sanctioned was sufficient to meet the emergency requirements. Many Medical Officers (66%) were of the opinion that all the drugs should be supplied from the central stores at all times instead of buying it from the User Fee. Around 17% reported that the process of utilizing the User Fee in terms of getting approvals, quotations etc was very time consuming and involved intensive efforts. Hence this needed to be simplified.

2.4.6 Work related

All Medical Officers reported that they work for 7 hours at the maternity home and were always available on call during emergencies. Half of them also worked in more than one maternity home or in UFWC apart from the maternity home of which they were in-charge. All of them performed several duties at the maternity home apart from medical work which included advisory role, administrative work, counseling, awareness building, organizing health camps etc. The main motivation for joining the medical service in govt. hospitals seemed to be a sense of public service as reported by 33% Medical Officers followed by job security reported by 17% Medical Officers. A smaller proportion of them (8%) also mentioned the choice to pursue higher education by being a sponsored candidate from the government.

All of them reported that they were not aware of any of their colleagues having private practices or working in any private hospitals. A lot of them (92%) were satisfied with the support they got from seniors, juniors and colleagues at the workplace. A few of them who reported dissatisfaction, were mostly dissatisfied with the behavior of the Group D staff as they did not obey the orders of the superiors. All of them were aware of the members of their respective Board of Visitors and reported of frequent interactions with them. On asking about the means through which the members of the Board of Visitors involved themselves in the activities of the maternity home, the following were reported:

- Checking and approval of utilization of User fee (63%)
- Reporting of Problems faced by the users at the maternity home (42%)
- Maintenance of maternity home and its infrastructure (38%)

Only 2 out of 12 Medical Officers reported that they had faced some minor problems while dealing with patients. However none of them reported the same to their higher officers.
2.4.7 Corruption

A majority of the Medical Officers (83%) reported that it was not customary in BBMP maternity homes to receive gifts in cash or kind for the services offered. They also reported that they were not aware of any instance where any of their staff or their colleagues demanded any gift from the patients.

2.4.8 Public Grievance Redress system

Medical Officers of all maternity homes reported the presence of a public grievance redress system. All of them had information of their Citizen’s Charter painted on their walls near the entrance which was clearly visible to all patients. In most cases (83%) the complaints could be registered through a written complaint by dropping it in the complaint box kept at the maternity homes. Also feedback formats were given to be filled in by the in-patients during the time of discharge where they could clearly spell out the problems that they faced during their stay at the maternity home.

Nearly 33% Medical Officers reported that there were instances when patients had approached them directly for lodging complaints against the staff. In all such cases, the two parties were brought together and the issue was discussed and resolved.

2.4.9 Satisfaction with the job

It is seen that only 25% of the Medical Officers were completely satisfied with their job and another quarter of them completely dissatisfied. Some of the reasons reported for dissatisfaction related to lack of infrastructure facilities like poor building, lack of water facility in toilets; related to work environs like restlessness and tension in job, inability to take leave due to work pressure, less pay etc.

Figure 4: Satisfaction of Medical Officers with their job
2.4.10 Changes observed during the last three years and suggestions for further improvement

It is observed that 9 out of 12 Medical Officers who responded to this aspect of the survey reported only improvements that include improvement of infrastructure, like provision of NST Machine, better building conditions and improved cleanliness in and around the maternity homes.

However, all 12 Medical Officers who were interviewed were of the opinion that there is scope for further improvement especially with regard to increasing staff (reported by 5 Medical Officers) and appointment of specialists (reported by 6 MOs).

2.4.11 Board of Visitors

About 10 years ago, PAC along with a group of NGOs working in the area of health identified issues that were plaguing the BBMP health system – rampant corruption, non-cooperative staff and unhygienic environment. This was brought to the notice of the BBMP commissioner as a result of which a Board of Visitors committee was formed comprising of local leaders, NGO workers, and people from other social organizations. The Board of Visitors was thus constituted formally to be the interface between the community and BBMP, its main role being to monitor and advise the BBMP staff on effective maintenance and operation of the health facilities managed by BBMP. The Board of Visitors was constituted at the level of the Referral Hospital with one member of the group taking responsibility for supervising one maternity home.

As part of the CRC survey, interviews were carried out with the members of the Board of Visitors supervising the selected three maternity homes. Topics covered were - their roles and responsibilities, monitoring mechanisms and their suggestions for improving the overall quality of services delivered at the maternity homes. The following are the outcomes of the discussions:

a. Composition and tenure of Board of Visitors

There was no common number that was revealed by all 3 members. The numbers varied from 9 to 13. Their tenures also were not clear with some of them reporting 3 years and some reporting 6. All of them reported that they were working on voluntary basis; there is no honorarium or travel allowances paid for their services.

b. Meeting of the Board of Visitors

A meeting was usually held once in three months. In case of emergency the Medical Officer could call for a meeting earlier, which would be organized by the hospital staff. In this meeting of Board of Visitors, records related to Users’ Fee collection and utilization, and other hospital documents are scrutinized. The agenda of the meeting generally includes getting approval for using the User Fee as well as ratification for the money spent. The hospital has a joint account (held by the member of the Board of Visitors & the Medical Officer) to maintain the User Fee amount. Most of them reported that they had attended very few meetings so far and were not aware of when the last meeting was held.
c. Utilization of User Fee amount

All of them reported that the User Fee amount is utilized for purchase of emergency drugs, minor repairs, etc.; however each one of them reported a different amount that is permissible to be spent on a monthly basis which ranged from Rs. 5000/- to Rs. 15,000/- a month.

d. Roles and responsibilities of the Board of Visitors

Generally the awareness of their roles and responsibilities were low. However one of them listed the following as the roles and responsibilities of members of the Board of Visitors:

- Participate in the quarterly meetings and scrutinize hospital records especially the ones related to User Fee.
- Inspect the hospital to monitor quality of services, infrastructure, cleanliness, and also to curb corrupt practices.
- Address grievances of the patients approaching them.
- Try and identify donors to improve the facilities in the maternity homes.

e. Changes observed in the last three years as reported by the members

- Corruption had decreased in the BBMP maternity homes.
- Quality of services and cleanliness had improved.
- Involvement and active participation of Board of Visitors had reduced over a period of time due to various reasons.
- Frequency of inspections by the Board of Visitors also had reduced.

f. Awareness of hospital activities

Generally the awareness levels were very low since the frequency of visit was low. However, a few findings are as follows:

- Quality of food is good
- Budget preparation – No idea
- Drugs and medicines – No shortage observed since User Fee is being utilized
- Staff – Adequate and well experienced
- Equipment – All necessary equipments were in place but additional ones like scanners will help reduce the number of cases referred elsewhere. Equipments were well maintained and were in good working condition.

g. Suggestions for improvement

- Board of Visitors should have some power to officially take action against the staff if they were not working properly.
- The maternity homes should display the Board of Visitor details in the hospital so that people can contact them in case of any difficulty.
The maternity homes should be upgraded for carrying out surgeries using the User Fee. A member mentioned that in many hospitals, User Fee up to the tune of a few lakh of rupees was lying unutilized in the account. This could be used for upgradation of maternity homes and better services could be provided.

- Every maternity home should be provided with one Gynecologist.
- In places where the building conditions are bad, care should be taken to repair them.
- For regular visit some facility from the BBMP is required because of the difficulty in managing the cost of travel.

- BBMP should organize interaction workshops for all members of the Board of Visitors at least once in a year to get their views and plan for the functioning of maternity homes.

The Indian Population Project (IPP) VIII gives standard protocols on the constitution, roles and responsibilities of the Board of Visitors.

### 2.5 Observation of Maternity Homes

Twelve out of the 24 maternity homes managed by the BBMP were observed by the field teams, to understand the existing levels of infrastructure availability, cleanliness and other aspects. These maternity homes have been established right from 1955, the most recent one being in the year 2000. Each of the maternity homes caters to an average of 61,000 people. All the 12 maternity homes that were observed are housed in buildings owned by the BBMP.

#### 2.5.1 Registration of Cases

On an average, 2031 cases were registered at the maternity homes during the year 2009. Among them, 1600 cases were registered for ante-natal checkups, 575 for delivery, 50 cases for MTP and 163 cases for sterilization. Lab facilities have been availed by many people during 2009 with an average of 1523 blood tests, 1259 urine tests, 1279 HIV tests and 429 scanning tests being conducted during the year.

