***CAC South Asia – Ayauskam Project***

 ***Review of Completion Report***

**Key Project Data (From Completion report)**

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| ***Title of Project*** | Checking corruption of Health Sector in 10 Panchayats of Khariar Under Nuapada District of Orissa |
| ***Project Code*** |  | ***Project Location*** | Khariar block in Nuapada district in Orissa state in India.  |
| ***Corruption Problem being addressed*** | Corruption in implementation of public health services at local government level |
| ***Project Objectives*** |
| ***Original Per the Project proposal*** | ***Status of Achievement (PTF Assessment)***  |
| 1: Corruption in public expenditures on health in Khariar block will be checked. 2: Corruption-free Health Services are availed, as mandated, under NRHM and made available to poor households of 10 Panchayats in the selected block. |  Good progress seems to have been made judging from the outcomes noted below. In absence of end of project survey it is hard t judge extent to which the incidence/experiences of corruption were reduced.  |
|  | ***Planned*** | ***Actual*** |
| ***Implementation period*** | 15 June 2009- 30 June 2010 | 15 June 2010 --? |
| ***Total Budget*** | Rs.946,300  | Rs. 700,747 as of 30 June 2010 |
| ***PTF Contribution***  | $21,000 | $15,572 (as of 30 June 2010) |
| **Results (Outcomes)**  |
| **Expected Outcomes per the Logframe** | **Actual Outcomes Per the Completion Report** |
| 1. Trained Members of village level CSOs / CBOs and CAC Forums in 64 villages took active role against corruption.
2. The local and state level media reported about the health situations and corruption issues.
3. Problems of people on health matters analyzed and immediately addressed in a non-corrupt manner. Service Providers responded to the needs of the people positively and in a non-corrupt manner.
 | 1. As a result of 62 Durnity Borodhy Manch (citizens against corruption forum), with over 500 trained members, formed in first year of the project service providers are reported to have stopped charging corruption tax saving Rs 3,000 per year per household (means of verification?) For example: a check of Rs. 1400 was immediately handed over to the mothers (how many? ) after delivery of baby without payment of bribe ; medicines (worth Rs?) were freely distributed; payment off service tax was reduced by 50% (how do you know? means of verification?). According to the baseline survey 90% of the people surveyed in project area were paying ‘service tax’ to the doctors and other service providers (any end of project survey to assess change?)
2. People participation in planning and delivery of public health services increased significantly as a result of project. At start of project (baseline) the required Gram Kalyan Samities (community based organizations for participatory planning) had not been formed in 60% of the villages and where the GKS existed the participation of people was limited to 3-4 persons only. As a result of project the GKS formed in all 64 villages covering 12,394 households and GKS meetings were attended by most villagers. The resulting outcomes are: (i) service providers are visiting villages more often and providing more quality and quantities of services; and (ii) problems and issues in service delivery are being discussed in 10 Panchayat level public hearings and being solved in a cooperative manner.
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**Completion Assessment[[1]](#footnote-1)**

1. ***The Implementation Performance***

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| **3** |

* 1. Extent to which the planned project activities and outputs

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| **5** |

 were completed.

* 1. Adequacy of financial reporting.[[2]](#footnote-2)

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| **5** |

* 1. Adequacy of documentation posted[[3]](#footnote-3)

on the website.

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| **3** |

* 1. Constructive engagement during implementation
	2. Community Empowerment activities **[2]**
	3. Focus on sustainability **[4]**

	***Comments and suggestions for improvement***

#All planned activities and outputs were completed except for Activity 1.C Interface Workshops of CAC forum members and service providers. No explanation is provided. The project is not yet completed so this may yet be done.

# The documentation received did not include Audit report of Ayauskam 2010 accounts as well as the certified accounts for the PTF grant to cover period until at lea tune 30,2010. These are needed for review and before the third tranche can be released. Please send a PDF copy of the audit report and certified accounts.

# The Ayaskum website (<http://ayauskam.org/Home.aspx>) has no mention of the project.
# Good dialogue with service providers happening but there is also retaliation by corrupt officials who feel threatened.

# Sustainability will depend upon the interest and activism of community based organizations. They will need support. It is not clear how these will be assured once the project funding stops.

1. ***The Results*:**

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* 1. Accomplishments of the results specified in the logframe

and/or project proposal.

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| **4** |

* 1. Quantified and demonstrable results

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| **5** |

* 1. Robustness of the evidence for the results narrated in

the completion reports.

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| **3** |

* 1. Responsiveness of authorities to constructive engagement.

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| **3** |

* 1. Value added of peer learning activities and events.

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| **3** |

* 1. Project contribution to CSO partner capacity to carry out

 anti-corruption work.

***Comments and suggestions for improvement.***

# The project proposal had an excellent discussion of corruption issues being observed in the delivery of public health services (see pages 1-3) and results to be expected in terms of curbing corruption (see results under the Activity 1 .C under para 11 of the proposal). Unfortunately Activity 1.C has not been completed. Yet the project completion report is asserting a number of significant achievements in term of reduction in corruption and improvement in service delivery. The description of these results and the information sources they are based upon needs to be improved significantly to be convincing.

 # The logframe and results framework in the proposal had 3 project impact outcomes with the following verifiable indicators:

1. At least 80% reduction in diversion of essential drugs allocated for free distribution to the poor in Khariar block but currently not reaching them. (out of the total available drugs in the block)

2. At least 2 types of effective actions will be taken by the Health Services department to ensure corruption free services in Janani Surakshya Yojana (JSY) in all the project villages.

1. Department will ensure countersigning by the health worker and the medical officer in the JSY form after institutional delivery to enable the beneficiary to receive the financial support of Rs.1400/- immediately after the delivery.
2. The department will enforce coverage of home delivery (child birth at home) by Skilled Birth Attendant (SAB) in at least 50 percent of the cases.

