

Social Audit of Public Services in Dadra and Nagar Haveli



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INTRODUCTION

The Planning Commission, Government of India, recognizing the power of user feedback-led social audits to monitor the outcomes of public services, has decided to fund a social audit exercise in one municipality in each state of India. This initiative comes in the wake of a very successful intervention initiated by the Government of National Capital Territory of Delhi in 2006.

The Government of Dadra & Nagar Haveli showed interest in conducting a social audit in the Union Territory and subsequently approached the planning commission for funding this exercise. The Government of Dadra & Nagar Haveli thereafter engaged the services of Public Affairs Foundation, the pioneers of this exercise in India to conduct a Social Audit of public services in the Union Territory.

This exercise will enable the Government of Dadra & Nagar Haveli to collect and organize systematic feedback from citizens in the Union Territory on essential public services. The audit will also provide a good diagnosis of the critical problems with public services in terms of access, reliability, transparency & responsiveness. The pointers and insights from this Social Audit will clearly set an agenda for a process of reviews, process reengineering and reforms.

A rigorous sampling design was applied to ensure accuracy of the findings. The Social Audit covered 1875 respondents in Dadra and Nagar Haveli and elicited focused feedback on user's experiences across the following public services viz.

- 1) Water Supply
- 2) Electricity
- 3) Food and Civil Supplies
- 4) Education – Primary and Middle school
- 5) Health – Hospital / CHC / PHC /Sub-Centers
- 6) Pollution Control Committee
- 7) Transport department – Regional Transport Office
- 8) Integrated Child Development Scheme (ICDS – Anganwadi and ANM services)
- 9) Mamlatdar office – Registration and Issue of Caste, Domicile and Income certificate, and

METHODOLOGY

The Social Audit was based on Citizen Report Card methodology. The Public Affairs Centre (PAC) Bangalore, India, pioneered the concept of Citizen Report Card a decade ago and has since then received national and international attention. Anchoring on the concept of user feedback, Citizen Report Card is a simple and widely replicable tool and acts a catalyst for improving transparency and public accountability.

When citizens' voice provides an objective assessment of both qualitative and quantitative aspects of different public services, based on first-hand interactions with the agencies providing these services, it is possible to benchmark performance and assess improvements over time.

Citizen Report Card findings help to stimulate involvement, participation and collective action by citizens, and provide service providers with an opportunity to design reforms and bring in a strategic reorientation. Experiences with report cards, both national and international, have amply demonstrated its potential for demanding public accountability and providing a credible database to facilitate proactive civil society responses.

In specific terms, Citizen Report Card helps to:

- Establish credible service benchmarks to monitor progress over time.
- Generate citizen feedback on the degree of satisfaction with the services.
- Enable citizens to participate effectively in demanding accountability, accessibility and responsiveness from the service providers.
- Serve as a diagnostic tool for service providers, external consultants and analysts/researchers to facilitate effective process reengineering and reforms.
- Encourage public agencies to adopt and promote citizen friendly practices, design performance standards and inculcate operational transparency.

A typical Citizen Report Card study involves the following stages:

- Discussions with service providers and Focus Group Discussions with users
- Designing survey instruments
- Identifying the scientific sample for the survey
- Preparing field survey quality control manuals
- Orientation & Training workshops for the survey team
- Survey by trained professionals
- Collection of qualitative data (independent observations, case studies, etc.) to augment survey data
- Coding, analysis and interpretation of findings
- Preparation of reports
- Strategizing reforms & partnerships for service improvements

The Social Audit of Dadra and Nagar Haveli was carried out in two phases. Phase-1 covered design for the field survey, including identifying sample framework, designing survey instrument and drafting the ToR for the survey agency. In Phase-2

Public Affairs Foundation (PAF) was mainly involved in providing support to Lok Mitra Trust, Surat who carried out the fieldwork in training the enumerators, quality assurance during the field survey, analysis of data and generation of the report.

