

Independent Completion Assessment Report: Citizens Against Corruption Programme

Ayaskam, Orissa

Prepared By:



A Global Initiative on Citizenship and Democracy

<i>Title of Project</i>	Checking Corruption of Health Sector in 10 Panchayats of Khariar under Nuapada District of Orissa.
<i>Project Location: Khariar Block, Nuapada</i>	
<i>Corruption Problem being addressed: (as described in the project proposal).</i>	
<p>Nuapada is one of the most ‘disadvantaged’ districts of India. The annual rate of decline in poverty between 1992 to 2008 is very marginal (less than 1 percent). According to 2001 census more than 85 percent of the total households of the district were below the poverty line. Numerically this was 99465 households.</p>	
<p>Agriculture is the main source of livelihood for around 88% of the total population of this region. It generates employment although partial in nature and also fulfills some of the basic consumption requirements of majority of people. However, as agriculture is rain fed and most of the lands are of undeveloped quality with low productivity the income of farmers and agricultural laborers remains always low.</p>	
<p>Besides the above, there are also other factors which affect the lives of people and the most important of them is the issue of corruption involved in the process of implementation of government schemes. Rampant corruption in the implementation of various government programmes {like NREGS (National Rural Employment Guaranty Scheme), MDM (Mid Day Meal) programme for Primary school children, ICDS (Integrated Child Development Scheme) for under-5 children and NRHM (National Rural Health Mission) etc;} never allows the benefits of these schemes to reach to people.</p>	
<p>Health situation of people in the project area can be studied from the following data.</p>	
<ul style="list-style-type: none"> • High rate of infant death: CMR is 87 per 1000 • Large number of underweight children. • Lack of health services: This can be further elaborated as follows; <ol style="list-style-type: none"> a) Information of various health services/facilities of the government are not provided to the people. <ul style="list-style-type: none"> • Essential Drug List: The medicines mostly essential for the people have been provided by the government of India through NRHM project (National Rural Health Mission). Information regarding such medicines are not being provided to the people by the health officials which helps them to be involved in corrupt practices. • Life Savings Drugs and equipments: This should be made available to the people at the time of their need. The health administration even do not display or provide any information in this regard. • Anti-Natal Care (ANC) and Post-Natal Care Life Saving Drugs: This drugs are meant for checking maternal mortality which are supposed to be available with the field functionaries /service providers as well as in the PHC and CHC level. But these are also not made available to the people. • Revised National Tuberculosis Control Programme (RNTCP) and facility for testing: Information regarding this is not reaching to the people properly. Besides, the incentives to the service providers like ASHA (Accredited Social Health Activists) are not paid properly. 	

<ul style="list-style-type: none"> • Malaria Control and Eradication Drugs: The project area is a malaria endemic zone and there is a provision of free supply of malaria medicines to people. Instead of supplying these medicines to the people, the doctors in government hospitals prescribe high cost medicines to the poor patients. Most patients being unable to purchase the full dose take less which makes them resistant to drugs. <p>b) Information and facility under Janani Surakshya Yojana (JSY) are not available to pregnant mothers.</p> <ul style="list-style-type: none"> • The Gaon Kalyan Samity is not formed in all revenue villages. • Village Health Plans according to the NRHM guidelines are not at all prepared at grass root level with the active involvement of the Gaon Kalyan Samity. • Basic medical and obstetric care (BEMOC) with blood transfusion facility is not yet available which should have been available to people 24 hours throughout the week in every CHC (Community Health Centre) and Block PHC (Primary Health Centre) according to NRHM. • Critical Emergency Medical Facility and Obstetric Care (CEMOC) with Blood bank facility is not made available at UG PHC (Up Graded Primary Health Centre), Khariar 24 hours throughout the week according to the guidelines. • Janani Surakshya Yojana (JSY) is a scheme under NRHM which is supposed to promote institutional delivery of all the pregnant women. There is a provision in this scheme to provide incentive of one thousand four hundred rupees to the rural and one thousand rupees to the urban women after delivery. <p>Free Immunisation to 0-6 year children: Facility of immunization against 6 killer diseases (TB, Polio, Diphtheria, Pertussis, Tetanus, Measles) are not provided to the needy children in time. Irregularities in vaccination increases death due to such diseases. But the health administration to conceal the report of actual number of deaths under reports and reflects that the IMR is receding. The hospitals are also not community friendly. The doctors and the staffs create fear within the patients to extract money. Lack of infrastructure in the hospitals does not allow proper treatment.</p>		
	<u>Planned</u>	<u>Actual</u>
<i>Implementation period</i>	1 st July 2009-30 June 2010	
<i>Total Budget</i> (for one year)	Rs.946300	Rs.689747
<i>PTF Contribution</i>		
<u>Project Objectives</u>		
<u>As described at Project Approval (for two years)</u>		<u>Status of Achievement at Completion¹</u> <i>(in view of the Evaluator)</i>

¹ Please use the following ratings scale and provide brief narrative. 1 = fully achieved, very few or no shortcomings; 2 = largely achieved, despite a few short-coming; 3 = only partially achieved, benefits and shortcomings finely balanced; 4 = very limited achievement, extensive shortcomings; 5 = not achieved.

