

Annual Report 2010 -2011

ORGANIZATION OVERVIEW:

IDPMS has continued various initiatives started during 2009-2010. During this year also IDPMS received support from National and International organizations for its Governance projects under DARPANA. This year works' focus was to deepen its understanding of the nuances of working of local primary health care providers, drinking water supply to urban local bodies and develop communication and contacts with important critical stakeholders inside the State Government. Substantial amount of energy and time was spent on networking with National and International advocacy agencies and conceiving innovative ways of involving community in advocacy works.

Apart from this IDPMS under project 'Aarambh' started consolidating the rural artisan cluster work. Similarly efforts were made to strengthen the MANINI women cooperative institutions.

Both the drug stock out and absenteeism reports were edited and printing of the reports is under progress. Logos were designed for different divisions viz: Darpana, Aarambh, MANINI and BELAKU.

A couple of Government supported projects were added during the year.

IDPMS continued its efforts to upscale some of the social enterprise projects contemplated and initiated last year.

Another area which got attention this year was documentation and communication. The website of IDPMS was redesigned. Advocacy and policy briefs were designed and printed. A set of additional cartoons were prepared for advocacy.

A. GOVERNANCE –PROJECT DARPANA

Transparency and Accountability:

1. DRUG PROCUREMENT AND STOCK OUT AT PRIMARY HEALTH CARE CENTERS.

In the last three years, IDPMS conducted couple field research studies on tracking of public expenditure in health sector and its impact on delivery of health services. Besides bringing out very interesting issues for discussions, it also helped IDPMS in strengthening its research skills. It is not enough that studies are done and shared among scholars, it is also important to initiate advocacy activities based on the evidences. As part of this initiative, IDPMS chose four primary

health care centres in two districts and conducted field study. Besides IDPMS did tracking of health expenditure especially on drugs. The results of the previous drug stock out study and the current drug stock out study are used for advocacy works. The present study brought out the following issues:

- The health budget data analysis has shown that the situation has not changed. The share of Health sector to state's spending remained at 3 to 4% only over the years. The average spending on yearly basis comes to around 3.8 % in nominal terms. The simple average per capita spending on Medical & Public Health is about Rs 244 over five year period.
- It is seen that the share of Drugs & Chemicals [in value terms] to total expenditure [inclusive of plan & non-plan] on Medical & Public health is about 8.5 to about 11 % over a period of five years with an average share of 9.1 % annually. The annual average growth rate of fund allocation for Drugs & Chemicals is almost stagnant at nominal terms. The average per capita expenditure on Drugs and chemicals is Rs 22.00 for the above period. This includes both plan and non-plan expenditure.
- For detailed study, two districts namely Bellary and Gadag are selected. Further from each district, two PHCs are further selected. They are Moka and Korlagundi from Bellary and Lakkundi and Kurthkoti from Gadag. In-patient and out-patient data [for three years], the stock details of the available drugs [a time series data for three years] and data pertaining to the inter-borrowings from other PHCs [in case of any shortage of drugs] from selected sample PHCs under the study were collected and analyzed.

Main Findings regarding medicines from Sampled PHCs are as follows-

- It was found from the analysis that stock out period is less than a month, and patients not receiving the drugs ranges between 10-12%. However, when we probed with medical officers, the scenario is little different. Given the fixed amount of one lakh rupee allocation for drugs for each PHC, medical officers indent for low value, essential drugs such that those drugs lasts for longer time.
- Under prescription is commonly practiced to minimize the stock out period. Even though, there is a demand for some of the high value essential drugs like nebulization solutions, pediatric drops, catgut [suturing in tubectomy purpose], haemtonic syrum, doctors do not indent them as they get less quantity of medicines and there will not be money for low value, frequently used drugs. In such cases, the doctor is compelled to ask the patients to buy them from private drug stores.