The Social Audit involved a random sample survey of users of selected public services in the Union Territory, using a mix of household and exit interviews. The household interviews included tracer interviews. Users were interviewed about their experiences with public service providers in addition to their satisfaction with the provider as a whole and with various criterion of service. Users could categorize their satisfaction level as: “Complete Satisfaction,” “Partial Satisfaction,” “Neither Satisfied nor Dissatisfied,” and “Dissatisfied”. Researchers from the Public Affairs Foundation independently audited survey processes and results.

Limitations of the study

The building blocks of any user’s feedback studies are ordinal in nature and based on experiences. Several words like “scarce”, “adequacy”, and “satisfaction” have been asked in the manner that the respondent best comprehends; thus, there is some subjectivity in the studies.

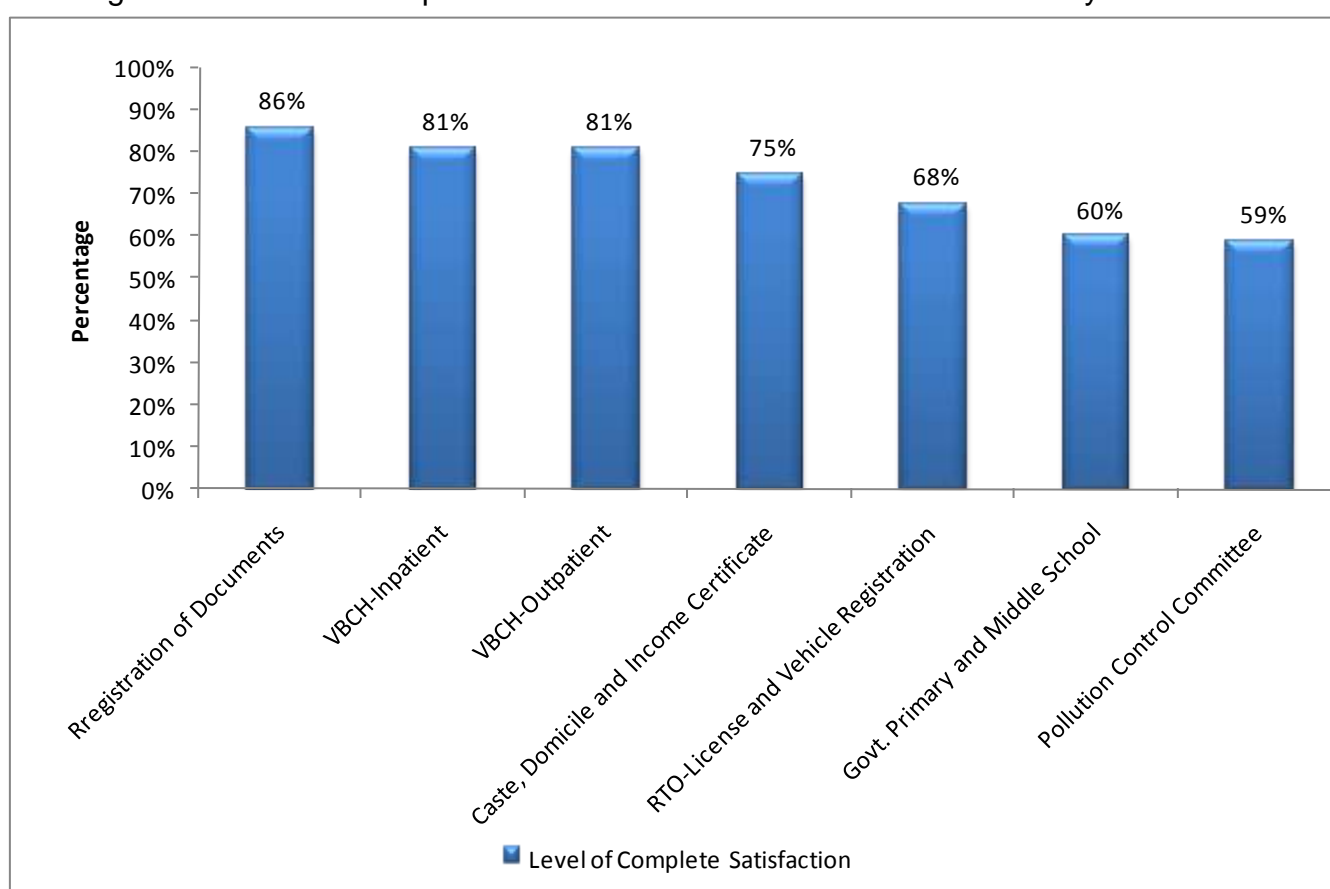
SALIENT FINDINGS

A] SERVICES AT THE UNION TERRITORY LEVEL

1. Complete satisfaction

- ☒ Respondents have overall rated services high in terms of complete satisfaction.
- ☒ The Public Hospital (Shri Vinobha Bhave Civil Hospital) and registration of documents services have been rated high while the services of the Pollution Control Committee and the government schools have been rated comparatively lower.

