

Citizen Report Card+

CRC+

Facilitating Accountability and Reform in Governance



PUBLIC AFFAIRS CENTRE

Committed to good governance.

Citizen Report Card + CRC+

Facilitating Accountability and Reform in Governance

Application of CRC+ in police services and maternal health

Samuel Paul

K. Prabhakar

Meena Nair

Prarthana Rao

Poornima G R



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Public Affairs Centre (PAC) is a not for profit organization, established in 1994 that is dedicated to improving the quality of governance in India. The focus of PAC is primarily in areas where citizens and civil society organizations can play a proactive role in improving governance. In this regard, PAC undertakes and supports research, disseminates research findings, facilitates collective citizen action through awareness raising and capacity building activities, and provides advisory services to state and non-state agencies.

Public Affairs Centre

No. 15, KIADB Industrial Area
Jigani – Bommasandra Link Road
Bangalore 560105 India
Phone: +91 80 2783 99 18/19/20
Email: mail@pacindia.org
Web: pacindia.org

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Dr. Samuel Paul

Dr. Meena Nair

Dr. K. Prabhakar

Prarthana Rao

Poornima G.R

Abstract

Public Affairs Centre (PAC) is known for its flagship product, the Citizen Report Card (CRC). The CRC is a simple but powerful tool that gathers feedback from users of public services through systematic sample surveys on aspects of service quality that users know best. The findings enable users to demand better services and public agencies to identify strengths and weaknesses in their work. However the CRC does not facilitate an in-depth analysis into the gaps that exist in the process of implementing the scheme or services by the Government. This analysis is facilitated by the Citizen Report Card Plus (CRC+) which goes a step further by tracking the factors that cause the weaknesses/problems in implementation, which could be aberrations in either the flow of funds or the chain of functions. This comprises of two tracks of analysis - Selected Expenditure Tracking (SET) and Function Marker Analysis (FMA), using information that is with the government.

To test the applicability of this new tool PAC carried out two post study exercises – CRC+ with the consent/approval of the relevant government departments. The first study assessed the implementation and effectiveness of the Investigation Fund by the Karnataka State Police Department (KSPD). The second study assessed the quality of services in Maternity Homes in Bangalore as discrepancies were observed in the receipt and utilization of Madilu kits at the Maternity Homes run by the Bruhat Bengaluru Mahanagara Palike (BBMP or Greater Bangalore Municipal Corporation).

The study had the following objectives:

- Understand and track funds allocated and spent for implementation of the Investigation fund and Madilu kit scheme respectively
- Trace the chain of functions performed by various levels in the course of utilization of the Investigation Fund and procurement of Madilu kits and its distribution to beneficiaries as per government orders

- Identify points where there have been failures/delays in the implementation of the service

The Methodology of the studies involved collection and perusal and relevant documents such as government orders / circulars / guidelines to identify various points of funds and function flow, interviews with officials responsible at each of those points, observation of documents and recording of information, analysis and reporting.

The findings in the Investigation Fund case of the Karnataka State Police Department showed major gaps and inefficiencies in awareness and communication about the fund at different levels in the department. There was practically no training about the use and the procedure to be followed for claiming the Fund as well as no standardized procedure, causing irregularity in claim processing. This was further compounded by laxity in supervision by the superiors.

The study on the Madilu Kit case clearly showed that allocations were clearly not based on evidences such as number of deliveries, number of eligible mothers, etc. Random distribution of kits to the Maternity Homes was creating bottlenecks and hence the units ran out of stock with Madilu kits even though the purchase of kits seemed to be in surplus.

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1.0 Background

This report presents a conceptual framework for the application of Citizen Report Card+ towards real life government problems to assess the quality, adequacy and effectiveness of different public services and track any inefficiency in system implementation. Public Affairs Centre, in the early nineties pioneered the Citizen Report Card (CRC) which is a simple but powerful social accountability tool to provide public agencies with systematic and reliable feedback collected from users of public services on the quality, adequacy and effectiveness of public services. Armed with this data, CRC provides a rigorous and scientific basis, as well as proactive agenda for communities, civil society organization or local governments to engage in a dialogue with service providers to improve the delivery of public services.

The approach is structured and demanding in terms of organization, financial resources and technical skills. It involves rigorous surveys, structured questionnaires, a comprehensive view of services/programmes and processes to obtain unbiased data and critical analysis of collected data to identify and diagnose strengths and weaknesses. A further benefit is that the CRCs have an inherent ability to capture feedback on several services simultaneously.