1. Corruption in public expenditures on health in Khariar block will be checked	3
2. Corruption-free Health Services are availed, as mandated, under NRHM and made available to poor households of 10 Panchayats in the selected block.	2
Executive Summary: (as mentioned in the project completion report)	
Top Three Results (actual). In view of the Evaluator)	<ol style="list-style-type: none"> 1. Involvement of media in project activities 2. Well aware and mobilized community 3. Cordial relations/rapport with the local service providers and the community groups
Overall Achievement Rating² in Evaluators view. Use numeric rating as well as narrative. See footnote 2.	3

Commentary to support overall assessment

Guidance. Please provide a narrative to accompany your overall achievement rating taking into account your overall assessment (in a maximum of 20 lines) of taking into account quality or project design, implementation performance and results achieved. Reasons for rating of 4 or more may please be explained here. It is suggested that this be written last after the detailed assessment (Section 2 below) has been done and Overall Achievement Rating determined.

Ayaskam since its inception in 1993 has been working in the area of health and poverty in the Nuapada region. It is one of the most backward regions of the state, where corruptions problems and issues are highly rampant. The organization through the CAC programme has devised measures to address some of these existing corruption problems in health services very efficiently.

The project proposal is designed quiet satisfactory; however there are certain areas where there is room for improvement, like the framing of objectives and related activities, outputs etc., which are mentioned separately in section 1. It was felt that the project team is efficient and capable to understand the goals and objectives and carry forward the tasks of the project; however they still need to be regularly trained and oriented towards their roles and responsibilities in achieving the desired results.

Through the field visit and the reports, it can be gathered that though the project goal and objectives try to address health issues in a holistic manner, most of the activities on ground have been conducted with an emphasis on Reproductive and Child Health (RCH) and maternal health issues. There is a need to have a greater focus on other health issues like

² The degree to which the project achieved, or seems likely to achieve, all or most of its objectives and produced the outcomes projected in the logframe attached to the Project Proposal. The rating be based on, and consistent with, the detailed ratings in the Completion Assessment section.

hygiene and sanitation, TB, malaria, HIV/AIDS etc. so that the holistic approach to health as mentioned in the project goal is realized.

It was also felt that a lot of emphasis has been given in the project to the element of participation of local communities and organizing them into groups. Though these community groups have been developed in the form of CAC forums at the village and panchayat level, they still need to be strengthened and capacitated to be truly empowered. It was felt that though the CAC forums have started identifying corruption issues they have a long way to go in addressing them efficiently on their own. The organization needs to make efforts to empower these forums.

Another area of concern is the quality of documentation. Though the team is well aware of the project design and the ideology behind the project, it is not articulated effectively in the project proposal and the reports. Thus it can be said that the overall rating is 3 i.e. moderately satisfactory.

Completion Assessment³

1. Quality of the Project Design

a. Elaboration of the corruption problems to be addressed.	4
b. Clarity and relevance of the objectives to the corruption problem being addressed.	3
c. Proposed community empowerment activities	3
d. Coherence of Results Framework (Logframe)	3
e. Constructive engagement plan	3

Comments: (to support/explain rating and overall assessment)

- The corruption problems are stated too broadly in the proposal. They give a very general picture of the corruption problem, which can be true to any area. There is no specific data (save the CMR-87%) to support the statements made in the proposal regarding the poor health conditions for example, the present MMR, IMR, % of women receiving antenatal and post natal care, number of people suffering from diseases like TB, malaria etc.
- The objectives of the project are well formulated; however, they could have been more specific. For example, in objective one, where it is mentioned that corruption in public expenditure on health would be checked, it would have been much better to also mention the ways/methods in which it would be done. Objective two on the other

³ Ratings Scale: 1 = Highly Satisfactory or Likely; 2 = Satisfactory/Likely ; 3 = Moderately Satisfactory/Likely; 4 = Moderately unsatisfactory/Unlikely; 5 = Unsatisfactory/Unlikely; 6 = Highly Unsatisfactory/Unlikely; NA = Not Applicable

hand ‘Corruption free health services are availed, as mandated, under NRHM and made available to poor households of 10 Panchayats in the selected block’ is too ambitious and seems difficult to be achieved within the stipulated time of the project. A better idea would have been to mention some percentage here, say for example 40% -50% citizens within the project area would be able to achieve corruption free health services.

