How Desperate Housewives of Khariar Successfully Fought Corruption

Ayauskam community worker listens to grievances of women in Khariar block and provides training in impact monitoring, participatory health planning and collective action.

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Poor women in thousands of towns and villages of developing countries are routinely cheated out of basic benefits to which they are entitled under government programs - not because of too few resources, too little motivation, or too much pride – but because of corruption. For example, consider the plight of some of the housewives in the Khariar local Block (local government unit) in the Indian state of Odisha:

Ms. Keshari Paharia was admitted to a local health clinic in Kharia block in Odisha state in India for delivery. The nurse and the doctor demanded money from the husband who mortgaged family gold although Ms. Paharia was eligible to receive an incentive payment for choosing institutional delivery under the National Rural Health Mission (NRHM).

Ms. Haramani Majhi was blessed with a son and ensured that her son was immunized per the NRHM guidelines but was cheated of $50 incentive payment.

Ms. Sapura Majhi was pregnant, hungry and resourceful. She knew she was entitled for Take Home Rations under India's National Rural Health Mission (NRHM), but three months passed as her child grew inside of her, without a single meal provided.

Ms. Bhuje Chinda, a landless widow, was neither aware nor benefitting from any of the government social safety net benefits for Below Poverty Line (BPL) households.

But not all is lost. Citizen engagement with government authorities, organized by local civil society, has brought corruption free services and meaningful improvements in the lives of thousands of extremely poor citizens in and around Khariar. How this has been achieved provides vital lessons that can and should be deployed on a far larger scale.

Issues and Response

Less than two percent of the persons surveyed in the project area were fully aware of existing government assistance schemes, benefits and application processes. The local government hospital was charging US$55 for delivering a child, when the service was meant to be free under the NRHM. Free medicines were unavailable, while doctors and the other health service providers were absent during duty hours. Hospital staff demonstrated condescending and inhumane behavior toward patients and their relatives.

Responding to the massive deprivations of thousands of citizens like those noted above, the Ayauskam civil society organization (CSO) started working with the Partnership for Transparency Fund (www.ptfund.org) under the Citizens Against Corruption program supported by the United Kingdom's Department for International Development (DFID). Ayauskam's project called for fighting corruption in health services delivery under NRHM in 64 villages (10 Panchayats) of the Khariar block.

A Three-Prong Strategy

Ayauskam developed a three-prong strategy to address these problems. This started with efforts to raise the community's awareness of existing entitlements under the government social safety net schemes and of the magnitude of corruption on their delivery. The program involved market place campaigns, village meetings, leaflets, and the production of a handbook on entitlements. Baseline survey findings on corruption were discussed with print and electronic media reporters in a workshop, generating enthusiasm and subsequent stories on health rights violations, like the lack of food provided to Ms. Sapura Majhi.

Ayauskam's second strategy was to organize collective action groups and build the capacity of targeted communities for collective action through training programs. Ayauskam staff focused in particular on empowering women as change agents, as they were the most severely impacted, but least able to respond to corrupt practices in health service delivery. A group of 70 women were selected as change agents (Paribartan Maa) to monitor proper functioning of the 10 health centers. These activists were trained to participate in village health planning and service delivery monitoring using health planning impact assessment and monitoring tools.

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For collective action Ayauskam helped every village in the Khariar block form a "Durnity Birodhy Manch" (DBM, Citizens Against Corruption forum) to protest corruption. Altogether, 93 community-based organizations involving 1,000 activists (CBOs) have been established and jointly collaborate through networks at the Panchayat, block and district levels. Capacity development programs were organized to train women change agents, members of local governments, CBOs, youth clubs, government officials and service providers.

In turn, CBO members carried out many collective action activities to pressure authorities to address gaps between promises and delivery. They held rallies, wrote letters, generated media stories, organized mass visits, and met with local politicians and senior officials.

The third strategy was to collect data on service delivery performance and engage constructively with the authorities to improve performance. With Ayauskam's support, affected citizens filed 172 applications under the Right to Information Act (RTI) and lodged 28 complaints through the grievance redress system. Collective actions resulted in a noticeable increase in access to and responsiveness of authorities. Community volunteers and self-help group members gathered information on health service delivery and corrupt practices using the impact monitoring tool to document evidence on corruption and service shortcomings. Ms. Sapura Majhi's and 40 other similar cases were taken up by a citizen group, who exposed a health worker pocketing the resources intended for her and many other expectant mothers.

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. Community volunteers demanded accountability and improved responsiveness using the information gathered from the impact-monitoring tool.

Officials & Service Providers Pushback

There were many challenges. Service providers and block and district officials initially reacted negatively. They influenced some not to cooperate with the project team. Doctors tried to influence the leaders of political parties to subvert the effort - they made threats to file false criminal claims against DBM members and withheld information.