- With the current accounting of drugs method, we could only find out the inflow and outflow of the medicines every month. However, data regarding the number of patients with particular ailment(s) and medicines supplied are not available. In such scenario, the true picture of the type of medicines which are in short supply cannot be found as against the demand.
- Under present system as explained by the pharmacists from both the sample PHCs, the availability of drugs is mostly enquired orally with the drug ware house -- through telephone [hardly there is any written correspondence]. Although, the inward/outward transaction would provide the details of received drugs from the warehouses, this method of knowing the status of drugs would not enable us to really identify the drug stock out period because of the fact that it do not record the real demand for a particular drug at the PHC.
- No procedure of maintaining the closing and opening balance of the stock [year on Year] at the PHC level. Although, this has not affected the functioning of the PHC in its day-to-day activity, yet this would be very important from the point of accountability.
- Presently a typical PHC receives drugs not only from State – which is supplied through State Drug ware house society but also SEPARATELY from other various centrally sponsored programme such as RCH, KIT-A, KIT-B etc. Apart from these, a PHC would receive drug from Taluk Health Office (THO). It should be noted here that RCH – which is a NRHM programme, KIT-A and KIT-B are channelized through District Health Office. Hence, there is a requirement of accounting system but also a single window clearance – in a sense all the drugs supplied to PHCs from various sources should be channelized from one window – it could be the district ware house.

2. URBAN DRINKING WATER SUPPLY IN KARNATAKA

CBPS has outsourced a study looking at the overall budget of the Government of Karnataka for urban drinking water supply sector in the last decade and at the drinking water supply situation at two ULBs namely Belgaum City Corporation a fairly developed city and Gadag City Municipality which is backward and having serious drinking water problem. The study has focused on allocation of budget by the State Government, transfer of funds to the two ULBs, operation and maintenance of the water supply system and feasibility of full cost recovery and recovery of operation and maintenance expenditure. In order to understand the perceptions of the citizens, a customer satisfaction survey was also conducted. Focused Group and individual discussions were held with main stakeholders like the elected representatives and senior officials of the ULBs, senior executives of KUWS&D and also with the tank water suppliers and residents of the two ULBs.

The main findings of the study are-

- During the period 1999-2010, expenditure on urban drinking water supply increased from 14% to 47%. The State Government allocates funds for capital expenditures and all the expenditures are under plan schemes.
- The study has shown that barring for a couple of years, in the last decade; the actual expenditure is more than the allocation. This is due to the fact that KUWS&DB receives the capital grants directly and being a statutory board, can hold the fund and take up the works on an ongoing basis. Actual expenditure incurred by KUWS&DB is taken as the expenditure made under the budget head of the State Government (2215). The increase in expenditure in nominal terms is 11.65% while in real terms it is 7.26%.
- There has been no rationale developed for allocation of budget for urban drinking water supply schemes. The ULBs do not have a role in preparation of budget. The State Urban Drinking Water Policy has not come out with any specific estimates. According to KUWS&DB, ULBs having population up to 100,000 are supplied water at 72 lpcd which is below the norm of 135 lpcd. KUWS&DB has made an ambitious estimate of 4800 crores. The details are not available. During the period 1999-2010, expenditure on urban drinking water supply has not crossed even 1% of the total State expenditure (0.32%-0.34%).
- Both the ULBs have not received any capital expenditure during the last five years. Belgaum CC received funds from a World Bank Assisted Project of supplying drinking water to three CC in northern Karnataka which is popularly known as 24X7 scheme. Under this fund, Priority investment was done to improve the storage capacity, water treatment plants and installation of valves and replacement of old distribution lines.
- Bulk of the revenue receipt is from the grants received from the State Government. Bulk of this was towards salaries and allowances.
- Per capita tax collection in both the ULBs is below the State average, there is no State average worked for water charges collection. The financial status of both the ULBs is not on sound base and there is scope to improve collection of property tax and water charge. The State Government is the major contributor for the two ULBs. There are no qualitative indicators worked out by the DMA to measure transparency and accountability; quantitative indicators are worked out by DMA to measure financial performance of ULBs.
- Power charges for the both ULBs are reimbursed by the State Government. Power charges in Belgaum constitute more than 60% of the O&M where as in Gadag this is within the national average worked out by CPHEEO.