CRCs have been tried and tested by a variety of organizations in different contexts and countries. What started as a civil society initiative has now been adopted also by governments and international development and donor agencies. In India, the state governments of Delhi, West Bengal, Karnataka, Punjab, and Bihar have undertaken CRC exercises¹. UNDP, World Bank, ADB, DFID and UNICEF have supported CRCs in several other countries and in India. A major lesson learned was that champions were needed both outside and inside governments to stimulate the reform process once CRCs were conducted.

CRC highlighted gaps and deficiencies that people experienced in their interaction with public agencies. However, an in-depth analysis into the factors underlying the problems identified was

¹ Both Public Affairs Centre and Public Affairs Foundation have assisted governments and international agencies in these efforts.

not possible as critical information was missing. This information could not be collected from the surveys as it lay solely with the government. This paved the way for CRC+, which enhanced the CRC features to become more comprehensive and provide better insights for effective Governance. This new enhanced tool was designed to assess and track any gaps or inefficiencies in the implementation of any programme or service provided to the citizens for the Government or Agency.

2.0 Understanding the Need for Social Accountability Tools (SATs)

Before the application of the SATs, it is important to evaluate why civil society groups began to proactively monitor government programmes and services in recent decades. First, there was growing evidence of public dissatisfaction with the performance of governments and the agencies delivering these services. Second, lack of access to information exacerbated the problem leading to suspicion that corruption and other abuse of power in government were on the rise. Third, the poor were severely affected by the deficiency in the delivery of essential services required by them. Even those who had access to the services found it cumbersome to interface with service providers and resolve their problems. It was a mix of these factors that led to the emergence of a variety of tools and approaches that helped civic groups to monitor the functioning of governments and demand increased accountability and transparency.

Hence began the era of citizen participation and monitoring towards effective governance from the earlier preoccupation with project design and appraisal. It took some time for most people to realise that crafting a good project or programme design did not guarantee positive outcomes. While the design function was necessary, it was not sufficient to ensure “developmental effectiveness”. It was necessary to focus on monitoring whether the promised services and programmes had actually been delivered to the intended people, thereby taking the first step of development effectiveness.

The accountability tools being used by civil society activists in India and abroad can be divided into three types:

- Social Audits in the form of public hearings
- Community Score Cards – used at local levels
- Citizen Report Cards – used at multiple levels

Most of these tools have been designed to strengthen governance and focus on user feedback of the services and entitlements that governments provided to citizens. Though the scope and methodologies involved differ in many cases, the primary goal is to use the feedback to seek remedial action and demand accountability from public service providers or other agencies of government. In recent years, governments have started using these tools and seriously considering their findings. Gathering information on the experience citizens had with public services or programmes is a common feature of all the tools. The data collected is then aggregated and analyzed, and the findings and recommendations for action derived from such analysis. In general, these tools are used to arrive at conclusions about the overall performance of the programmes, services, etc., even in cases where the evidence gathered itself is partial in scope.

Since these tools share the same objective and have common features, it is natural to conclude that they can be interchangeable and used for any purpose or in any context. Therefore it is important to compare the features and limitations of each tool so that potential users can decide which of them is appropriate for their purposes. A brief assessment of each is given below:

2.1 Social audits – Public Hearings

A key feature of this method is that participants or users of a particular programme or service in a locality are assembled together. Organisers (civic groups) make prior announcements of the public hearing about the service or programme and encourage all those interested to attend the meeting. The actual modalities of this type of social audit varies widely, but consists essentially of a public narration of the problems being faced by the participants. Even in cases where there is no structured discussion, the organisers ensure that all the problem areas are

addressed in the meeting. If service providers are present at these meetings, they can be asked to respond to the problems raised by the people. Even where no quantification of the problems or deeper analysis of the trends can be done, the organizers are required to present their conclusions and proposed actions to the participants and officials (if present) at the end of the meeting. Participants go home with the satisfaction that their “voice” has been heard, and that some remedial action was likely to follow. Another positive feature is that social audits of this kind can be organized at short notice and with minimal use of funds and expertise. The exercise can be repeated in different localities and some insights gained on how a programme or service is functioning.

A good example of this mode of public audit is the “Jansunwai” conducted by Mazdoor Kisaan Shakti Sangathan (MKSS) in Rajasthan. These public hearings made an impact because there was a focus on a specific programme, and its beneficiaries were willing to speak out about the abuses in its operations. Since local officials were present at the hearings, interactions between them and the people took place, leading to some corrective actions on the spot. The evidence presented to the people unearthed many problems related to diversion of funds, failure to pay stipulated wages, manipulation of muster rolls, etc. which could be corrected.

