

PARTNERING TO MAKE BUDGETS WORK FOR THE PEOPLE

Initiatives for Development through Participation of Marginalized Sections (IDPMS) – India

In 1988 the civil society organization IDPMS was founded as the Indo-Dutch Project Management Society to work with local government bodies (*Panchayati Raj* institutions) on rural livelihood programs in the state of Karnataka. Based in Bangalore, the organization initially implemented programs financed by the Dutch government. In 1999 the Netherlands terminated its support, and IDPMS changed its name and restructured to focus on two key areas: developing services for the poor and conducting development-related research. In addition to its work on rural livelihoods, IDPMS focuses on public health, education, and drinking water and is involved in community-based activities and participatory action research. From 2005 to 2008 IDPMS undertook a pilot health insurance program for the poor in two rural districts of Karnataka. It also has worked to help poor communities create micro-finance cooperatives, three of which have been formed to date, and has developed strategies to link artisans to urban markets and supply chains. In the area of research, IDPMS has investigated the capacity of local governments to manage natural resources and provide safe drinking water and also has completed a Public Expenditure Tracking Survey (PETS) of primary health care delivery in rural Karnataka.

IDPMS Conducts PETS Study on Primary Health Centers in Karnataka

While many budget analysis studies have been carried out in India, they primarily focus on budgets at the macro level. These studies do not follow each step of the budget implementation process at the local level, which includes: the request for inputs; the consolidation of input requests at a higher level of government; the matching of quantities requested against budget grants; the purchase of inputs; verification of the quality and quantity of inputs received; reallocation of inputs when there is a gap between requested quantities and funds available; leakages in the flow of funds and inputs; and the misuse of funds. As a local organization working on health care issues at the community level, IDPMS decided to study these micro aspects of budget implementation and take the findings of the study to policymakers, local elected representatives, professional bodies of doctors and nurses, and other relevant stakeholders.

Since primary health centers (PHCs) are the first point of contact for rural people to access government health services, IDPMS decided to examine the adequacy of public health services against the demand. For its study, IDPMS conducted a



INDIA
Open Budget Index 2010
Overall Score: 67
Government provides significant information to the public on how it manages public resources.

Availability of budget documents critical for effective public input:	
Pre-Budget Statement	No
Executive's Budget Proposal	Yes
Citizens Budget	Yes
Enacted Budget	Yes
In-Year Reports	Yes
Mid-Year Review	Yes
Year-End Report	Yes
Audit Report	Yes
www.openbudgetindex.org	

Public Expenditure Tracking Survey (PETS) in 30 PHCs in two poor, rural districts of Karnataka. The study focused on three areas: 1) the flow of requests for funds and other inputs, and their fulfillment, from the *gram panchayat* (village government) and

taluk (subdistrict government) levels to the district level; 2) the gap between health services supply and demand, particularly essential medicines, and how this is met by the public and private sectors; and 3) the communities' perceptions of the provision of health services.

The study revealed a number of critical problems: doctors are not available 40 percent of the time at PHCs; there is a high vacancy rate for medical personnel, especially in positions for nurses (45 percent), pharmacists (62 percent), and lab technicians (24 percent); patients must purchase drugs from outside of the PHC 20 percent of the time even though they are entitled to get free medicines; stock-outs of drugs last up to 14 weeks; patients are prescribed drugs in quantities below the standard prescription size; the flow of funds for the purchase of drugs is circuitous; there are delays in the receipt of funds for drugs by the district government and in the procurement and delivery of drugs to PHCs; and PHCs do not conduct proper accounting. IDPMS shared these findings

with local government officials, the district chapter of the Indian Medical Association, and other local civil society organizations (CSOs).

During the course of its research, IDPMS discovered that policymakers, PHC users, communities, and even CSOs are not fully aware of these problems. Both communities and CSOs lack access to relevant information on health services, and they are not involved in monitoring the services and the service providers. Furthermore, local government bodies responsible for health services are not accountable to communities.

Based on the findings of the PETS study, IDPMS decided to look further into the problem of absenteeism among doctors and paramedical staff at PHCs in a separate study supported by Results for Development. IDPMS conducted this research in 30 PHCs (10 in each of three selected districts) in Karnataka. The goals of the research were to estimate the incidence of absenteeism among doctors

and paramedical staff, identify the causes of absenteeism, estimate the loss of resources due to absenteeism, and explore ways to reduce absenteeism. The study involved unannounced visits to the selected PHCs and interviews with the available staff. IDPMS also facilitated focus group discussions in selected PHCs with staff members, users, and *Arogya Raksha Samiti* members (PHC monitoring committees formed under the National Rural Health Mission). IDPMS also examined the records available at the PHCs, including attendance registers. Finally, IDPMS conducted one-on-one interviews with 158 out of 173 medical staff members of the 30 PHCs. In May 2010 IDPMS completed a draft report of their findings, with which they will conduct advocacy through meetings with state-level health officials, an advocacy forum with journalists, networking with district CSOs, a press conference, newspaper articles, a cartoon exhibition, and district-level workshops for elected representatives, district health networks, and members of PHC monitoring committees.

IDPMS' Participation in the Partnership Initiative

Based on the findings of IDPMS' pilot PETS studies, and with the support of the Partnership Initiative, IDPMS plans to study further the provision of essential medicines to PHCs, including the process of budgeting, procurement, distribution, allocation, release of funds to district governments, and the movement of drugs from local warehouses to PHCs and ultimately to patients. The organization will also look at the flow of funds (salaries) to medical personnel. Using the findings of this study, IDPMS will develop strategies for advocacy at the subdistrict, district, and state levels. The study will be conducted in four PHCs (two PHCs in each of two districts in Karnataka). IDPMS has already collected preliminary data on different drugs supplied to various PHCs in the two districts over the last three years and has obtained the state's Procurement and Tendering Guidelines.

Initiatives for Development through Participation of Marginalized Sections (IDPMS)

#440, 6th Cross, 7th Block Jayanagar West

Bangalore - 560082, India

Tel: +91 (80) 2676 3111 / Fax: +91 (80) 2676 3231

idpmsindia@gmail.com

International Budget Partnership

Cape Town • Mexico City • Mumbai • Washington, D.C.

info@internationalbudget.org

www.internationalbudget.org

The IBP's Partnership Initiative is a collaborative effort that seeks to enhance the impact of civil society budget work in selected countries of Africa, Asia, and Latin America. The initiative strives to contribute to the development of sustainable institutions; to increase public access to timely, reliable, and useful information; to enhance the effective participation of civil society in policy and budget processes; and to establish a platform of good practices on which future generations of civil society can build.