- In respect of collection of water charges per household Gadag CMC has performed better (Rs.890) as compared to Belgaum (Rs.860). In case of recovery of O&M cost Gadag has performed better when compared to Belgaum (20% and 62% respectively)

Perception of the Community

- All the households in demo zone of Belgaum have water connection. In Gadag, 68.6% of households have piped water connection from the CMC. Around 38.83% of the households from the slum area have connection and remaining 61.17% depend on public bore wells or other sources. 14.25% of the households have own open wells in Belgaum.
- As expected all the households in demo zone get water supply throughout the day. Most of the households in Gadag get water supply once a week and in summer it is once in 10 days. Residents in Gadag use multiple sources of water for different usage Viz. Due to uncertainty and irregular supply, all the residents in Gadag store water for the duration ranging from 7 to 15 days. Most of the residents (99%) from Belgaum of non demo zone water varying from 1-4 days and households from demo zone for 1-2 days.
- Payment of water charge in Gadag is 81% and in non demo zone of Belgaum it is 43%. All the households pay water charges in demo zone. Most of the households in both the ULBs are willing to pay water charges based on usage provided they are assured of satisfactory supply of water. Drinking water issue is high on the priority in both the ULBs(Gadag-79% and Belgaum-65%). This is followed by sanitation and roads and transports.
- Households have attributed bursting of pipes (81%), scarcity of water at the source (79%) as the two major reasons for interruptions in water supply in Gadag. There is a general apathy with regard to grievance redressal in Gadag. About 42% of them in Gadag have felt, even if they complain, that will not be resolved. In Belgaum 60% households of demo and non demo zones put together have felt they do not have water problem or they have their own sources.

3. EVIDENCED BASD ADVOCACY

It is just not enough to do field research on social sectors like health, education but also use the field evidences created for making advocacy efforts. Based on the outcomes of several studies focusing on transparency and accountability in budgeting and its outcome in the health sector, IDPMS initiated during the current year several advocacy initiatives.

Communication and contact with policy makers.

At the state level, both the absenteeism and drug stock out studies have been formally submitted to the Health Secretary and Health Commissioner. Discussions were held with

Commissioner on the outcome of the absenteeism study. He agreed with the findings of the study. We are in the process of establishing a working relationship with KSHRC to study and analyse further the drug procurement and supply system. We were informed by the Director of KSHRC that Health Secretary has asked them to give their views on our studies and come up with suitable actions to overcome the deficiencies brought out by the reports

Communication and contact with Civil Society Organisations:

The reports have been shared with NGOs working and networking on health issues. As most of them work on broader health issues which many a times are not based on evidences, they themselves need orientation. They are yet to come out with their strategy for evidenced based advocacy.

The Centre for Policy Research a unit of Indian Institute of Management Bangalore, an internationally reputed Management school, has been working on health policy issues with the state government. They have found both the reports of IDPMS on absenteeism and drug stock out interesting and have promised to use the material in their interactions with the State Government.

Similarly Centre for Budget and Policy Studies has utilized the outcome of the absenteeism study for their work with the Karnataka Expenditure Reforms Commission.

Communication and net working with NGOs

At the community level, working relationship with Janarogya Andolana, Family Planning Association of India and local Health NGOs network for advocacy

ICT application for advocacy:

Efforts initiated last year have been further intensified. Contacts with technical support organizations have been established. Lot of efforts are being put at international level for using ICT for monitoring absenteeism, drug supply and other services.