Social audits of this kind are useful exercises when organizers wish to make a quick assessment of the problems plaguing a programme and to publicise them in order to exert public pressure on the agencies for reform. Since only interested parties attend the meeting the focus is on a single activity, this works as a major advantage. The downside is that those who attend the meeting may not be the recipients of the services provided by the programme. Hence a balanced assessment of the programme is difficult to obtain through this method. As a tool, it has inherent limitations in terms of scaling up, and aggregating the evidence from different localities. However at the local level, where smaller populations are involved, this tool can be an effective one for getting the right feedback on one programme or service at a time.

2.2 Community Score Cards (CSC)

Community Score Cards represented a more structured version of the social audit discussed above. A CSC gathers feedback on services/programmes through meetings of the community. Like a social audit, these meetings are to be planned in advance and members of the community are invited or selected to participate in the deliberations. The location and scope of the meeting is determined by the nature of the services/programmes under review. Village level meetings are an accepted medium for gathering user feedback. A facilitator is used to guide the deliberations so that answers can be elicited on specific issues or aspects of services. Since there are no questionnaires or other survey instruments, the facilitator is charged with summarizing the deliberations and findings. This report or score card reflects the experiences and concerns of the people who attend the community meeting. CSCs have been attempted on local health services in some African countries.

If corrective actions can be taken at the village or community level, the CSC promises to be a useful diagnostic aid. But if the service provider has a wider catchment area or if corrective actions can be taken only at higher levels and for larger units, then similar CSCs have to be prepared for all communities and aggregated. It is at this stage that problems of data, representativeness and aggregation arise. Unless the questions, answers and their analysis are done on a uniform basis, aggregation can pose serious problems. The scaling up problem here is similar to what occurs in local social audits. The positive feature of a CSC is that it offers scope for members of the local community to participate in a process that takes their feedback for possible remedies. Their motivation to monitor and demand accountability from the service provider can also be higher. The downside is that in a group discussion, some persons can dominate and influence the outcomes and findings, thus injecting biases that are difficult to measure.

2.3 Citizen Report Cards (CRC)

Of the three tools, CRC is the most structured and demanding in terms of organization, financial resources and technical skills. The underlying methodology invariably calls for rigorous surveys, structured questionnaires with a comprehensive view of services/programmes, and processes to elicit data without injecting biases, and analytical skills to identify and diagnose strengths and weaknesses through the analysis of the collected data. CRCs, therefore, permits scaling up the task of data collection to fit the levels at which corrective actions can be taken. Its structured approach facilitates aggregation at the desired levels, and ensures representativeness and neutrality in the conduct of the exercise

However for small local assessments of services and programmes, CRCs are not practical. Social audits and CSCs that entailed fewer costs and skills are better suited for such local exercises. Scale is thus an important consideration for the choice of the accountability tool in a given context. A second consideration is the multiplicity of the services involved, for example, public services in a city. The ability to capture feedback on several services simultaneously serving multiple population segments is a unique advantage of CRCs. Social audits and CSCs cannot cope with the demands of such contexts and agencies. CRCs are also well suited wherever more comprehensive assessments and regional comparisons were needed. This is due to the fact that standardized and representative responses as well as evidences cannot be generated through the CRC process. Finally, government wide reforms can probably be triggered more efficiently through the CRC route, a reflection of the scale advantage. It is unlikely that such reforms can come about through the evidence provided through partial or local audit exercises.

However the CRC process is less participatory than the other two tools. A survey is designed to gather feedback from an individual in privacy with no scope for group interaction. The same can be well compared to casting a vote which is the most important participatory right in a democracy where the citizens respond alone in secrecy. In CRCs, interactive participation of citizens is easier to organize at the stage of thinking through the reforms signaled by the collective feedback. Thus participation in CRCs works in different ways.

The foregoing review showed that despite the focus on the citizen perspective and their potential as aids to accountability, each of the tools discussed above have distinct advantages and limitations. Each is better suited for certain purposes and contexts and not for others. Hence choice and deployment of the tool should be based on a careful consideration of the factors best suited to each case.

The next step was to examine whether there had been any innovation or improvement in the CRC concept and methodology in the past decade which witnessed its widespread adoption. While some processes had been fine tuned, no radical improvements on the basic tool were found. The technology being used, the cost of surveys, types of analysis being undertaken, post CRC reform links remained more or less unchanged.

When a CRC was presented to a government, it was expected that some reform would be initiated by the leader. This stemmed from the general belief that leaders took ownership of the reforms but CRCs stopped short of proposing any reforms. So far, CRCs had not given a structured framework to strengthen the diagnostic power or a set of tools to guide the reform process. It was this gap that CRC+ attempted to fill.