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5 Information from the BBMP website.
2.5.2 Condition of the building

The buildings were mostly in good condition with plaster intact on the wall in 67% cases. All maternity homes had good flooring and a majority of them (83%) had an enclosing compound wall. Most areas of all maternity homes like lobby, staff rooms, OPD, consultation rooms, wards, toilets etc were kept clean. However, the immediate surroundings of the maternity home needed some attention with 5 out of 12 maternity homes having garbage dumps located close by. Cattle sheds and stagnant pool of water was also found very close to one of the maternity homes. Two of the maternity homes were situated close to open sewage drains.

The following tables provide information on the availability and usage of the various infrastructural facilities provided at the maternity homes.

It is interesting to know that most of the displays are available in the maternity homes as shown in the table above. However, a detailed observation reveals that the information is either incomplete or outdated. Also in some cases they are displayed in a place which is not very easily/prominently accessible to general public. For example, all the maternity homes have a list

Table 6: Availability of services at the maternity homes

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Service</th>
<th>No. of days in a week</th>
<th>Duration in a day (1-24 hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Norm</td>
<td>Compliance (%)</td>
</tr>
<tr>
<td>1</td>
<td>Antenatal check</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Delivery</td>
<td>7</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Post natal care</td>
<td>7</td>
<td>83</td>
</tr>
<tr>
<td>4</td>
<td>Immunisation</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>5</td>
<td>Family Planning Advice*</td>
<td>7</td>
<td>92</td>
</tr>
<tr>
<td>6</td>
<td>MTP</td>
<td>7</td>
<td>70</td>
</tr>
</tbody>
</table>

* The norm is applicable for counseling and also for Copper T services. The norm for sterilization is one day (Thursday) in a week.

Table 7: Availability and usage of facilities at the maternity home

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Facilities</th>
<th>Available (%)</th>
<th>All Usable (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Registration counter</td>
<td>83</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Chairs for Visitors</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Toilets</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>Water facility in Toilets</td>
<td>92</td>
<td>91</td>
</tr>
<tr>
<td>5</td>
<td>Drinking water</td>
<td>92</td>
<td>100</td>
</tr>
<tr>
<td>6</td>
<td>Hot water for bathing</td>
<td>92</td>
<td>91</td>
</tr>
<tr>
<td>7</td>
<td>Cot</td>
<td>100</td>
<td>75</td>
</tr>
<tr>
<td>8</td>
<td>Mattress</td>
<td>100</td>
<td>75</td>
</tr>
</tbody>
</table>
Table 8: Availability and usage of equipments and infrastructure

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Facilities</th>
<th>Available (%)</th>
<th>All Usable (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Operation Theatre</td>
<td>83</td>
<td>70</td>
</tr>
<tr>
<td>2</td>
<td>Casualty room</td>
<td>8</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Labour Room</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>Lab</td>
<td>100</td>
<td>83</td>
</tr>
<tr>
<td>5</td>
<td>Examination table</td>
<td>92</td>
<td>100</td>
</tr>
<tr>
<td>6</td>
<td>Delivery Table</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>Oxygen Trolley</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>8</td>
<td>Stretcher on trolley</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>9</td>
<td>Wheel chair</td>
<td>100</td>
<td>83</td>
</tr>
<tr>
<td>10</td>
<td>B. P. Apparatus</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>11</td>
<td>Stethoscope</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>12</td>
<td>Suction Apparatus</td>
<td>46</td>
<td>100</td>
</tr>
<tr>
<td>13</td>
<td>Weight Machine</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>14</td>
<td>N. S. T Machine</td>
<td>92</td>
<td>82</td>
</tr>
</tbody>
</table>

Table 9: Availability and usage of equipments in the Labs

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Facilities</th>
<th>Available (%)</th>
<th>All Usable (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Boiler</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Electric Stove</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>3</td>
<td>Needle Cutter</td>
<td>92</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>Hot air Oven</td>
<td>50</td>
<td>67</td>
</tr>
</tbody>
</table>
Improving Governance the Participatory Way

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Facilities</th>
<th>Available (%)</th>
<th>All Usable (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Centrifuse</td>
<td>75</td>
<td>78</td>
</tr>
<tr>
<td>6</td>
<td>Warther bath</td>
<td>33</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>Microscope</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>8</td>
<td>Colorimeter</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>9</td>
<td>Simple Balance</td>
<td>42</td>
<td>100</td>
</tr>
<tr>
<td>10</td>
<td>Fridge</td>
<td>100</td>
<td>83</td>
</tr>
</tbody>
</table>

Table 10: Display of essential information

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Facilities</th>
<th>Available (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Services available (in Kannada)</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Citizen Charter / Patient Charter</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Working Hours of the maternity home</td>
<td>92</td>
</tr>
<tr>
<td>4</td>
<td>Duty chart (Name of the doctor, nurse etc who are on duty for that day)</td>
<td>100</td>
</tr>
<tr>
<td>5</td>
<td>Contact number</td>
<td>100</td>
</tr>
<tr>
<td>6</td>
<td>User Fee details</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>Immunisation Schedule</td>
<td>100</td>
</tr>
<tr>
<td>8</td>
<td>Posters on prevention of epidemics</td>
<td>100</td>
</tr>
</tbody>
</table>

of User Fee painted on the wall. This list is however incomplete and out dated in most cases. In some of the maternity homes they are displayed on an A4 sheet of paper. Ideally this should have been displayed in the place where the User Fee is collected and receipts are issued like the registration counter or Labs in some cases. The board that displays the contact numbers of officials also available in most maternity homes but the irony is that the board is empty. None of the contact numbers have been written on the board.

2.5.3 Schemes and benefits

Around 92% maternity homes have reported that the Janani Suraksha Yojane and the Madilu Yojane are applicable to their maternity homes. During the year 2009, around 475 beneficiaries have been awarded with the benefits of the JSY scheme and 3068 with the benefits of the Madilu yojane. However, it is interesting to note that though all women who have delivered at the maternity home are eligible to get the Madilu yojane benefits, the maternity home records reveal that only 46% have got the benefits. The main reason cited for the gap seems to be shortage of supply from the department as reported by the Asst. Surgeons of the maternity homes.
2.6 Conclusions and Implications

2.6.1 General conclusions from the CRC

1. Access to maternity homes is not very good as half the users have reported the availability of maternity homes beyond 5 km radius of their residences. With the recent decision of BBMP withdrawing maternal health services from 4 of its 24 existing maternity homes, bringing it down to 20 maternity homes in the city of Bangalore and simultaneously, increasing the geographical limits by including the CMC (7) and TMC (1) areas to form the current BBMP, access becomes a bigger issue.

2. Quality of services like ante-natal care, post natal care, immunization and family planning services are reasonably good with very few respondents reporting in the negative. Ante-natal checkups are done regularly, iron and folic acid tablets are given to most pregnant ladies, tetanus injections are administered and the basic clinical tests are also conducted which include blood and urine tests. However, scanning facility does not exist in most of the maternity homes which is a point of concern. This is an essential service which is highly priced in a private set up or even in a referral/government hospital.

3. The Board of Visitors is inactive in all the maternity homes. The members are not aware of their roles and responsibilities. They hardly visit the maternity homes during their tenure. Hence there is an immediate need to strengthen this system.

4. Most of the medicines are being supplied by the central drug stores as reported by most of the Medical Officers. It is also seen that maternity homes are utilizing the User Fee for purchasing essential medicines in case of emergencies. In spite of this, many of the users have reported that all medicines are not given at the maternity home which implies that there is forced expenditure by the patient as she has to purchase the prescribed medicines from private drug stores. Availability and distribution of medicines in the maternity homes as a result, needs to be streamlined.

5. Immunization programmes are conducted regularly and effectively in all maternity homes. There is a stipulated day in a week when the infants are vaccinated as per the vaccination schedule.

6. Awareness levels are very low when it comes to beneficiary schemes among the users. It is seen that some of the eligible mothers have not received the benefits of both JSY and Madilu schemes. In case of Madilu, it is reported that the kits are not in stock most of the time and when in stock, all the 19 items are not given properly which clearly indicates signs of leakages.

7. Availability and behavior of staff at the maternity homes is found to be satisfactory. However, time taken to attend to the patients is a matter of concern.

8. Corruption is found to be rampant in all maternity homes. Both the Medical Officers as well as the users agree on this point. Users have reported paying extra money at every stage of maternal health care in maternity homes starting from registration to medicines
to syringes for immunisation to allotment of bed for delivery, change of linen, providing hot water for cleaning and bathing, and getting benefits of various schemes.