Crowd Sourcing:

IDPMS is contemplating to use Crowd Sourcing technology for better involvement of community. This concept emerged from our belief and understanding that advocacy message generated and disseminated by the citizen themselves will have more credibility and appeal than the utilization of this information by the CSOs for advocacy and policy influence. Though, CSOs functioning as spokespersons for the citizens is the prevalent and accepted model, dependency is created for the community to approach CSOs for any advocacy work time and again. On the other hand well trained community leaders if can handle information through the use of ICT, this will have far reaching effect. This model if successful can be used for other public service delivery programmes.

In this regard, R4D was kind enough to arrange a visit of Ms Indira Shandilya a consultant for the current partners of R4D and discuss the possibilities of working out a long term advocacy strategy. Discussions were made on using hand held systems for collection and broad casting data by the users of PHCs regarding various productivity and accountability indicators viz: absenteeism, drug stock out, waiting time of patients, patient examination time, functioning of laboratory, water and power systems etc. Similarly IDPMS initiated discussions with Capacity Plus of USA. Efforts are on to get technology from them. This may materialize by early 2012.

To conclude, IDPMS has just not moved in the stated direction but while doing so, has strived to explore alternate paths.

B.LIVELIHOOD PROGRAMMES

1.MANINI

Mahila Nirantara Nidhi-MANINI is a community based micro finance programme promoted by IDPMS. At present MANINI is promoted in two districts of Karnataka namely Bellary and Gadag. Through this programme, women are trained to run the MANINI cooperatives. They are taught about the rules and regulations as per Karnataka Souharda Act and also maintenance of accounts. Women started one MANINI Cooperative at Kottur in Bellary district and one at Bellatti (Laxmeswar) in Gadag district. The MANINI at Kottur (Bellary) successfully completed 3 years and Board members are in a position to handle operations independently. At this stage, they need IDPMS support in mobilizing funds from other financial institutions. Due to unfavorable climate in the micro finance sector banks are skeptical to advance loans.

While the MANINI at Bellatti (Gadag) has stepped into fourth year of operation MANINI has not progressed much due to lack of leadership initiatives among the community.

Progress made so far by the two cooperatives is given below.

Sl. No		BELLATTI- GADAG			KOTTUR- BELLARY		
		2009-10	2010-11	2011-12	2009-10	2010-11	2011-12
1	Membership	647	584	534	466	680	709
2	Share Capital	1,43,885	1,31,300	1,21,580	1,34,800	1,36,000	1,41,800
3	Savings and deposits	91,220	79,295	85,845	2,03,903	7,63,739	15,58,636
4	Advances	3,75,894	2,76,821	1,83,083	3,55,415	9,05,672	16,75,172
5	Surplus	9,206	21,626	16,288	19,322	9,313	31,152
6	Bank Balance	67,490	52,383	2,726	2,610	17,837	94,957

Consolidation of the SHGs is in progress. SHGs are grouped depending upon their livelihood activities and organizational, technical and marketing interventions are planned. They have been successfully accessing loans from banks and loans are repaid regularly. There is enough

scope for providing managerial interventions to groups such as arecanut processing and jiggery manufacturing.

2. CLUSTER DEVELOPMENT PROGRAMME

Under the '*aarambh*' project IDPMS has established a rural artisan cluster. In order to revive the cluster and complete certain administrative procedures to formally complete the DCH project, a separate cluster manager is being recruited. During the current year, consolidation process has started. The artisan association has been motivated and they have a sense of ownership. They have plans to start a raw material bank and undergo training for operating the machines. Local Gram Panchayat has also promised to provide support. IDPMS has a vision of making the cluster self sustainable and to establish a producer company to have scale and size.

C. COMMUNITY BASED SOCIAL ENTERPRISES

1. Project BELAKU

Pilot project initiated in Bellary project for distribution of LED lights needs financial support for expansion and scale. Efforts to access funds are continued. This is a challenge generally faced by social enterprises.

2. Supply of fluoride free drinking water to rural community.

In the projects districts of IDPMS, community is not able to access clean and potable drinking water. Under ground water is contaminated with fluorine. People are suffering from fluorosis.

