



Improving Public Health Service Delivery: Citizen Monitoring in Nepal

CSO:	SAMUHIK ABHIYAN (SA)
Years:	2010-2011
Country:	Nuwakot District, Nepal
Amount:	\$18,348 USD
Sector:	Controlling Corruption in Delivery of Social Services: Health

Corruption Problem:	Public health service providers deliver poor service or no service to entitled citizens
Tools employed:	Citizen Monitoring, RTI, CRC, Survey, Capacity Building Constructive Engagement

Poor service delivery or no service delivery at all in the area of public health have led a local CSO, SAMUHIK ABHIYAN (SA), to increase citizen awareness and participation in one municipality and two Village Development Committees (VDCs) in the Nuwakot District in Nepal. SA conducted surveys, mobilized the community and installed Corruption Monitoring Committees (CMCs) to increase transparency and hold authorities accountable. Through its actions, SA has successfully implemented the “Combating Corruption through Citizen Participation” project and is currently building on that success conducting a second phase with the objective to further institutionalize citizen oversight, ensuring that the existing government policies and regulations are implemented effectively.

Corruption Problem Addressed

Access to health and the quality of services delivered by hospitals, health posts and health sub-posts have been identified as serious impediments to human development in many parts of Nepal. Major problems include wide-spread malpractices and theft in the distribution of free medicines, causing shortages, and poor human resource management resulting in the absence of health workers and staff. Others include corruption in the delivery and distribution of travel allowances to

expecting mothers, and a lack of development in health infrastructure, including the unavailability and poor maintenance of medical equipment. Furthermore, administrators of public health services frequently re-route citizens to avail of private healthcare services.

Actions Taken by SA

At the outset of the project’s first phase, SA organized a program to orient political leaders, media, civil society, and government departments to secure buy-in and ensure commitment to the project’s objectives. Following this coalition-building exercise, SA conducted a base line survey with a sample of 625 respondents within the target community to identify the type of corruption observed and the resulting problems.

The survey revealed important information and documented that most citizens were not aware of their right to entitlements in public health services. Knowledge about the provisions for the distribution of free medicines as well as other incentives to avail of health services provided and paid for by the government had not reached the target populations. Local authorities had financial incentives to keep the citizenry uninformed as they were able to augment their income. The evaluation furthermore documented that the quality of health care services provided was poor. As a result,



seventy-five percent of the respondents had been using private providers instead of public health facilities. SA facilitated the installation and training of CMCs and organized a meeting to discuss the survey results. SA furthermore developed materials for information, education and communication and kept a discussion alive, coordinating and communicating with stakeholders on a constant basis.

In collaboration with the CMCs, SA also conducted Right-to-Information (RTI) Act trainings, and provided citizens with the tools to demand greater accountability. These activities were bolstered through another awareness campaign and involved citizens as well as district community organizations.



Information Desk established in the district hospital

The district hospital as well as other health posts agreed to display citizen charters in appropriate places and the CMCs set out to monitor actual service delivery.

Impact and Results Achieved

In its evaluation, SA observed the following results:

- Hospital intake has increased from about 40-50 patients/day to about 60-70 patients/day. The attendance rate in sub health posts has

increased from 5-10 patients/day to 15-20 patients/day.

- CMCs are now monitoring health service delivery and file complaints in cases of suspected corruption. The same CMCs have started monitoring government service delivery beyond health. Instances of corruption in health services are mapped and reforms advocated by citizen coalitions.
- CMCs filed ten corruption-related RTI applications; five were successfully addressed. The remaining five cases were submitted to the appropriate authorities.
- Most service units are considered to be working in a corruption-free manner.
- A significantly larger number of poor and old patients receive their prescribed medicines for free. The stock of medicine is maintained as per government regulation.
- Due to the Citizen Charters placed, citizens have greater access to information and were empowered to request services based on the information provided. If they do not receive the advertised services they now inform the CMCs.
- Community interest has increased significantly. Citizen Coalitions have started to contribute time and effort to advocating and lobbying for better management practices in their respective community health posts.
- The project has attracted media coverage from district to national level in a variety of outlets.

Documentation

Project completion reports (PCRs) and Project completion assessments (PCAs) can be accessed at www.ptfund.org under the “Where-we-work” tab.

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