Figure 1 – Level of Complete Satisfaction for Services at Union Territory Level



2. Access, usage and quality

- ☒ Easy access to all the services except for the VBCH – outpatient service.
- ☒ The cleanliness and maintenance of the VBCH - inpatient and outpatient services was rated high.
- ☒ The quality of teaching at the government primary and middle schools and the process of submission and registration at the registration of documents office were rated high.

- ❖ The respondents reported the existence of middlemen in the issue of certificate service, RTO and registration of documents.
- ❖ Problem incidence was reported low in all the services except for the Pollution Control Committee where there were problems of delay and repeated visits to obtain consent certificates.

3. Transparency

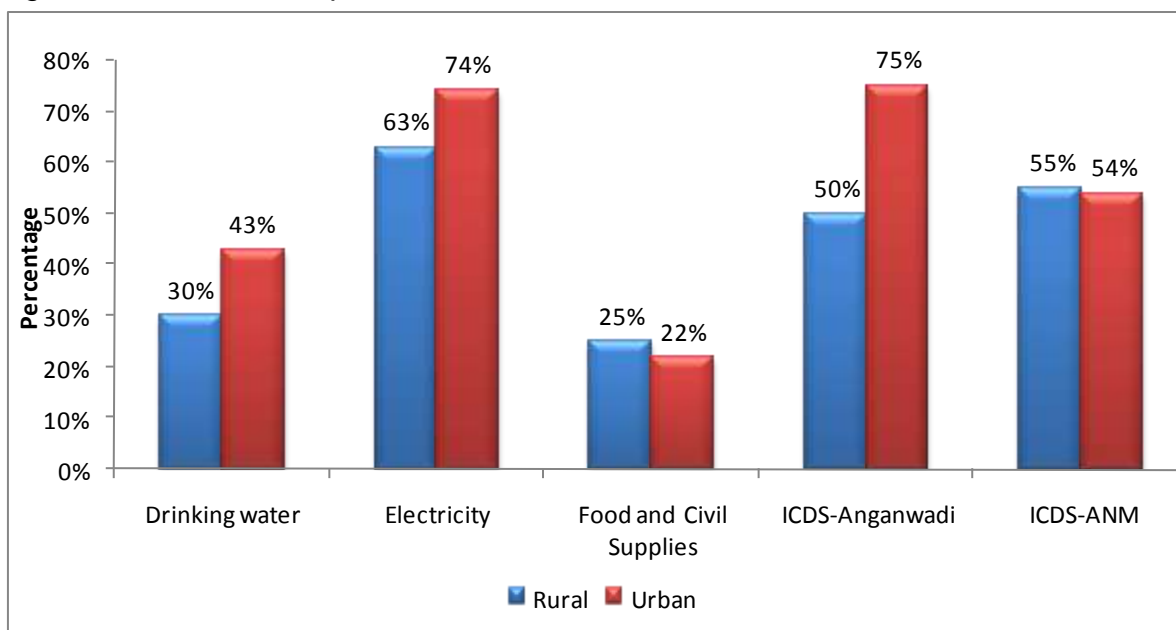
- ❖ In five out of the seven services awareness of citizen charters and official procedure was found to be low among the respondents. Users were more aware of the procedures at the RTO and registration of documents service.
- ❖ Incidence of corruption was reported low but in RTO, the institutionalization of corruption due to higher fee was evident.