The above conclusions and issues highlighted formed the core issues that needed to be covered during the Community Score Card exercises in the catchment areas of the three maternity homes.

### 2.6.2 Comparison of findings from the earlier study (2000 vs 2011)

To summarize and conclude on the findings from the CRC survey, a quick comparison of findings between the two studies (CRC done in 2000 and in 2010) indicates that there have been a few changes in the last ten years – there are more facilities, awareness among users have increased, however corruption still exists, and most disturbingly, proportion of users getting all medicines free of cost has come down drastically.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Status as on 2000</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Prevalence of corruption</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Payments demanded or expected by staff for almost all services</td>
<td>• Payments demanded or expected by staff almost all services</td>
</tr>
<tr>
<td></td>
<td>• 90 percent of the respondents reported paying bribes for one service or the other at maternity homes at an average of INR 700</td>
<td>• 60 percent of the respondents reported paying bribes for one service or the other at maternity homes at an average of INR 3000</td>
</tr>
<tr>
<td></td>
<td>• Nearly 70 percent paid for seeing their own babies!</td>
<td>• Nearly 30 percent paid for seeing their own babies!</td>
</tr>
<tr>
<td></td>
<td>• One out of two paid for delivery.</td>
<td>• One out of three paid for delivery.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Infrastructure in Maternity homes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Most staff complained about the constraints on facilities, and shortage of staff, supplies and resources</td>
<td>• 83 percent staff reported availability of all necessary facilities at the maternity homes and adequate supplies of medicines and resources</td>
</tr>
<tr>
<td></td>
<td>• Most Medical Officers have reported shortage of staff</td>
<td>• Most Medical Officers have reported shortage of staff</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Services to patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Only 39 percent of the patients were given all medicines free of cost at the maternity homes</td>
<td>• Only 12 percent of the patients were given all medicines free of cost at the maternity homes</td>
</tr>
<tr>
<td></td>
<td>• Interestingly, all doctors, nurses and other staff reported free medicines being given to all patients all the time</td>
<td>• Interestingly, all doctors reported free medicines being given to all patients all the time</td>
</tr>
</tbody>
</table>
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2.6.3 Follow up activities of the current CRC

A presentation of the key findings was made to the Chief Health Officer and her team. The presentation was mainly to:

- Share the findings of the CRC survey and budget analysis and get their inputs on the same.
- Seek their cooperation in conducting Community Score Card exercises in selected three maternity homes

2.6.4 Recommendations based on CRC

1. In order to make information related to maternal health entitlements available to the users and to reduce corruption, it would be useful to set up help desk in the maternity homes. This was suggested in the earlier study as well and was also taken forward by setting up a help desk in one of the maternity home. It would be better to take this forward and set up help desks in all the maternity homes. The CHO welcomed this suggestion and agreed to provide the necessary space for setting up the same. Possibilities of capacity building of community members to voluntarily setup this helpdesk could be explored during the CSC exercise.

2. A patient’s charter giving all the details on entitlements at the maternity homes and also the patients responsibilities towards availing these maternal health care benefits could be prepared and shared with the community members. It has been suggested by the health department that the charter could be a part of the OPD book that is given at the time of registration to every pregnant lady. Thereby the charter will be useful for reference at all stages of pregnancy and post natal care.

3. Capacity building of Board of Visitors to be able to discharge their duties should be undertaken. Necessary amendments in the roles and responsibilities of the Board of Visitors have to be made to give them certain regulatory powers to be able to participate constructively in the budget formulation and effectively monitor the usage of funds.

4. Possibilities of bring in modifications in the User Fee guidelines (expenditure heads) to be able to effectively use the money for essential services like food for inpatients could be explored. Also ‘emergency drugs’ for which the money can be utilized should be clearly listed and defined in the circular.

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4 Awareness

<table>
<thead>
<tr>
<th>Doctors emphasised the need to improve the awareness of patients, especially with respect to the need to be regular in their visits</th>
<th>General awareness has improved among patients as reported by most Medical Officers</th>
</tr>
</thead>
</table>

5 Overall Satisfaction

<table>
<thead>
<tr>
<th>Only one third the users were completely satisfied with the overall service delivery at maternity homes</th>
<th>The overall satisfaction remains the same with only 31% users reporting complete satisfaction</th>
</tr>
</thead>
</table>

---

As suggested by Mr. Ravi Duggal, Programme Officer, IBP, India
5. A systematic and comprehensive assessment of the maternal health service delivery through the CRC approach serves as a good benchmark for any operational or policy influence. This approach not only provides User experience but also the supply side constraints. Hence it serves as a good benchmark for policy makers to understand both sides of the issue and address it more meaningfully.
Budget Analysis

3.1 Background

Budget analysis involved extensive secondary research and some concentrated efforts on understanding the processes in budget formulation through primary survey. The analysis begins with understanding time series data on BBMP health budgets, their allocations and utilizations followed by understanding the processes going down to tracing the evidences for supply and utilization of essential drugs, equipments etc for ensuring service delivery. The macro analysis of BBMP health budgets and trends was carried out for the entire BBMP maternal health system while the tracing of evidences for utilization at the unit level was carried out in selected three maternity homes, one from each health zone of Bangalore.

Secondary data was obtained from three maternity homes – Gavipuram Gutta Halli or GG Halli, Cox Town and Nandini Layout Maternity homes with the following objectives:

✓ To study and analyze the process of budget preparation and funding for maternity homes.
✓ To assess expenditure patterns, process of indenting and reporting of various expenditures.

The following themes were studied for each of the three maternity homes:

1. User Fee
2. Drugs and Medicines
3. Food for inpatients
4. Equipments and other infrastructure

The following specific records were obtained and studied:

1. User Fee
   a. Collection and expenditure in the form of bank statement\(^7\) for the year 2009–10;
   b. Expenditure details in the form of receipts for the year 2009–10;
   c. Extracts of Bill books, kirdi\(^8\) book and cash book for the month of September 2009;

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\(^7\) Bank statements were given as handwritten statements by the concerned MOs of the MHs.
\(^8\) Daily transaction register
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d. Extracts of registers like OPD, dog bites, inpatient, lab registers for the month of September 2009

2. Drugs and Medicines

   a. Annual estimations from the maternity homes and corresponding Referral Hospitals for the year 2009–10;
   b. Indent copies raised by the maternity homes for the year 2009–10;


4. Equipments and other infrastructure – Hospital book which gives a list of equipments present in the maternity home and their working conditions.


3.2 BBMP Health Budget at a Glance

A review of BBMP budget (2009–10⁹) reveals some interesting facts. The health component of the budget comes to about 1.6% of the total budget amount. Within this there are two classifications viz. Health General and Health Medical, the funds being allocated to both of them on a ratio of 60:40. The health medical component of the budget is only 0.6% of the overall budget. This has been constantly decreasing since 2002 where it was 1.4% of the overall budget.

Within the health medical budget, nearly 39% of the budget amount is set aside for salaries. The budget for maternity homes comprises of about 17% of the health medical budget. The proportion of deliveries taking place in these maternity homes (against total number of patients visiting these maternity homes) has gradually been coming down.

Figure 6: Percentage of budget allocation for health medical budget within BBMP

⁹ Please see website - http://www.bbmp.gov.in/index.php?option=com_content&view=article&id=50&Itemid=161
3.3 Findings from the Budget analysis

3.3.1 Equipments and Infrastructure

Activities carried out

Every maternity home maintains a list of equipments existing with the maternity home. This list is a part of the hospital book which gives all the basic information about the maternity home and its services. The research team studied this list of equipments and also physically observed them for availability and condition during the CRC survey.

Observation: G G Halli Maternity Home: The following table gives the details of the various equipments available at the maternity home as observed by the PAC team compared with the details of equipments given by the respective Medical Officers of the maternity homes.

Table 11: Details of equipments and instruments in G G Halli maternity home

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of instrument</th>
<th>Hospital statement</th>
<th>Observation statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fridge</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>2</td>
<td>B P apparatus</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>3</td>
<td>N.S.T. machine</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>4</td>
<td>Boiler</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>5</td>
<td>Electric stove</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>6</td>
<td>Stethoscope</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>7</td>
<td>Generator</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>8</td>
<td>Needle cutter</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>9</td>
<td>Hot air oven</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>10</td>
<td>Centrifuse</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>11</td>
<td>Warmer bath</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>12</td>
<td>Microscope</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>13</td>
<td>Colorimeter</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>14</td>
<td>Simple balance</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>15</td>
<td>Suction apparatus</td>
<td>working</td>
<td>working</td>
</tr>
<tr>
<td>16</td>
<td>Weight machine</td>
<td>working</td>
<td>working</td>
</tr>
</tbody>
</table>

Source: Hospital Book from the maternity home

Implication: It is seen from the table that all the equipments listed in the table are in working condition as declared by the MO and also as observed by the team.