- The project proposal reflects that a lot of importance has been given to community sensitization and mobilization activities as compared to the ones that promote community empowerment. For example most of the activities talk about conducting training and capacity building programmes on corruption issues, participatory village health planning, monitoring of corruption in health services etc. but there is no mention of conducting such monitoring exercises or making village health plans in the activities section, that would truly empower the communities. Thus it can be said that the community empowerment activities are moderately satisfactory as they lack the element and focus on empowerment of the community through community action and involvement.
- There is a lot of incoherence in the activities and outputs in the results framework. For example, one of the outputs of the project is that village health plans in 64 villages are prepared; the activity corresponding to this particular output is ‘conducting training programmes of village activists on participatory village health planning’ and not ‘preparing village health plans’. In another instance, the output of conducting capacity building workshops of leaders and member CSOs/CBOs is the formation of Citizens Against Corruption Forum. Thus, there is lack of clarity and ambiguity in the formulation of the results framework. The activities, outputs and outcomes/results do not connect with each other in most of the places.
- The activities under constructive engagement are also moderately satisfactory. They only mention about creating alliances with government line departments and PRI members and that too not in a very clear manner. For example, ‘help the service providers to address the needs and demands of the community effectively’, ‘sharing of information about service delivery at community level’ etc. do not give a clear idea of how these would be pursued. The constructive engagement activities also lack the element of forging alliances and working together with other civil society groups and forums, which is an essential part of constructive engagement.

2. The Implementation Performance

a. Extent to which the planned project activities completed	2
b. Extent to which the planned outputs completed.	3
c. Community empowerment initiatives implemented	2
d. Constructive engagement during implementation	2

e. Focus on sustainability

3

Comments:

- The project activities have been more or less completed in a satisfactory manner. However one major activity i.e. interface workshop of CAC forum members and service providers could not be undertaken due to lack of availability of funds for the same.
- With respect to the accomplishment of planned outputs it can be said that though project activities were taken up by the team, they could not be completed as per the plan, therefore desired outputs could not be achieved satisfactorily. For example, 2 workshops for designing monitoring tools were planned whereas only 1 was conducted, 20 public hearings were planned whereas only 10 were held, 10 training programmes for CSO leaders on RTI were planned but only 9 were conducted, 1 rally was conducted as compared to the 6 that were initially planned (as per the targets mentioned in the project matrix). Also as per the annexures attached to the completion report (Annex. 2, planned and actual outputs), 62 village health plans were prepared against 64 that were targeted in the beginning of the project.

(NOTE: Data in annexure 1 (accomplishment of activities) and annexure 2 (planned and actual outputs) shows different numbers/figures, which is confusing. For instance, annexure 1 says that 1 rally was conducted, whereas annexure 2 says that 4 rallies were conducted.)

- It was felt that though the proposal lays more emphasis on sensitization, awareness generation and capacity building programmes and less on community action and empowerment, the fact is that a lot of community empowerment activities were actually implemented as a part of the project. Village level health plans were prepared in a participatory manner, citizens against corruption forums (Durnity Birodhi Manch) were formed at the village, panchayat and block level, impact assessment tools were developed and used by citizens in 20 villages and public hearings were also held.
- It can be said that the element of constructive engagement was quite satisfactorily incorporated in the implementation of the project. Irrespective of the fact that the interface meeting between the CAC forum members and service providers could not take place formally as per the project plan, it was seen that government officials of concerned departments and village level functionaries like Anganwadi workers, ANMs and ASHAs (Accredited Social Health Activists) were constantly involved in the execution of the project. On the other hand effective and cordial ties were also maintained with the media. A lot of articles and news related to corruption in health services have been highlighted through the constant efforts of the team. However, one area where the team needs to focus is strengthening alliances with other like minded

NGOs and participating in district and state level forums and platforms to increase their visibility and foster partnerships.

- As far as the focus on sustainability is concerned, it has to be emphasized upon and taken up more rigorously by the project team. Though the formation of CAC forums at different levels is a way of involving the community in the activities of the project, it is equally important to empower them to undertake anti-corruption initiatives. It was felt that more importance at this stage of the project was given to implementing project activities and completing targets as compared to laying stress on their sustainability, which is also very crucial.