B] MAIN SERVICES: RURAL VS. URBAN COMPARISON

1. Complete satisfaction

- ❖ Three of the five main services in the rural and urban areas are rated high with more than half the respondents being completely satisfied with these services.
- ❖ The services of drinking water and food and civil supplies have been rated quite low across rural and urban areas
- ❖ The respondents in urban areas have rated the services higher as compared to the respondents in the rural areas which show that spatial variation in service delivery exists.

Figure 2– Level of Complete Satisfaction for Services at Rural and Urban level



2. Access, usage and quality

- ❖ Half the respondents across rural and urban households reported facing seasonal scarcity of drinking water and inadequate supply of drinking water made available through tankers.
- ❖ All the households in the survey had an electricity connection. But the problems reported were unauthorized electricity connections, lack of safety in terms of live wires hanging, power cuts and excess billing.
- ❖ Access to food and civil supplies was poor in the rural areas. Problems reported include long waiting period to receive a BPL or APL card in both rural and urban areas, ration shops not being open on all working days etc.
- ❖ Less than half the respondents across rural and urban areas reported sending their child to the ICDS – Anganwadi centre due to distance and poor quality of service. Rural centres were rated poorly compared to urban centres.
- ❖ Only forty-four percent rural and thirty percent urban respondents reported availing ICDS - ANM services. High proportion of respondents reported problems of lack of regular visits and lack of round the clock availability of ANM.
- ❖ The lack of a grievance redressal system was reported by respondents across all services.

3. Transparency

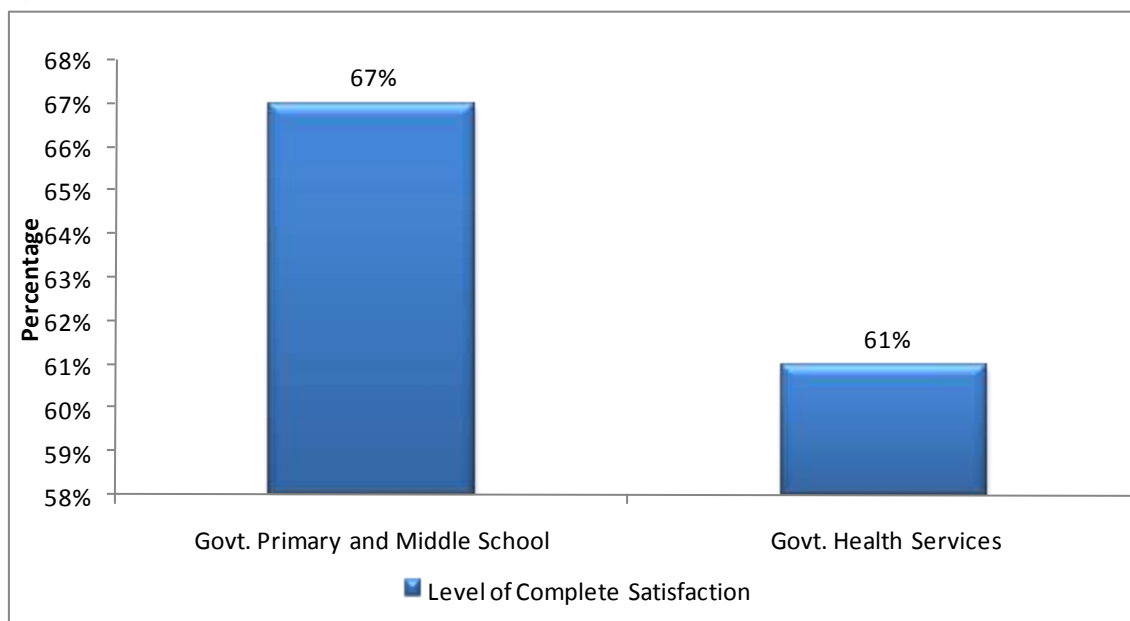
- ❖ Food and civil supplies through ration shops performed well on transparency indicators while there was lack of transparency in billing of drinking water.
- ❖ Corruption in the form of payment of extra money to the staff to expedite repair works in electricity services was reported.