Observation: Cox Town Maternity Home: It was observed that in this maternity home, proportion of both outpatients and delivery cases is comparatively high. According to the Medical Officer
basic instruments are working properly. The following table shows the condition of the instruments. It is seen from the table that all the equipments listed in the table are in working condition as declared by the Medical Officer and also as observed by the team except for the hot air oven. However, the list shown above is not an exhaustive list of equipments that the maternity home has. Only the ones written in the hospital records that were shared with PAC have been included.

**Table 12: Details of equipments and instruments in Cox Town maternity home**

<table>
<thead>
<tr>
<th>SL No</th>
<th>Name of instrument</th>
<th>Hospital statement</th>
<th>Observation statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fridge</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>2</td>
<td>Doppler</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>3</td>
<td>Deep freezer</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>4</td>
<td>B.P Apparatus</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>5</td>
<td>Electric stove</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>6</td>
<td>Stethoscope</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>7</td>
<td>Generator</td>
<td>Working</td>
<td>working</td>
</tr>
<tr>
<td>8</td>
<td>Needle cutter</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>9</td>
<td>Hot air oven</td>
<td>Working</td>
<td>Not working</td>
</tr>
<tr>
<td>10</td>
<td>Microscope</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>11</td>
<td>Suction apparatus</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>12</td>
<td>Weight Machine</td>
<td>Working</td>
<td>Working</td>
</tr>
</tbody>
</table>

Source: Hospital Book from the maternity home

**Implication:** Asset register may not have been updated on a regular basis.

**Observation: Nandini Layout Maternity Home:** According to the Medical Officer basic instruments are working properly but many of them are not used due to lack of delivery services at the maternity home. The following table gives the status of these instruments and equipments. However, the list shown above is not an exhaustive list of equipments that the maternity home has. Only the ones written in the hospital records that were shared with PAC have been included.

**Implication:** Asset register may not have been updated on a regular basis.
3.3.2 User Fee

Since 2007-08, revised User Fee is applicable in all maternity homes. Specific guidelines towards utilization of the User Fee have been laid. Accordingly,

- The maternity homes have to operate through a joint account in a nationalized bank between the MO and the Superintendent of the respective Referral Hospital (राज्य/ केंद्रीय/ 87/07–08 dated 27.07.2007). However, a circular dated 20.10.2001 says

Source: Hospital Book from the maternity home

Table 13: Details of equipments and instruments in Nandini Layout maternity home

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of instrument</th>
<th>Hospital statement</th>
<th>Observation statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NST Machine</td>
<td>Working (given to RH)</td>
<td>not found in the Maternity Home (the MO said that it was given to RH)</td>
</tr>
<tr>
<td>2</td>
<td>Electric stove</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>3</td>
<td>OT table</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>4</td>
<td>Refrigerator with stabilizer</td>
<td>Working</td>
<td>Working</td>
</tr>
<tr>
<td>5</td>
<td>Generator</td>
<td>Working</td>
<td>Not available</td>
</tr>
<tr>
<td>6</td>
<td>Suction Apparatus</td>
<td>Working</td>
<td>Working</td>
</tr>
</tbody>
</table>

Source: Hospital Book from the maternity home

Table 14: User Fee details of G G Halli maternity home for 2009-10

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Month</th>
<th>Amount collected</th>
<th>Opening balance</th>
<th>Expenditure</th>
<th>Closing balance</th>
<th>Bank Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>April</td>
<td>6,760</td>
<td>373023</td>
<td>5000</td>
<td>368023</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>May</td>
<td>10,550</td>
<td>368023</td>
<td></td>
<td>378593</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>June</td>
<td>13,010</td>
<td>378573</td>
<td></td>
<td>391583</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>July</td>
<td>12,565</td>
<td>391583</td>
<td>5000</td>
<td>405650</td>
<td>6502</td>
</tr>
<tr>
<td>5</td>
<td>August</td>
<td>15,255</td>
<td>405650</td>
<td></td>
<td>420905</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>September</td>
<td>10,225</td>
<td>420905</td>
<td></td>
<td>431130</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>October</td>
<td>8,975</td>
<td>431130</td>
<td>5000</td>
<td>435105</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>November</td>
<td>12,135</td>
<td>435105</td>
<td></td>
<td>442240</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>December</td>
<td>15,865</td>
<td>442240</td>
<td></td>
<td>458105</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>January</td>
<td>13,285</td>
<td>458105</td>
<td></td>
<td>479164</td>
<td>7774</td>
</tr>
<tr>
<td>11</td>
<td>February</td>
<td>10,780</td>
<td>479164</td>
<td>10000</td>
<td>434944</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>March</td>
<td>17655</td>
<td>484944</td>
<td></td>
<td>502599</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>147060</td>
<td></td>
<td>30000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Bank statement extract given by the maternity home
that a joint account should be made between the Medical Officer and one of the members of Board of Visitor who is nominated by the board.

- All the money collected as User Fee should be remitted into this account on a daily basis.
- Every maternity home has a provision to utilize this user fee for purchase of emergency drugs, equipments and most essential electrical items, small electrical and civil repair works, Photostat and stationary, laundry of linen and for any other purposes with the approval of the board of visitors.

Activities carried out

User Fee collection and expenditure statements were analysed. Corresponding entries for the months in the registers were checked to tally the user fee collected. Receipts for expenditure of User fees were scrutinized and the characteristics of expenditures were analysed.

Observation: G G Halli Maternity Home: It is observed from the records for 2009 – 10 that in the GG Halli maternity homes a total of Rs. 1, 47,060 has been collected towards various facilities provided. Out of this, Rs. 30,000 had been utilized by the maternity home.

Total amount collected for the month of September 2009 as per the Kirdi book, bill book and registers (OPD, Lab, Dog bite & In-patient) is Rs. 9,995. However this does not tally with the amount shown in the bank statement given by the maternity home (10,225) (Source: Kirdi book, cash book and OPD register).

The scrutiny of in patients register and bill books show that 3 delivery cases that have been recorded in the register who are not exempted from paying the user fee have not been issued receipts in the bill book.

During the month of September 2009, two medicines (Inj. Methergen & Inj. Syntocinon) have been bought from the private drug store. But there has been no indent raised for procuring these medicines from the central drug store.

The characteristics of utilization is as follows:

Figure 7: Utilisation of User Fee (2009-10) G G Halli maternity home
Improving Governance the Participatory Way

**Implication**

- A possibility of receipts not being issued immediately to all patients.
- Lack of clarity in the procurement of medicines using the user fee.

**Observation: Cox Town Maternity Home:** It is observed from the records for 2009–10 that in the Cox town maternity home a total of Rs. 2,27,804 has been collected towards various facilities provided. Out of this, Rs. 79,430 has been utilized by the maternity home.

### Table 15: User Fee details of Cox Town maternity home for 2009-10

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Month</th>
<th>Amount collected</th>
<th>Opening balance</th>
<th>Expenditure</th>
<th>Closing balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>April</td>
<td>25,235</td>
<td>4,99,624.60</td>
<td>0</td>
<td>5,24,859.00</td>
</tr>
<tr>
<td>2</td>
<td>May</td>
<td>15,535</td>
<td>5,24,859.00</td>
<td>5,000.00</td>
<td>5,35,394.00</td>
</tr>
<tr>
<td>3</td>
<td>June</td>
<td>17,925</td>
<td>5,35,394.60</td>
<td>6,240.00</td>
<td>5,49,199.00</td>
</tr>
<tr>
<td>4</td>
<td>July</td>
<td>31,728</td>
<td>5,49,199.60</td>
<td>7,000.00</td>
<td>5,73,927.60</td>
</tr>
<tr>
<td>5</td>
<td>August</td>
<td>21,190</td>
<td>5,73,927.60</td>
<td>5,000.00</td>
<td>5,90,117.60</td>
</tr>
<tr>
<td>6</td>
<td>September</td>
<td>20,695</td>
<td>5,90,117.60</td>
<td>10,526.00</td>
<td>6,00,286.60</td>
</tr>
<tr>
<td>7</td>
<td>October</td>
<td>21,715</td>
<td>6,00,286.60</td>
<td>5000.00</td>
<td>6,17,001.60</td>
</tr>
<tr>
<td>8</td>
<td>November</td>
<td>24,255</td>
<td>6,17,001.60</td>
<td>5000.00</td>
<td>6,40,576.60</td>
</tr>
<tr>
<td>9</td>
<td>December</td>
<td>16,675</td>
<td>6,40,576.60</td>
<td>18,664.00</td>
<td>6,38,587.60</td>
</tr>
<tr>
<td>10</td>
<td>January</td>
<td>24,806</td>
<td>6,38,587.60</td>
<td>5,000.00</td>
<td>6,56,393.60</td>
</tr>
<tr>
<td>11</td>
<td>February</td>
<td>8,045</td>
<td>6,56,393.60</td>
<td>7,000.00</td>
<td>6,57,438.60</td>
</tr>
<tr>
<td>12</td>
<td>March</td>
<td>not mentioned</td>
<td>6,57,438.60</td>
<td>5,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2,27,804</td>
<td></td>
<td>79,430.00</td>
<td></td>
</tr>
</tbody>
</table>