3. The Results: (in the First year)

a. Accomplishments of the results specified in the logframe	2
b. Responsiveness of authorities to constructive engagement.	3
c. Effectiveness of community empowerment initiatives	3
d. Value added of peer learning activities and events.	2
e. Project contribution to CSO partner capacity to carry out anti-corruption work.	2
f. Prospects for sustainability of project activities	3

Comments: (Please briefly explain the ratings and any noteworthy aspects)

- Most of the results as specified in the logframe have been accomplished or are in the processing of being accomplished. The awareness of the community on corruption in health issues has increased considerably. Payment of service tax to doctors has decreased if not completely stopped. Gram Kalyan Samitis (GKS) have been formed in all the project villages which actively participated in the making of the village health plans. Countersigning of Janani Suraksha Yojana (JSY) forms by the health worker and the medical officer for ensuring the allocation of Rs.1400 under the scheme to respective women has also started and being followed in most cases, where earlier officials were taking bribe to the extent of Rs. 400-500.
- The responsiveness of authorities to constructive engagement can be said to be moderately satisfactory as in the beginning of the project they were not very supportive and felt threatened by the project. The doctors even tried to influence political leaders and local elite against the project activities like social audits and public hearings. However, through the regular efforts of the organization, they were sensitized and have started to cooperate.
- With regard to the effectiveness of community empowerment activities, it can be said that a lot needs to be done to truly empower the communities. As mentioned earlier,

though community mobilization and awareness generation activities have happened and CAC forums have also been formed along with Self Help Groups etc., they necessarily do not imply that the community is getting empowered. The strength of the community and their level of empowerment can be gauged through the efforts they take individually and the difference that they have been able to bring about in the corruption scenario. In this case, it was felt that most of the activities and initiatives have been taken up by the organization and the community has merely participated in them rather than initiating them on their own.

- The prospects of sustainability of project activities is moderately satisfactory, as they still have to be focused towards sustainability. As mentioned in the proposal, the community organizations developed by the project like CAC forums, SHGs etc. have to be financially sustainable along with their being empowered socially. At present expenses incurred on commuting and staging dharnas, rallies etc. are contributed by the community, but they still do not have a fund of their own. Though they contribute and are able to raise financial, this is not done in a formal or organized manner, which is important for them. Also it was observed that the community as well as the community based organizations are still not capacitated enough to take ownership of the project activities and processes. Therefore, Substantial and concrete efforts need to be put in to ensure that the community is capable of identifying and addressing corruption issues. This can be done by encouraging and facilitating the members of the CAC forum, SHGs and other active community members to take a leading role in community development activities like conducting monitoring exercises, public hearings, surveys etc.

4. Impact of the project on reduction in corruption

One of the most significant impacts of the project is the enhanced level of awareness among the community regarding corruption issues in health services and the means to address them. The CAC forums formed at the village and panchayat levels consisting members of the local community also reflect that the community is prepared to take up corruption issues collectively.

As compared to the status of health services before the initiation of the project, it can be said that it has improved a lot. The project was successful in bringing about certain changes in the lives of the communities and has the potential to exhibit positive impacts in the times to come. The ASHAs, ANMs and Anganwadi workers have now been appointed in almost all the villages covered under the project, which was not the case initially. Benefits of JSY are being availed by women as they are better aware of the provisions of the scheme and the doctors have also been sensitized and mobilized under the project.

The response and attitude of service providers is also changing gradually, most of them have stopped taking service tax from the patients and started giving medicines free of cost in the community health centre and government hospitals. It can be said that though

the situation has improved, it will take some time to completely change the present scenario.

5. PAC-PTF Advice (Please consult CSO Partner)

- a. Value added of PTF technical advice
- b. Value added of PAC technical advice

Comments: *(In your comments please include Strong and weakest points of PTF-PAC interventions and suggestions for improvement)*

The organization has taken care in incorporating the feedback and suggestions given by PTF and PAC in the proposal as well as during the course of the implementation of the project. The feedback given after the peer review exercise was also thought of and deliberated within the team so that the project can be improvised further. The team felt that such exercises and initiatives are very useful for the successful implementation of the project.

- **Strong Point:**

The strong point of the intervention is that feedback given in the beginning of the project on the proposal and the system of peer review, which gives an opportunity to the project team to understand the gaps in their project and also get an insight on how other partners are implementing the CAC projects.

- **Weak Point:**

According to the team members, one of the weak points of the partnership is the lack of regular feedback and support from PAC and PTF. They also mentioned that at times there is a lot of delay in receiving information and comments from them, which hampers the project implementation cycle. Many a times there is confusion and delay in sending fund related/financial documents as well.

- **Suggestions for Improvement:**

It was felt that more technical support from PAC and PTF is required to strengthen the project as well as the NGO partner, especially in terms of documentation and capacity building. There is a need for organizing training programmes for the staff to develop and strengthen human resources for the project.

The team felt that as Ayauskam is the only organization working on health issues in the state from among the CAC partners, they should be given an exposure to such organizations that are working on such issues from the same perspective of anti-corruption so that there are greater opportunities of mutual learning and sharing.

The organization should try to strengthen their partnership and ties with other organizations/networks in the state who are working on health issues so that they have a

greater say and visibility to negotiate with govt. authorities and influence policies in a collective manner.