

The Grassroots Lokpal

Author - Madhavi Rajadhyaksha, Published on - 19.2.2014

The brouhaha over the formation of a Lokpal may be what's hogging the headlines currently. But an equally important accountability system - community-based monitoring - has made a quiet entry into the country's governance system. And this people-driven tool is slowly emerging as a force to reckon with.

Away from the limelight, ordinary citizens have been coming together in discreet villages and farflung tribal hamlets in many parts of the country to keep a hawk-eyed vigil on the government machinery and demand accessible and good-quality public services in their backyards. The surveillance systems may vary in form but are bound by common principles - that of civil society asserting its rights, reclaiming public services and challenging traditional power equations to question authority. Borrowing the cooperation of panchayati raj institutions or even confronting them in some cases, village groups are strengthening, if not restructuring, the way ration shops, healthcare centres and schemes are run.

So, while communities in Andhra Pradesh used social audits to recover crores of rupees siphoned off by government officials under the Centre's flagship employment programme, villagers in Maharashtra have been diligently maintaining report cards to monitor the functioning of clinics and rural hospitals. Some communities in Tamil Nadu have gone a step further and co-opted themselves into villagelevel planning processes, even as the Rajasthan government has opened its implementation of key schemes to public scrutiny by listing beneficiaries and their dues on temple walls and buildings.

These bottom-up initiatives deserve attention at a time when social spending across many sectors has come in for questioning. Both Comptroller and Auditor General Vinod Rai and rural development minister Jairam Ramesh recently underlined the need for detailed social audits.

HONEST APPRAISAL

Monitoring has always been an integral thread in the fabric of public administration, so one might ask what all the fuss is about. But communitydriven initiatives differ significantly from in-built government monitoring wherein programme implementation, financial audits and surveillance is managed by officials themselves. These are far from independent, believe social analysts, who point out that those authorities obviously have much at stake and often portray a rosier picture than what really is. Where communities are concerned, however, it is end users and beneficiaries who conduct appraisals. Two social schemes, the Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS) and the National Rural Health Mission (NRHM) have integrated such people-driven monitoring, but implementation is still patchy.

Andhra Pradesh proved very pro-active by setting up an independent agency which has been conducting social audits of the MNREGS across 22 districts. The autonomous body, which started work in 2006, has trained over one lakh youngsters from villages and tribal belts to cross-verify government records on employment benefits with the actual wages received by workers, with a follow-up of discrepancies. "The process is exhaustive and involves 100 per cent worksite verification of complaints by workers, which are then read out at the gram sabha. Public hearings with officials sometimes get so heated that they start at 10 am and go on till 4 am the next morning," explains Sowmya Kidambi, director of the Society for Social Audit, Accountability and Transparency set up under the aegis of the rural development department. The team's meticulous check threw open a Pandora's box. "We found that Rs 130 crore had been siphoned off from MNREGA," says Kidambi, adding that the organisation has filed 16,000 cases against officials which have subsequently resulted in suspension or disciplinary action.

One knows something is clicking when villagers, known for berating government systems, start singing their praise. In Maharashtra, where community-based monitoring (CBM) is institutionalised in 13 districts as part of the NRHM, villagers are high on its success. "Our primary healthcare centre in Horapadi block had only 17 of the 57 essential medicines earlier. We started taking copies of the stock register and questioning panchayat members as part of the CBM. Over the last two years, we have managed to ensure that the full stock is now available," says Dilwar Padvi, a local of Nandurbar.

From one village to another, locals recount how public pressure, particularly the 100-odd jan sunwais (public hearings) where villagers can directly question government authorities, has inspired change. An anganwadi that was lying shut in Shajanpur, Beed district, has started work in full swing. Delays over the handing out of government incentives to pregnant women have reduced from six months to two, in Tuljapur taluka, Amravati. Villagers say the incidence of petty bribes and prescriptions from private chemists has also dropped. "The system has brought a sense of empowerment to locals who didn't know where to vent," observes Vanita Koli from an NGO in Solapur. "We started monitoring only in September, but our office has been flooded with complaints ever since."

The shifts aren't merely a matter of opinion. The state nodal NGO, SATHI-CEHAT, has objectively studied various parameters to evaluate the efficacy of the participatory mechanism and claims a marked increase in the utilisation of health centres as well as increased satisfaction among villagers.

But the hurdles are evident. Dr Abhijit Das of the Centre for Health and Social Justice, Delhi, points out that CBM in the public health system was piloted in nine key states way back in 2007. "While it was duly implemented for two years through nodal NGOs, Maharashtra and Tamil Nadu are among the only states which have actually seen it through," he says. Das and social activist Medha Patkar of the National Alliance of People's Movements believe that the community's role needn't be restricted to monitoring. "It shouldn't be that the government makes laws and we merely monitor them. People should be involved in planning and implementation processes too," says Patkar.