Source: Bank statement extract given by the maternity home

The characteristics of utilization is as follows:

**Figure 8: Utilisation of User Fee (2009-10) Cox Town maternity home**

![Pie chart showing utilization of user fee](image)
Compared to the other two maternity homes, the inpatient load was more and correspondingly, the utilization of User Fee in this maternity home was also more.

**Some of the observations in the process of utilizing the User Fee:**

1. The process of taking quotations from 3 agencies is followed every time and the medicines have been bought from the lowest bidder.

2. However, the same agencies have been asked to give quotations throughout the year (Mohini Pharmaceuticals, Navaratan Pharma & Mutha Pharma) and the medicines have always been bought from Mohini Pharma as they have been the lowest bidder always.

3. Some discrepancy is found in the quotation documents dated 21.10.2009. All the three quotations from the three agencies are dated 21.10.2009 and all the three quotations have Mutha Pharma written in the footer of the letter head.

4. It is observed that in some of the quotations, the item specifications are not the same hence the comparison of rates is difficult (Drip set quotation 29.10.2009).

**Some observations on the records related to User Fee collection:**

1. User Fee cash deposit is not taking place on a daily basis, however, cash amount collected as reflected in the kirdi book, matches with the amount deposited in the bank.

2. In the month of September 2009, there have been 307 new cases registered in the OPD register, however only 276 receipts have been issued in the bill book.

3. In the month of September 2009, some entries in the OPD register have not reflected in the bill book and vice versa.

4. In some of the entries, the date in the OPD register does not match with the date on which the receipt has been issued in the bill book.

5. Entries in the OPD register after 22nd of September are missing in the bill book.

**Implication**

- Discrepancy in quotations from Pharmacies for procuring medicines using the User Fee.
- A possibility of receipts not being issued immediately to all patients.
- Discrepancies in record keeping (OPD registers, Bill books etc)

**Observation: Nandini Layout Maternity Home:** It is observed from the records for 2009 – 10 (excluding March) that in the Nandini Layout maternity home a total of Rs. 1,23,930 has been collected towards various facilities provided. Out of this, Rs. 19,974 has been utilized by the maternity home. The characteristics of utilization could not be determined since the details of expenditure in the form of receipts were not shared by the Medical Officer.

1. User Fee cash deposit is not happening on a daily basis, however, the cash amount collected as reflected in the kirdi book, matches with the amount deposited in the bank.

2. In the month of September 2009, there have been 713 new cases registered in the OPD register, however only 464 receipts have been issued in the bill book.
**IMPLICATION** - A possibility of receipts not being issued immediately to all patients

### 3.3.3 Food for Inpatients

As per the stipulated norms, every patient who is admitted in the maternity home is provided with free food by BBMP (250 ml of milk twice a day, 1 pound of bread and 1 banana/egg everyday). (Annex E)

**Activities carried out:**

The milk book in which milk received and issued is recorded on a daily basis was procured from the maternity home and examined.

**Observations:**

**G G Halli Maternity Home:** It was found that, irrespective of the number of patients admitted on a day, a constant quantity of milk (4 lts on most days and 6 lts once or twice) has been procured and distributed. This means that on some days when there were less than 8 patients admitted, there has been excess of milk procured, and in other cases where there has been patients to the tune of 15 – 18 as seen in the records, there has been shortage of milk.

**Cox Town Maternity Home:** It was found that, irrespective of the number of patients admitted on a day, a constant quantity of milk 6 litres has been procured and distributed. This means that on some days when there were less than 7 patients admitted, there has been excess of milk procured, and in other cases where there has been patients to the tune of 20-25 as seen in the records, there has been shortage of milk.

**Nandini Layout Maternity Home:** Since there is no in-patient service at the Maternity home, this is not applicable in this case.

**Implications:**

In such a scenario, one starts to wonder if

- All the inpatients were given less quantity of milk.
- Some of them were denied.
- Was the milk diluted to make up for the excess patient load?

### 3.3.4 Procurement of Medicines

**Activities carried out**

Estimates prepared and sent by the maternity homes and those by the Referral Hospitals were analysed. The process of indenting was understood. Indents raised during 2009–10 were studied to understand the gaps in indents raised and medicines received from the central store by the maternity homes. Stock details for the year 2009–10 of medicines and other accessories at the central drug store were studied.
Observation: G G Halli Maternity Home: It is seen that the annual estimates for some of the medicines sent by the Referral Hospitals during 2010 to the BBMP health department varies from the estimates that are sent by the maternity home to the Referral Hospital. In some instances the quantity of medicines is increased (Fluconazol, FS (big)), in some it is reduced (Nifidipine 5, Foley-cath) and in some cases, no estimates are sent (eg. BUSCOPN-S, Ciproflox). Implication: The system of preparing estimates of medicines to aid the process of procurement needs to be strengthened.

Observation: Cox Town Maternity Home: In 2 instances (Cap. Amoxycillin 500mg, Inj. C.P.M) the indent has been raised in the month of September and the maternity home records say that the medicines were not issued. However, there has been no further indenting on these medicines in the future months. The same have not been bought from the User fee as well. Implication: Are the patients buying the prescribed medicines from private drug stores?

Observation: Nandini Layout Maternity Home: The maternity home has raised an indent of 2000 tab of Metrogyl and 5000 tablets of paracetamol in the month of September 2009 along with other medicines. The drug store has issued other medicines along with 1000 tablets of paracetamol and has indicated no stock for Metrogyl. However, there has been no further indenting on Metrogyl or paracetamols in the future months. Implication: Have the medicines been bought from the User Fee or been prescribed to the patients to be bought from private drug stores?

3.3.5 Study of Internal Audit Reports

The latest audit reports for the three maternity homes (2008-09) were obtained from the Auditor General Office at the BBMP and studied. The Audit report touches upon the following aspects:

- Action taken on the previous audit report observations
- Cash book scrutiny
- Financial status of the maternity home
- Receipt/bill book
- User Fee collection
- Distribution of medicines
- General Opinion

All these aspects were studied to see if the observations in the audit report match with the observations of the team from their perusal of the budget and other documents of the maternity homes. It was found that many of the observations did match but some did not.

The general observation in all the three audit reports is that record keeping in the maternity homes needs greater attention. Currently the process of record keeping is inconsistent and does not follow a pattern and in some cases does not match with the KC regulations as well. This matches well with our findings in which it has been clearly spelt out that record keeping is inconsistent and hence comparisons in many instances are extremely difficult.
Some specific observations with regard to each of the maternity home also match well with the project findings. For example in Cox town maternity home, the audit report suggests that the remittance of User Fee should be made at least within 2 days of collection. The project findings also reveal that the User Fee is not being remitted every day.

The study findings show that in Cox town maternity home, there are some discrepancies in the issuing of receipts towards the User Fee collected. However, the audit report does not highlight this issue. The table below gives the summary of the observations.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Audit Report observations</th>
<th>Study findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Record keeping needs improvement</td>
<td>Record keeping needs improvement</td>
</tr>
<tr>
<td>2</td>
<td>User Fee remittance should happen more frequently</td>
<td>User Fee remittance is not happening on a daily basis</td>
</tr>
<tr>
<td>3</td>
<td>Bill / receipt book matches with the user fee deposited</td>
<td>Bill/ receipt book does not match with the patient load</td>
</tr>
</tbody>
</table>

3.4 Conclusions

1. A comprehensive listing of all the equipments in the maternity homes is not found. The hospital book lists some of the equipments. Our observation study shows the presence of other essential equipments which have not been recorded in the hospital book. Hence the asset record has to be updated regularly.

