Controlling Corruption to Improve Health Services for the Poor in Odisha State, India

CSO:	The AYAUSKAM
Years:	2009 - 2010
Country:	Odisha State, India
Amount:	$21,000 USD
Sector:	Monitoring Public Service Delivery: Health

Corruption Problem:	Massive Corruption and extortion in the delivery of health services to the poor
Tools employed:	Social Audit, Media Campaign, RTI, Survey, Capacity Building, Community Mobilization, Coalition Building, Participatory Planning

Corruption and a lack of transparency in government administered health services has led a local CSO, Ayauskam, to mobilize and educate citizens and citizen organizations to engage in coalition-building and hold health service providers to a higher standard of accountability across 10 Panchayats of Khariar block in Nuapada district, Odisha. The project has been successful; sustainability however depends on the continued constructive engagement between community organizations, citizen monitors and service providers, as well as the right balance of public pressure versus collaboration between the different stakeholders. Continued funding for Ayauskam to moderate and balance this important consensus-building process toward achieving sustainable results is a priority.

Corruption Problem Addressed

Ayauskam in collaboration with Vikash, another NGO in Odisha state, tackled corruption in 10 Gram Panchayats (local governments) in Khariar block, Nuapada district of Odisha State. The health sector was targeted as initial discussions with citizens revealed that they were not receiving basic health services despite significant government spending on health. A detailed survey in 64 villages was conducted and the findings were startling: It revealed rampant corruption in the health sector.

People in the survey area paid more than $11,000 USD annually in "corruption taxes" to government health service providers. For example, the effective hospital charge for delivering a child was around $55 USD when it was supposed to be free. Health service delivery became a business of exploitation rather than an entitlement as foreseen by the applicable law. Medicine was not available free of cost, doctors and the other health service providers were not available during their hours of duty, and payments to patients were delayed (e.g., for the program to encourage child delivery in hospitals). Hospital staff demonstrated condescending and inhumane behavior toward patients and their relatives and oversight authorities were complacent and not exerting the necessary control and accountability mechanisms.

Actions Taken by Ayauskam

The first step for Ayauskam was to increase media awareness about corruption. During a media consultation workshop, survey findings were discussed with reporters and journalists workind in

both print and electronic outlets. This generated a lot of enthusiasm. The then sensitized journalists subsequently covered stories on health right violations including service provider behavior, lack of provisions of free medicines and other symptoms of a non-functional service delivery scheme.

The next step was to establish and strengthen community based organizations (CBOs) through targeted training and village meetings. Every village formed a "Durnity Birodhy Manch" (DBM, Citizens against Corruption) forum to protest corruption issues at the village level. These formed a network at the Panchayat, at both block and district levels.

Capacity development programs were organized to train women change agents, members of Panchayati Raj Institutions, CBOs, youth clubs, government officials and service providers.

Campaigns against corruption were initiated in the villages. Social audits were conducted to discuss the problems of each village followed by public hearings with district level officials including the District Collector and the head of the district health department. Villages obtained information about services which enabled them to become more articulate. An impact monitoring tool was developed for community volunteers and self-help group members to monitor health service delivery and corrupt practices. Rallies and demonstrations were conducted to show the strength of the CBOs and the community.

Ayauskam and the communities had to overcome many challenges. Service providers and officials at the block and district levels initially reacted negatively: They influenced people to not cooperate with the project team and doctors tried to influence the leaders of political parties to subvert the effort. Their strategies included making threats to file criminal and false claims against

DBM members and withholding vital information to carry out the vigilance needed. Without the relevant information, it was not possible to organize people and create results. In all cases, information was however provided after the applicants filed appeals according to the Right to Information (RTI) Act.

DBM members persisted, wrote letters, and conducted regular discussions with higher authorities and local politicians. This forced authorities and politicians to involve the people in the quest to improve health services. Gradually the situation improved. Increased awareness and greater participation of communities forced the service providers to take their questions and concerns seriously. DBM members started discussions with service providers. DBM made it clear that it was fighting against corruption and not against individuals. Cooperation between the community and service providers evolved as problems were shared and solved.

Many local groups helped support the DBM efforts. The involvement of Panchayat Raj Institutions (PRI) members helped tremendously. Grassroots service providers started cooperating and participated in project activities. Cooperation between community organizers and local level health functionaries is improving. Social audits strengthened cooperation between the health care administration and the DBM forum at the local level. The training and capacity building provided for CBOs encouraged CBOs to support the efforts to demand better services. Self-help groups in every village have become active tackling corrupt practices observed.

Impact and Results Achieved

The administration now recognizes the strength of the community. It instructed the health department and the Integrated Child Development Scheme (ICDS) to involve CBOs and the community

in village health planning. The Gram Kalyan Samity (a village level institution created under the National Rural Health Mission [NRHM] for village health planning and monitoring) gained real power.

Not only within the target areas, but also other Gram Panchayats of Khariar block benefited from the project intervention. Village level service providers started attending the social audits and related programs.

The rallies conducted against corruption increased the people's ability and propensity to demand their entitlements and hold authorities and service providers responsible.

The impact study shows that there has been a reduction of corrupt practices in government hospitals: 80 percent of participants surveyed are not paying fees for hospital delivery. Payment of the service tax to other service providers has been reduced by 50 percent. Expenditures on medical services during pregnancy and delivery have been reduced 82 percent. Village health committees have been formed, free medicines are available at the village level, and countersigning of checks for financial support to mothers after hospital delivery is done immediately. There is an effective distribution of the full quota of Take Home Rations under the ICDS, medicine lists are displayed at government hospitals, and malnourished children receive special care. Anti-natal and post-natal health services have improved also.

Every household is now able to save more than $55 USD per year due to the project intervention. People's participation increased in the decision making process, implementation and monitoring of programs. The process is community-owned and can be sustained by village level leadership, CBOs, and the block level DBM.

Documentation

Project completion reports and project completion assessments can be accessed at the PTF website www.ptfund.org under the "Where-we-work" section

Ayauskam's webpage can be accessed at
http://www.ayauskam.org/

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