D GOVERNMENT SUPPORTED PROGRAMMES

1. Target intervention programme to bring awareness among community about HIV/AIDS.

IDPMS is awarded with a project on 'Composite Intervention Programme to reduce HIV/AIDS' from KSAPS, Government of Karnataka in Chamarajanagar district.. Chamarajanagar is classified as an "A" category district by NACO. The HIV prevalence from the 2007 surveillance data is 1.00%. The main objective of the intervention is to *reduce* the risk of transmission of HIV in female sex workers and men who have sex with men in the urban towns of Chamarajanagar district. This project is running successfully. Technical support and monitoring of the project is done by KASAPS. A project office has been established at Chamarajanagar.

2. Revival of tanks in rural areas for minor irrigation activities:

This is a consultancy project given by the minor irrigation department of the State Government. This project objective is to conduct baseline survey of farmers, formation of tank users committee and sensitization of the villagers, GP members. The consultancy assignment is in progress and is likely to be completed in a couple of months

E. MEETINGS & WORKSHOPS ATTENDED BY IDPMS STAFF

1. Internal Budget Partnership (IBP)

IBP has supported tracking of drug supply to PHCs and related advocacy strategies. It encourages exchange programmes and learning and experience sharing workshops. Staff of IDPMS attended two such workshops.

1. Mr. S. Sadananda and Ms. Sudha G. Bhat attended Third Partners Meeting at Siem Reap, Cambodia June 21 to 25, 2010
2. Mr. S. Sadananda and Ms. Sudha G. Bhat attended Advocacy workshop for IBP India Partners 8-13 November 2010, at Khandala organized by IBP

2. Board Meetings of Sakhi Samuday Kosh (SSK)

SSK is a Solapur based micro finance organisation promoted as a section 25 Company under the Companies Act, by Swayam Shikhan Prayog a Mumbai based NGO. Mr. Sadananda has been on the Board of SSK as a non executive director. He has attended couple of SSK Board meetings during 2010-11.

F. IDPMS TEAM

Two senior staff left during the year. Dr. Badami Raghavesh, who has been working for water Project outsourced by CBPS left IDPMS. Ms. Geetha D. K, who served the organization for more than 10 years, also left the organization.

Recruited Mr. Ravindra as cluster manager for reviving the natural fiber cluster at Kuderu, Chamarajanagara.

G. ACKNOWLEDGEMENTS

The Governing Council acknowledges the funding and technical support received from Results for Development, International Budget Partners for its Governance and Advocacy Projects. IDPMS wishes to acknowledge the technical and financial support received from Centre for Budget and Policy Studies for the Governance and Advocacy Projects. Besides CBPS has been inviting IDPMS for workshops and internal discussions conducted by them with regard to local budgets and governance issues. IDPMS wishes to place on record this collaborative effort which helps in institution building. IDPMS also acknowledges the support received from Government of Karnataka for KASAPS and Minor irrigation department.

H. WAY FORWARD

It is gratifying to say that IDPMS has consolidated the initiatives started during the previous year on addressing on issue concerning transparency and accountability especially in delivery of public services. IDPMS has gained experience and insights with regard to delivery of primary health services in rural parts of Karnataka. However, in order to influence the policy makers, it is necessary to use the field research outcomes as evidences and conduct appropriate advocacy activities. IDPMS during this year, developed contacts and established communication with policy makers and other stakeholders concerning delivery of health services. Besides, IDPMS

initiated discussions and started conceptualizing technological intervention for community participation in conducting local advocacy.

Another area of intervention which IDPMS has initiated during this year viz social enterprise for supply of drinking water in rural areas IDPMS intends to focus on this sector during the coming years.

In spite of unfavourable environment in fund mobilization, IDPMS has kept its momentum and intends to charter to newer areas and reorient itself to organizational challenges.