2. Though the same set of registers are maintained in all the maternity homes, uniformity in making entries in the register is lacking in some cases. Hence it is preferable to bring in a more uniform record keeping mechanism.

3. Milk distribution for inpatients have to be streamlined since a specific quantity of milk is being bought by each of the maternity home and not in accordance with the existing patient load.

4. There is a general understanding of the process of using the user fee for drug procurement. However, there has been a lack of sufficient evidence in records which shows adherence to this procedure.

5. Generally, the quantity of medicines indented on a monthly basis is in excess to the medicines that are supplied by the drug store. This warrants a more phased estimation of drugs and also procurement of the same.

6. There is some confusion and lack of clarity with regard to record keeping, approvals, administration, etc. of maternity homes as seen in the record keeping and also through interactions with various officials. Hence it is advisable to have a detailed operations manual.
Improving Governance the Participatory Way

(in line with the protocols in the IPP manual) to bring uniformity and clarity in the functioning and administration of maternity homes.

3.5 Recommendations

1. Clear guidelines for preparation of estimates at the unit level (Budget Information Data Sheet) in order to arrive at more useful annual maternal health budgets have to be prepared and the concerned officials at all levels have to be trained on using the guidelines.

2. A participatory approach in budget preparation by involving the Board of Visitors in the budget formulation stage will translate the needs of the community into budget heads in a more effective manner and also allowing them to monitor the expenditure of the same will act as a third party check to reduce the misuse of funds.

3. Possibilities of bringing in modifications in the User Fee guidelines (expenditure heads) to be able to effectively use the money for essential services like food for inpatients can be explored. Also an attempt to clearly define emergency drugs for which the money can be utilized in the circular can be made.
Design and Conduct of Community Score Cards

4.1 Background

BBMP has divided the city into three health zones – East, West and South. The Community Score Card (CSC) exercise was carried out in three maternity homes one in each health zone where the budget analysis exercises was also carried out. A CSC is applicable at the local level to assimilate local knowledge and arrive at local solutions. It provides

1. A forum for direct and constructive engagement between the service user and the service provider;
2. An opportunity for joint decision making;
3. Immediate feedback to the provider on areas for improvement;
5. A platform to promote good governance (accountability, transparency, participation) in the process of public service delivery.

The three CSCs were carried out in collaboration with NGOs who have a strong field presence in the catchment areas of these maternity homes. The NGOs were instrumental in identifying local leaders who could play an active role in advocating for better services through repeated Focus Group Discussions (FGD) with the community members in the catchment areas of these maternity homes.

4.2 Process of CSC

The CSC exercise was a participatory exercise which involved three steps. The CSCs were carried out in the same sequence for each of the three maternity homes separately.

Step 1: Input Tracking Exercise

Urban poor women who had availed services from the three maternity homes in the last 2 years were identified by the partner NGOs and an extensive information sharing workshop was conducted. The members of the community were briefed on their maternal entitlements and
the need for availing good maternal health care facilities.

Detailed charts were prepared highlighting the entitlements of the users for each of the maternal services like ante natal, post natal, inpatient services, immunization, family planning, benefits & schemes. These were presented to the audience along with the details of the Government Orders (GOs) and circulars from BBMP. Inputs from the users on the existing quality of services at the maternity homes were discussed and recorded.

**Indicator Development**

Key findings from the earlier exercises viz. Citizen Report Card and Budget Analysis were studied and discussed further with the community members to identify set of indicators that should be used for the CSC scoring exercise. The key findings from these exercises that led to the development of indicators have been listed below.

### Key findings from the CRC

**Medical and other infrastructure**

- Though scanning advised to most respondents, 85% of them had to visit private lab/Referral Hospital
- Delivery Services
- Only 56% of the respondents have gone for deliveries to the maternity homes; the rest have gone to government hospitals

**JSY and Madilu**

- Only 26 of the 120 respondents were aware of the Janani Suraksha Yojane (JSY or Safe Motherhood Scheme).
- 15 of the 26 received the cheque of Rs. 600 under the Yojane. 12 per cent of the 120 respondents who were from the BPL (Below Poverty Line) category did not receive this benefit

### Key Findings from the Budget Analysis

- 50 to 60 per cent of the user fee spent by the MHs is on medicines.
- User fee cash deposit is not happening on a daily basis in some cases.
- The no. of cases registered in the OPD register and the no. of receipts issued in the bill book does not tally.
- The date of issue of receipt and registration of case in the OPD register does not match.
- The quotations from private drug houses have some discrepancies.
- A constant amount of milk is being received by the MHs everyday irrespective of the number of inpatient.
- The quantity of medicines supplied is less than what is requested in most cases.
A total of 12 indicators were decided based on the three input tracking exercises along with those identified through the application of the other two tools, in the three maternity homes. The following table gives the list of indicators and the aspects that were considered under each indicator while scoring by the community members and the staff members.

Table 17: List of Indicators

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Indicators</th>
<th>Sl. No</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Availability of Medical Facilities</td>
<td>6</td>
<td>Behaviour of staff</td>
</tr>
<tr>
<td></td>
<td>Scanning</td>
<td></td>
<td>Internally</td>
</tr>
<tr>
<td></td>
<td>Lab</td>
<td>7</td>
<td>Users</td>
</tr>
<tr>
<td></td>
<td>OT/operations</td>
<td></td>
<td>Extending benefits from Schemes</td>
</tr>
<tr>
<td></td>
<td>Medicines for Maternal health</td>
<td></td>
<td>Madilu</td>
</tr>
<tr>
<td></td>
<td>Medicines for minor ailments</td>
<td></td>
<td>JSY</td>
</tr>
<tr>
<td></td>
<td>Injections for ANC</td>
<td>8</td>
<td>Counselling and Advice</td>
</tr>
<tr>
<td></td>
<td>Child immunization</td>
<td></td>
<td>ANC</td>
</tr>
<tr>
<td></td>
<td>stock of syringes</td>
<td></td>
<td>PNC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>Delivery</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Child care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family Planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10</td>
<td>User Fee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reciept</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Issue of Reciept</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>Maintenance of records</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Utilisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12</td>
<td>Food for Inpatients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other food items</td>
</tr>
<tr>
<td></td>
<td>Cleanliness of the premises</td>
<td></td>
<td>Efficiency in budget preparation</td>
</tr>
<tr>
<td></td>
<td>Toilets and water in toilets</td>
<td></td>
<td>Efficiency in record keeping</td>
</tr>
<tr>
<td></td>
<td>Other areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Staff Availability</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>During Working hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>After working hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Step 2: Scoring and self-evaluation exercise

The users who were briefed on their entitlements and those who were a part of the input tracking exercise were asked to score the services of the respective maternity home against the indicators that were listed during the input tracking exercise against a scale of 1-5 (1 being low and 5 being high). Along with the score they were also asked to cite reasons for giving a particular score against an indicator. The service providers (maternity home staff) were asked to self-evaluate their services on the same scale against a set of indicators with reasoning. The final score cards that were compiled based on the common indicators and scores for these common indicators along with reasoning for scores is for the three maternity homes are as follows:

**Table 18: Score Cards for the maternity homes**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Indicators</th>
<th>Gavipuram Maternity Home</th>
<th>Guttahalli Maternity Home</th>
<th>Cox Town Maternity Home</th>
<th>Nandini Layout Maternity Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Staff Score</td>
<td>Community members Score</td>
<td>Staff Score</td>
<td>Community members Score</td>
</tr>
<tr>
<td>1</td>
<td>Availability of Medical Facilities</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Availability of General Infrastructure</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Delivery facility</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Availability and distribution of medicines</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Food for inpatient</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Family Planning services</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Madilu scheme</td>
<td>5</td>
<td>2</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>JSY scheme</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Doctors behaviour with the Users</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Other staffs behaviour with users</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>Users Fee collection and issuing receipts</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

NA - Not Applicable

Scale of 1–5 (1 being low and 5 being high).
Step 3: Interface meeting

As a concluding step, an interface meeting was held between the maternity home staff, health department staff of BBMP, the users and the NGO partners that created a platform for service providers and the users to engage in a dialogue and constructively come up with an action plan to improve the quality of services of the maternity home.