That is precisely what Tamil Nadu does where its village health and sanitation programmes are concerned. They have co-opted villagers into jointly framing health plans along with the panchayat head, doctor and nurse. The plans are drafted with each stakeholder spelling out his/her views in writing before a consensual plan is collectively drawn up and signed, explains Dr Rakhil Gaitonde, of Community Action and Health. Piloted in 2008-09, the process is under way in 450 panchayats in six districts and the committees meet every month to monitor the plan. "Planning leads to increased confidence and a willingness to work together," he says. The districts also initiated a village health planning day, an open forum for various stakeholders to discuss the outcome of the monitoring process. There are a few visible successes. While the panchayat president in one instance contributed to setting up a compound wall for an anganwadi, another village planned an MNREGA project to spruce up a healthcare centre, says Dr Gaitonde.

THE WAY FORWARD

A group of people's representatives, social activists and government officials met at Mumbai's Tata Institute of Social Sciences recently to explore the scope of community-driven accountability in social systems. "We've learnt from the experience of the last 15 years that governance shouldn't be only in the hands of the government, and that participation in the governance process is a right of citizens," said National Advisory Council member Aruna Roy in her speech. "There are varied participatory mechanisms, and (governmental) resistance to them must be fought." Medha Patkar, in a conversation with this reporter, later referred to the government's proposed poverty cap of Rs 32 and Rs 25 for urban and rural areas respectively, and pointed out that even the poverty line would be more realistic if people had fixed it instead of the Planning Commission.

The consensus in development circles is that varied models of community-driven surveillance need to be strengthened and steadily expanded. Buoyed by the success of the CBM in Maharashtra, Dr Abhay Shukla of SATHI-CEHAT, Pune, says they are studying ways to expand similar monitoring to more districts of the state as well as other social sectors such as the public distribution system, drinking water supply, education and employment services. Roy believes the grievance redressal bill being worked upon could prove to be an effective tool for time-bound redressal. Nikhil Dey of the Mazdoor Kisan Shakti Sanghatana believes the bill could do well to include a janata sahayata centre (citizens' assistance centre) in every block to facilitate filing of grievances as well as streamlining their applications.

While the Right to Information Act has injected a degree of transparency, social analysts believe the government should be more proactive with disclosures and efficient with their management information systems. Rajasthan's system of publicly displaying social schemes and benefits made available could be replicated, believe many.

STUMBLING BLOCKS

Despite a promising take-off, community-driven surveillance is faced with enormous challenges in a society deeply ridden by inequalities of power, gender and caste hierarchies, point out villagers. Bottom-up approaches are also met with systemic constraints and challenges, whose overhaul is a long-drawn affair.

Kidambi says one of the major challenges they faced during social auditing was that villagers gave affidavits to auditors complaining about non-payment of wages, but went back on their word later in front of the gram sabha, fearing a backlash. "Many villagers find it difficult to speak out against the sarpanch," she says. Dr Gaitonde too sees social inequalities as a stumbling block. He recalls how a panchayat member of a village refused to go into a dalit enclave during a monitoring drive.

Such monitoring could also lay the blame at the doorstep of lower government officials and people's representatives (sarpanch, anganwadi sevika, nurse, midwife) who become the face of problems that are entrenched and beyond their control. "I didn't receive the funds that I was entitled to as a sarpanch. If the healthcare centres have no diesel to run their ambulances and medical officers don't even turn up when we call for a joint meeting, what am I supposed to do?" asks Archana Jatkar, a sarpanch from Pusad block in the farmer suicide belt of Yavatmal in Maharashtra.

The lack of political will is a major constraint, and CBM often comes up against a wall where real action is concerned, say those in the know. Patkar points out that CBM shares the threat of other committees and enquiries. "Even after the audit is done, the government doesn't act on discrepancies. There is often no political will." Monitoring mechanisms are given petty change in budgets, rue activists.

Social scientists say the government tries to put up stumbling blocks at every step. "The state has been trying to limit monitoring to the lower levels. While block- and district-level monitoring committees are functional, they have not set up a state-level planning and monitoring committee despite our demands for over two years," says Dr Shukla, adding that higherlevel committees need to complement district- and block-level initiatives, as the former would be empowered to take bigger decisions pertaining to recruitment of staff, procurement of supplies and punitive action against defaulting staffers. [Published Earlier in The Times of India, the Crest Edition, November 26, 2011

]