3. The corruption vulnerabilities in the health services scheme are mapped and reforms advocated by the Citizens coalition at least in the following two spheres.

 1) Distribution system of DOTs for Control of T.B.

 2) Effective Participation of local villager in village health planning.

The completion report provides good data (how this data has been collected is not clear so it is hard to assess the rigor) on accomplishments for indicators 2 and 3. Clear data on indicator number 1 is needed. In view of these, this aspect is currently rated at 3 or Moderately Satisfactory. It is recommended that the narrative on results be expanded with the results and sources of data and how it was collected.

# It should be possible to find out (using RTI) how much public expenditures for free drugs and payment of institutional delivery was allocated and spent in the Nuapada blocks in 2009 and/or 2010 and what % (range) is estimated to be lost due to corruption. At baseline and at end of project’s first year. It would make a powerful results framework if Ayauskam could estimate the public expenditure savings due project activities aimed at: reduced paying of bribes.

1. **Summary of Assessment.**

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* 1. **Overall Achievement Rating[[4]](#footnote-4)**

* 1. **Commentary on Overall Assessment.**

The above cited accomplishments led us to the conclusion that the overall achievement rating is Moderately Satisfactory (3). However, weaknesses in disclosure of information, financial reporting and the measurement of results in the Completion Report are preventing a higher rating. Upon receipt of further information PTF is ready to review its ratings and overall project assessment and make changes as warranted.

1. **Next Steps:**
	1. **Please revise the Completion Report.** According to PTF policies the completion reports are made public by posting them on PTF website ([www.PTFund.org](http://www.PTFund.org)) and PTF organizes an independent assessment.

We recommend that Ayauskam revise the completion report to improve presentation of results (suggestions for this are noted above) and eliminate duplication of information. The process and results of the impact monitoring being done by Ayauskam may be described in greater details. Ayauskam is also encouraged to make other revisions that they consider useful before the report becomes public and is subjected to independent assessment. The third tranche will be released after receipt of the revised completion report that is ready for publication and the audit report of 2010 and certified accounts of the grant for period ending June 30, 2010.

* 1. Please advise status of Credibility Alliance accreditation; this must be completed before approval of Phase 2 funding.
	2. **Please provide a logframe that shows the Phase 1 targets, actuals and Phase 2 targets for outcomes, outputs and inputs.** At the moment PTF view for Phase 2 funding is ‘Moderately Favorable’ given the excellent commitment shown by Ayauskam team, community empowerment accomplishment and results in Phase 1. However, a logframe (results framework) for Phase 2 is not attached to the Concept Note. After receipt of this we will be able to provide our view on funding Phase 2.
	3. We have two suggestions as you conceptualize Phase 2.

		1. We note from the concept note that the Phase 2 project will make difference in delivery of corruption free services to the citizens in the following areas:
			+ Availability of free medicines from government supply.
			+ Corruption free services in institutional delivery
			+ Anti-Natal Care (ANC) and Post-Natal Care Life Saving Drugs will be made available to the people.
			+ Blood testing for malaria will be done in time followed by supply of required drugs through ASHA and ANMs.
			+ All the eligible children and women will be registered in the Angan Wadi centres and get full quota of their supplementary food.
			+ Referral services for undernourished / chronic patients will be available for all eligible children / women.

The above mixes service delivery objectives (bullets numbers 1, an 3to 6) and reduction/elimination of corruption in delivery of these services (bullet number 2). It seems to us that prior to the project these services were either not being delivered or being delivered only upon payment of bribes. Data on both these aspects was, hopefully, collected during the baseline survey in Phase 1 and end of Phase I survey. The Completion report and the results framework for Phase 2. The results framework for Phase 2 should provide specific data on the extent and amount of bribes paid to obtain delivery of services (bullets 1 and 3-6) before the project was started, the reduction in the bribes as a results of Phase 1 and the targeted reduction due to Phase 2. At the moment the Concept Note provides specific information only on service delivery improvements. This is welcome but we would also like to see a sharper focus on reduction in corruption given the focus on the CAC program.

(ii) It is noted that the public health schemes usually contain a number of measure to prevent, detect and sanction corruption/abuse. Obviously these measures are not fully effective in curbing corruption in Nuapada block. In this context, we would like the Phase 2 to include an analysis of what are these measures and what is their implementation effectiveness in the project area and what changes in policies and procedures may be helpful to improve implementation of public health schemes statewide. Based on this analysis, the Phase 2 should aim to recommend policy and procedural changes that can be advocated at the state and policy level policymakers.

* 1. **Independent Assessment.**, PTF is intending to organize an independent assessment to be carried in October/November 2010 subject to PAC and Ayauskam. Further details will follow.

1. Ratings Scale: **1 = Highly Satisfactory/Likely; 2 = Satisfactory/Likely ; 3 = Moderately Satisfactory/Likely; 4 = Moderately unsatisfactory/Unlikely; 5 = Unsatisfactory/Unlikely; 6 = Highly Unsatisfactory/Unlikely; NA = Not Applicable** [↑](#footnote-ref-1)
2. The Grant agreements require that the accounts of project related expenditures be audited and certified as true and accurate by the Auditor of the CSO. [↑](#footnote-ref-2)
3. The PTF Grant Agreement stipulates that the Grant Applicant will “post the Grant Agreement, the Project Proposal, the final Project report, and statement of expenditures on its website and/or the PTF website”. [↑](#footnote-ref-3)
4. The degree to which the project achieved, or seems likely to achieve, all or most of its objectives. [↑](#footnote-ref-4)