However, these challenges were identified and addressed through efforts at four levels:

1) Discussions with service providers, where citizens made it clear that they were fighting against corruption and not against individuals;
2) Persistence in collective action to demonstrate strength and provide evidence on service gaps;
3) Use of RTI to obtain transparency on entitlements and other information to support demands for accountability; and,
4) Enlisting support of higher-level authorities and media.

Starting to Make Progress and Forge Cooperation

As a result of these strategies the situation gradually improved. Increased citizen awareness and greater cooperation with the very violators themselves forced service providers to act and they started to visit project areas and engage with the empowered citizens. The public hearings and social audits were used as constructive engagement strategies. Senior government officials, such as the Collector, sub-divisional police officers and chief medical officer participated. As a result, cooperation of government field staff with all grassroots health officials strengthened and people's grievances started getting addressed.

After presenting the evidence and working with officials, it took only 13 days to resolve Ms. Sapura Majhi's complaint, and begin the delivery of her missing rations.

Ms. Bhuje Chinda was included in the PDS and received monthly quota of rice free of cost. She started receiving pension under the family benefit scheme.

When Ms. Paharia's case was raised with authorities, the doctors protested and filed a police case against members of the DBM, accusing it of instigating people to give false complaints. Members of the DBM met the higher-level Medical Officer who reprimanded the staff at the Khariar health center, but the staff took retaliatory action, influencing the Paharia's not to file charges. It was not possible for DBM to prove the corruption charges due to the change of statement, but the issue raised fear among the service providers.

Because of the civil society program, Ms. Haramani Majhi received the USD $50 incentive payment.

DBM investigated Ms. Sapura Majhi's case and found that her missing ration was not an isolated incident and a health worker was pocketing the money. It took 13 days and 40 complaints organized by the DBM to rectify the situation.

Results Achieved

An Ayauskam impact study, as well as an independent evaluation commissioned by PTF, shows a reduction of corrupt practices. Free medicines under NRHM are available to at least 60 per cent of the people demanding it. Free Services are available to 80 per cent women for institutional delivery. 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 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. Antenatal and post-natal health services have improved. Each household is now able to save more than $55 per year due to these efforts.

The PIPs (Programme Implementation Plans) of NRHM has been decentralised and common people's expectations and suggestions are integrated in the objectives of the PIPs through participation of women change agents. Social audit of NRHM and incorporating system of accountability in the execution of activities by the service providers is another great achievement.

Citizen empowerment in tribal and low literacy communities was another significant result. Rallies against corruption increased citizen confidence in their ability to influence the government, in turn increasing participation in decision-making processes, program implementation, and monitoring. The process quickly became community-owned, increasing the sustainability of collective action by village level leadership, CBOs and the block level DBM. The CBOs formed during the project are reported to be continuing their activities to not only improve NRHM delivery but are also applying the strategies to improve service delivery of other pro-poor programs.

Lessons for Citizen Engagement in Pro-Poor Programs

Awareness matters but don't stop there and take action.

A key determinant of successful citizen engagement is empowering the beneficiaries with awareness of their rights and responsibilities so they can demand transparency and accountability from service providers. However, while this is a necessary it is not sufficient to get results. Results require citizens to act based on the knowledge. In this case the increased awareness led to citizens forming DBMs and CBOs and volunteering their time to take collective and individual actions. This was key to their success.

Overcoming pushback from vested interests requires strength in numbers and enlisting help of higher-level authorities and media.

As seen in this case the persons benefitting from the corruption tried to retaliate against individuals and those CSO staff who were helping them. They retreated only when they saw that CBOs and DBM have strength in numbers and were succeeding in getting support of District collector and other authorities and local media. However, this may be a tactical retreat and they may come back to retaliate unless the collective action pressure sustains.

Constructive engagement is a viable strategy for increasing responsiveness of service providers despite the asymmetry of power between the state and citizens.

In India the laws governing pro-poor programs make provisions for grievance redress systems and a powerful right to information law exists. Thus the service providers have a public posture to respond to citizen actions and resolve citizens' grievances. Using these enablers Ayauskam helped CBOs and DBM to engage constructively with the service providers at grassroots and higher levels and succeeded in getting many of the citizen grievances resolved.

Social intermediaries play an indispensable role in making citizen engagement produce results.

In this case Ayauskam was the social activist/intermediary who carried out a number of activities that cumulatively produced results. These activities included: raising awareness; helping access to information; organizing collective action groups; building capacity of CBOs and DBM; doing advocacy with authorities and media; raising funds; using social accountability tools and; and carrying out baseline and end of project evaluation surveys to measure results and share them with authorities/communities.