CJ] SERVICES AT THE RURAL LEVEL

1. Complete satisfaction

- ❖ The government schools and health services were rated high by more than half the respondents in the rural areas.
- ❖ Major areas of worry in rural government schools were lack of toilets with water connection, playground and overall development of students through extra-curricular activities and capacity building of teachers.
- ❖ Reasons for under- utilization of the rural primary health services include delay in attending the patients, judgmental attitude of doctors, non-availability of round the clock treatment and doctors charging fees for treatment.

Figure 3 – Level of Complete Satisfaction for Services in Rural Areas



2. Access, usage and quality

- ❖ Government schools were reported to be quite accessible for students.
- ❖ Almost a fifth of the **government school** respondents and half of the **health services** respondents reported that they had to travel a long distance to avail

these services as the ones in their locality lacked proper facilities and quality was poor.

- ❖ Problem incidence was reported low in both services but problem resolution was quite effective in **government schools** while the **health services** had an ill defined grievance redress mechanism.

3. Transparency

- ❖ Awareness about village education committees was poor among the respondents from the **government schools**.
- ❖ Only two respondents reported paying extra money to get better **health services** and therefore corruption was reported to be quite low.

CONCLUSIONS AND POLICY IMPLICATIONS

- ❖ This Social Audit of Public Services in Dadra and Nagar Haveli provides sufficient information to the Government on the state of public services in the Union Territory and will set them on the path for reform.
- ❖ Access to most services is a major area of concern in Dadra and Nagar Haveli, more so in rural areas. It is essential that the Government improves accessibility of services. While infrastructure may not be a big problem within a service as the findings show, providing access to the facilities through reasonably good roads, setting up of centers whether they are ration shops or health centers or schools, within easy reach of people is critical.
- ❖ Reliability of services is generally poor with a few exceptions such as the hospital services in rural and urban areas. While quantity of rations supplied is a concern in the public distribution system, power cuts and excess billing are common in electricity supply. While ANMs do not make regular visits and ask patients to come to the health centre, scarcity of water during dry seasons is an issue for citizens across Dadra and Nagar Haveli.
- ❖ Responsiveness of staff was generally rated poor with a few exceptions such as the Pollution control committee, government hospital, issue of certificates etc. The lack of a grievance redress system across services was evident from the responses in rural as well as urban areas. Setting up a system for grievance redressal would go a long way in addressing the complaints of the citizens.
- ❖ The behaviour of staff was rated poor across services with the exception of Government hospital doctors. Training of the staff to be customer oriented and behave politely with the citizens was suggested.
- ❖ Awareness of citizen charters is reasonably good for some of the services. Noted among them are issue of certificates, Pollution Control Committee, and RTO. For some services awareness of charters is relatively low such as hospitals, ration shops, education etc. While the departments that have done better can share their initiatives that led to higher awareness, all the service providers need to work hard towards building the awareness about their respective charters. It is evident from the findings of this social audit that awareness of citizen charters makes people more demanding and where the awareness was higher, the service quality was better as well.
- ❖ In general, corruption does not seem to be an issue in Dadra and Nagar Haveli with the exception of a few services. It is an issue indirectly for the services of RTO and issue of certificates where it does exist in significant quantity. Electricity is another service where corruption exists.
- ❖ Overall, citizens of Dadra and Nagar Haveli in rural as well as urban areas have rated services well in terms of overall satisfaction. However, while some services such as public hospitals was rated high, services such as ration shops, and drinking water are relatively poorly rated. Concerted efforts to set up a grievance

redressal system, improvement in access to services, improvement in service quality and greater awareness building through citizen charters would lead to improved service delivery in Dadra and Nagar Haveli.