The highlights of the action plans for the three maternity homes are given below:

- Scanning facility to be introduced
- Streamlining of milk procurement for inpatients
- Display of list of beneficiaries of the JSY and stock of Madilu kits
- Display of User Fee charts and Grievance Redress Information charts (for all 22 maternity homes)
- Provision of safe drinking water and hot water for patients
- Formation of Maternity Home Monitoring Committees (MHMCs) to monitor service delivery and work for improving awareness in the locality

4.3 Outcomes of the activities

1. Maternity Home Monitoring Committees (MHMC) were constituted at the three maternity homes. These committees consist of 8-10 members who are selected from the catchment areas of these maternity homes who have availed services from the maternity home in the past and are availing services currently as well.

2. Consent was obtained from the committee members and the maternity home staff to work together in improving the quality of services provided by the maternity homes, for which a joint action plan for improving service delivery was drafted.

3. Action plan is being implemented through continuous monitoring by the MHMC members and then through regular internal information sharing exercises and quarterly meetings with the maternity home staff (one carried out so far for every MH). The key features of the action plan include:

   a. Visiting the MH on a regular basis (once in fifteen days) by different members of the committee and monitoring of progress as per checklists provided to them
   
   b. MHMC member meeting for sharing of/updation on observations on the implementation of the agreed action plan and also other changes related to quality of services taking place in the MH, on a fortnightly basis.
   
   c. Meeting with the MH staff once in three months to discuss improvements and areas for improvement.
   
   d. Building awareness among users in the community on maternal health and entitlements from the MH, through smaller informal meetings between MHMC members and users in their own respective localities, mobilizing community members to participate and take advantage of the various awareness camps, health camps etc. organized by BBMP in these areas.
4. Tangible follow-up activities to prevent corruption and lack of accountability have been preparation of User Fee charts and Grievance Redress process charts by PAC and display of these charts in the maternity homes.
Follow-up and Advocacy

It is very important to make the change happen through focused and collective efforts. PAC has undertaken several steps along with its NGO partners to follow up and advocate for the effective implementation of those actions plans that were jointly framed during the three interface meetings in the three maternity homes. Some of these are tangible while others are non tangible.

One of the main activities for follow-up is the systematic and rigorous monitoring by the MHMCs in the three maternity homes. A detailed checklist has been prepared and shared with all the MHMC members for conducting a systematic monitoring of the services provided at the maternity home. A clear roles and responsibilities charter for the MHMC members has been prepared and ratified by the members. Action plan is being implemented through continuous monitoring by the MHMC members and then through regular internal information sharing exercises and quarterly meetings with the maternity home staff (one carried out so far for every maternity home).

The tangible follow-up activities to prevent corruption and lack of accountability have been preparation of User Fee charts and Grievance Redress process charts by PAC and display of these charts in the maternity homes. PAC has also prepared a draft Patients Charter in vernacular and English languages and has shared it with the BBMP staff for inputs.

5.1 Progress achieved in terms of committed outcomes

Outcome 1 – Enhanced capacity of community groups working on health related issues to engage with local government finances and public service issues.

The formation of MHMC in all the three maternity homes has created a platform for the community members to constructively engage with the maternity home administration to ensure better quality of maternal health services. The MHMC members have been visiting the maternity home once in every ten days followed by a meeting between the MHMC members and the maternity home staff in the presence of PAC and its NGO partner. The MHMC members shared their observations through the presentation of a status report (prepared by PAC on the basis of information collected from the MHMC meetings) comprising of their observations regarding changes in the maternity home and the responses of the staff to the same, which would be again taken up in the next MHMC–MH meeting.
At the time of the formation of the MHMCs, though the MHMC members did express an initial interest in following up on the stock of drugs and medicines in their respective maternity home, the PAC team felt that a proper MIS kind of mechanism needs to be evolved that could be used comfortably by them. Another process of engagement would be with the concerned Board of Visitor and the Ward Councillor, especially with the latter since they do play a role in the BBMP budget-related decisions. However, these are yet to be worked out systematically.

At this stage, with 4 months of follow up, MHMCs have contributed to some changes in the functioning of the maternity homes. For example, in Nandini Layout maternity home, drinking water facility which was not available for out-patients is now made available. All display material like User Fee charts, Grievance Redress charts, awareness charts have been displayed properly in all the three maternity homes. Most significant change is that related to corruption in User Fee collection – the receipts for the full amount of User Fee collected is being issued promptly now in Nandini Layout maternity home which was not so earlier.

Outcome 2 – Informed, motivated and mobilised communities, holding government to account for state finance and public services

The awareness building activities on maternal health entitlements that are being undertaken by the MHMC during their regular interactions with the community members in the maternity home catchment areas has led to creation of groups of informed and motivated community members who are coming forward to demand transparency and accountability in maternity homes. The PAC team during its regular interactions with the MHMC members and NGO partners has come across case studies where patients have reported paying only the stipulated user fee and nothing extra. An interesting case was that of the relative of a patient in labour, demanded for an ambulance to take the patient to the hospital, and was successful in getting it. In one of the MHMC-maternity home staff meetings, one of staff nurses was reprimanded by the doctors when pointed out that she had taken five times the amount as delivery charges and not given any receipts either, with warnings on more strict action the next time.

Outcome 3 – Co-operative partnerships between civil society organisations and Government agencies to improve the allocation, spending and auditing of state finances to benefit citizens

This process has not been initiated as it took the project team almost three-quarters of its project period to understand the formulation and implementation of budgets by the BBMP Health Department. To bring PAC and its NGO partners as well as any potential actor at par on budget analysis, the team is in the process of evolving a series of capacity building workshops to enable everyone to understand the process of budgeting and its analysis to be able to develop effective advocacy activities for improved service delivery budgets.

Output 4 – Measurable improvements in public service delivery

Regular monitoring and interaction of the MHMC with the MH staff has set off the process of improved service delivery and also reduction in corruption, e.g., patients reporting paying only the stipulated user fee, getting receipts for the same, improvements in provision of drinking water and cleanliness and better behavior from the MH staff.
5.2 Way Forward

The current project was initiated with a two pronged approach. One to involve the community in demanding for or monitoring the improvement of services in the maternity homes; two, to involve the community for transparency and accountability in budget preparation and expenditures to be able to provide better services to the urban poor women of Bangalore.

With the current intervention, we have begun effective engagement of NGOs and community groups with the health department for improvement of maternal health services. From this starting point we need to advocate and provide support to these groups to be able to demand for accountability in maternal health budgets of BBMP.

There is a scope in the following areas for deepening our work:

1. **Advocacy for improved access to budget information at the unit level (maternity home)** – Currently, BBMP maternity homes do not have unit level allocation and expenditure details. Only User Fee information and salary information is available at the unit level. All procurements related to equipments, linen, drugs etc are done centrally at the BBMP health department. Even at the central office, allocations and expenditures for the financial years are neither recorded nor published as learnt from the senior health officials of BBMP. Hence our future advocacy efforts have to be towards achieving transparency in budget allocations and expenditures at the maternity home level.

2. **Improved allocations for ‘Madilu Yojane’** – While studying the BBMP budget documents under health care, it was observed that a simple calculation of number of deliveries with the kit cost led to an amount that was far greater than that quoted in the concerned line item. Since the PAC team felt that this scheme was a big help for urban poor women, specific budget advocacy strategy needs to be developed to increase the allocation for the same by ensuring that the allocations are based on evidences and requirements from the unit level.

3. **Testing the replicability of the knowledge product (the draft toolkit)** – Through the three existing partner NGOs, the draft toolkit developed will have to be tested by replicating the exercises in a few other maternity homes. The effectiveness of the exercises and the efficacy of the toolkit need to be tested through a CRC at the end of the next project period and based on the outcome of this exercise the knowledge product will have to be finalized accordingly.

4. **Strengthening the community monitoring mechanisms to improve the quality of services in the maternity homes** – This process has been initiated through two sets of activities for the MHMC members – monitoring service delivery improvements or lack thereof in the maternity home and raising awareness in the communities on maternal health and their entitlements in the maternity home that they visit. This needs to be followed by exercises related to building awareness regarding the importance of understanding budgets, the role that can be played by the MHMC members towards budget decision making and then working with the service providers towards the same.
5. **Deepening partnerships with current and potential NGO partners** – The current project has witnessed good partnerships with PAC’s three project partners SPAD (Society for People’s Action for Development), CFAR (Centre for Advocacy Research) and APSA (Association for Promoting Social Action). It is important to continue this partnership in the future by encouraging them and hand holding them wherever necessary to sustain the advocacy efforts that have been put in.

5.3 **Strengthening the Initiative for Sustainability**

For building upon the success that PAC has achieved so far, it is proposed to expand the scope of its work as well deepen the process. Partly the team has already begun the process of constructively engaging with the BBMP health department in charting out plans for improvement of service delivery. Expansion of the scope of this project will be by taking up 6 more maternity homes (2 each in the three health zones of BBMP) in partnership with NGOs working in this sector and apply the same tools so that new MHMCs are formed to monitor service delivery. In terms of deepening the current project outcomes, the current community groups (MHMC) are regularly interacting with the communities and the maternity home staff to bridge the gap in terms of knowledge, perceptions and service delivery gaps. This scope of work will be deepened through the inclusion of budget advocacy as an additional component, for which they can continue to interact with the maternity home staff during the budget cycle.

The main challenge of this project has been, understanding budgets and using budget advocacy as a tool for promoting transparency in service delivery. It is proposed that capacity building workshops and interactions to be conducted for a better understanding of the budget cycle and points of intervention in the same. These will help the NGO partners and PAC in effectively advocating for access to budget information and transparency in formulation / allocation / utilisation of budgets at the unit level. In the current project the PAC project team had carried out a Budget Analysis exercise to assess the gaps in aspects of service delivery such as procurement of drugs/medicines, equipments, food for inpatients and utilization of User Fee. The lesson learnt was that since the whole process of budgeting is complicated, budget advocacy at the community level could focus on those aspects that directly affect them, e.g., procurement and distribution of Madilu Kits, disbursement of JSY benefits, milk for inpatients and proper transactions related to User Fee. Capacity-building workshops for PAC and its NGO partners for a better understanding of health and budgets followed by dissemination of the same among the community members will form a good leap towards the same. It is proposed to carry out such workshops in Bangalore by identifying and inviting experts who can provide this information and knowledge.

When governance fails, citizens have no option but to collectively demand for good governance, accountability and Transparency. But this collective demand if backed with knowledge and not mere shouting can yield more sustained results.
## BBMP Maternity Home User Fee Details

<table>
<thead>
<tr>
<th>SL.No</th>
<th>Service Classification</th>
<th>User Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Out-patient fee</td>
<td>5.00</td>
</tr>
<tr>
<td>2</td>
<td>Normal delivery</td>
<td>300.00</td>
</tr>
<tr>
<td>3</td>
<td>Normal delivery with episiotomy</td>
<td>350.00</td>
</tr>
<tr>
<td>4</td>
<td>Low forceps delivery</td>
<td>300.00</td>
</tr>
<tr>
<td>5</td>
<td>D and C (Gynaec)</td>
<td>100.00</td>
</tr>
<tr>
<td>6</td>
<td>Evacuation</td>
<td>150.00</td>
</tr>
<tr>
<td>7</td>
<td>M.T.P</td>
<td>150.00</td>
</tr>
<tr>
<td>8</td>
<td>Scanning</td>
<td>100.00</td>
</tr>
<tr>
<td>9</td>
<td>Blood Sugar</td>
<td>20.00</td>
</tr>
<tr>
<td>10</td>
<td>Anti Rabies Vaccine</td>
<td>100.00</td>
</tr>
<tr>
<td>11</td>
<td>Blood HB</td>
<td>10.00</td>
</tr>
<tr>
<td>12</td>
<td>Blood Grouping and Rhes typing</td>
<td>20.00</td>
</tr>
<tr>
<td>13</td>
<td>Blood VDRL</td>
<td>10.00</td>
</tr>
<tr>
<td>14</td>
<td>Serum Creatinine</td>
<td>20.00</td>
</tr>
<tr>
<td>15</td>
<td>Medical Fitness Certificate</td>
<td>20.00</td>
</tr>
<tr>
<td>16</td>
<td>Birth Certificate (First copy is free)</td>
<td>50.00</td>
</tr>
<tr>
<td>17</td>
<td>Training for nursing students in BBMP Hospitals</td>
<td>2000.00</td>
</tr>
</tbody>
</table>

*Receipt specimen*

- Those desiring to pay half the assessment please call the following numbers:
- The following people can get concession from the User fee:
  - BPL and AAY card holders
  - Poor people referred by the Board of Visitors

'Demand and obtain receipts for full amount paid'
'Don’t give bribe, don’t encourage people who pay bribe’
### Improving Governance the Participatory Way

<table>
<thead>
<tr>
<th>Bruhat Bengaluru Mahanagara Palike</th>
</tr>
</thead>
</table>

#### Complaints

- Submit your complaint through the complaint box or by calling the dedicated numbers.

<table>
<thead>
<tr>
<th>Number</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>(24 hours, 7 days a week)</td>
<td>General complaints</td>
</tr>
<tr>
<td>(48 hours, 7 days a week)</td>
<td>Special complaints</td>
</tr>
<tr>
<td>(7 days a week)</td>
<td>Emergency complaints</td>
</tr>
</tbody>
</table>

### Contact Numbers

1. For general complaints:
   - Call (24 hours, 7 days a week)

2. For special complaints:
   - Call (48 hours, 7 days a week)

3. For emergency complaints:
   - Call (7 days a week)

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For more information, visit www.pacindia.org.
MATERNITY HOME MONITORING COMMITTEES & FOLLOW UP ACTIVITIES OF THE COMMITTEES
Improving Governance the Participatory Way

PAC Publications

16. Citizen’s Audit of Public Services in Rural Tamil Nadu (Catalyst Trust, Public Affairs Centre), 2001.


30. Setting a Benchmark: Citizen Report Card on Public Services in Bhubaneswar (Public Affairs Centre, Centre for Youth and Social Development), 2005.


32. Holding the State to Account: Lessons of Bangalore’s Citizen Report Cards (Samuel Paul), 2006.


42. Study of Sarva Shiksha Abhiyan Initiatives on Universalisation of Elementary Education in Karnataka with Special Reference to Concerns of Gender and Equity (Sita Sekhar, Meena Nair, K. Prabhakar, Prarthana Rao), 2009.


44. A Mirror to the Police: A Bottom-Up Assessment of the Karnataka Police (Meena Nair, K. Prabhakar, Prarthana Rao), 2010.
Improving Governance the Participatory Way


47. *Citizen Monitoring and Audit of PMGSY Roads: Pilot Phase II* (Public Affairs Centre), 2012.


**PAC Books by other Publishers**


Recent Releases

A Life and Its Lessons: Memoirs
Samuel Paul

Samuel Paul, well-known scholar, institution-builder and social activist, tells his life story and distills the lessons of experience learnt from a wide range of institutions, both national and international, with which he was associated. In a long and distinguished career, he has been the Director of the Indian Institute of Management, Ahmedabad, adviser to the United Nations, ILO and the World Bank, founder and first chairperson of Public Affairs Centre, Bangalore, author of “citizen report cards” and other pioneering tools of social accountability. His reflections on the success and sustainability of institutions offer important insights of relevance to practitioners, scholars and students alike. The story is told in a lucid style, with candour, wit and sensitivity to the great social challenges of our time.

Citizen Monitoring and Audit of PMGSY Roads Pilot Phase II
CASG Team, PAC

Pilot Phase II study was conceived in the backdrop of experiences gained during Pilot Phase I, and was launched in November 2008 to field-test a set of instruments in Orissa and Karnataka for monitoring the quality of some of the ongoing PMGSY work, auditing the performance of completed roads under this scheme and gathering feedback from beneficiaries with regard to their awareness, problems faced, potential and actual benefits and level of satisfaction. Ten completed roads and eight ongoing road projects in Orissa and Karnataka were selected for study in this Phase.

This publication summarises PAC’s experiences in Phases I and II, and is aimed at all who believe that citizen knowledge can be a valuable resource in the development and maintenance of public assets.

Case Studies from the Social Audit of Public Service Delivery in Karnataka – M. Vivekananda, S. Sreedharan, Malavika Belavangala

In the social audit of public service delivery in Karnataka carried out by Public Affairs Centre (PAC) at the instance of the Department of Planning, Programme Monitoring and Statistics, Government of Karnataka, seven services were examined. The data for the audit were collected through a sample survey of users of the public services. In addition, a few case studies were also recorded to obtain the qualitative aspects of those services, after completing the survey. The case studies included in this book share the experiences and comments of all stakeholders pertaining to the services surveyed.