3.0 Enhancing the Diagnostic Power with CRC+

The great merit of a CRC was that the analysis of public feedback was used as an aid to diagnose the problems in implementation for the governments or service providers. CRC findings pointed to the gaps and deficiencies that people experienced in their interaction with public agencies. But it did not delve into the factors underlying the identified problems. This was because those who responded to the survey did not have the required information which lay solely with the Government.

Since governments started seeing the value of CRCs, the time was ripe to explore the feasibility of accessing the internal data of governments to sharpen the diagnostic process. There were two tracks of analysis that could take off from a set of CRC findings. CRCs typically shed light on both high and low performers among agencies. Within the same agency, findings sometimes

pointed to regional variations. Behind such variations, there was a possibility to find factors at work that could be identified through further investigation. One promising track was to trace the flows of expenditure associated with the activities of the service / programme and whether the expenditure flow differed between the high and low performers. The endeavor was to see whether resource availability was a causal factor behind the differential performance. Delays in the flow of funds and the quantum of the flows could be measured and compared. This was classified as Selective Expenditure Tracking of expenditure (SET).

The second track was to trace the chain of functions that were to be performed in the course of service delivery or programme implementation. This was called the Function Marker Analysis (FMA). Identification of the levels of the organization and the sequence of functions involved was the starting point in this investigation. Those responsible for the functions needed to be identified thereafter. Specification of the time to complete the functions and other norms/standards to be applied were to be made explicit. In brief, FMA entailed the identification and investigation of the following elements:

- Levels of organization involved in policy and implementation
- Specific functions to be performed at these levels
- Policy makers/officials responsible for each function
- Time lines prescribed for completing each function
- Other norms/standards to be complied with by the officials

Each function could be further split into a set of decisions and actions for which an official was responsible. The degree of disaggregation required depended on the nature of the policy/programme. The last two elements stated above provided the criteria necessary to judge how well a function has been performed. For example, if the given deadline for the full settlement of a payment had not been complied with, the conclusion could be that the function has not been performed as planned.

But there were possibilities that different agencies were involved in different functions. For example, one agency received a claim or complaint, and another agency processed the applications. Whenever a complex chain of functions were unbundled, it was possible to

investigate cases where the failure to perform certain functions as required could have contributed to the differential performance of an agency. Like “biomarkers” in genetics, “function markers” that signaled failures/success in the performance of specific functions could be identified. Research could help to come up with a set of function markers in each of the cases that was studied.

To understand the effectiveness of CRC+, PAC explored the SET and FMA of the following services provided by two different government departments:

- Investigation Fund of the Karnataka State Police Department (KSPD)
- Madilu Yojane (Mother and Baby Kit Scheme) of the Bruhat Bengaluru Mahanagara Palike (BBMP) Health Department

4.0 Application of CRC+

4.1 Investigation fund of Karnataka State Police Department (KSPD)

Before the CRC+ exercise, PAC had carried out an extensive CRC for the KSPD that included interviews with 2000 complainants and 500 police personnel covering 100 police stations across the state of Karnataka. The findings revealed that complainants were asked for extra money to carry out investigation for the cases that they had registered. The investigating police staff invariably gave the reason of lack for funds for not actively pursuing a case. The CRC also showed that more than half of the staff of KSPD was not aware of this provision which had specially been devised for their convenience.

With approval from KSPD to carry out an in-depth analysis of these critical findings, a case study of the “Investigation Fund” established by KSPD was undertaken by PAC to test the feasibility of applying the CRC+ approach and to determine the efficacy of the fund’s utilization in selected districts during 2009-10. This Fund was created by KSPD to make its investigation work more efficient and timely as well as to minimize the scope case study of the “investigation fund” established by the Police Department of Karnataka was undertaken by PAC to test the feasibility of applying the CRC+ approach and to determine the efficacy of the fund’s utilization in selected districts during 2009-10. This Fund was created by the police Department to make the investigation work of the Department more efficient and timely as well as to minimize the

scope for corruption. There was a consensus that inadequate funds not only delayed the investigation process, but also encouraged unhealthy practices of bribe taking as well as lack of accountability. An annual amount of Rs. 20,00,00,000 (Rs. 20 Crores) was therefore set apart as an investigation fund for the districts and police stations to draw upon to meet the costs incurred by the staff in the course of their investigation work.

The primary objective of the PAC study was to see whether the allocated funds had reached the police stations and the personnel who were to be reimbursed, and whether the functions to be performed at different levels of the organization facilitated the funds flow and the investigation process. To track the performance of the investigation fund and the functions that go with it, PAC tested the newly designed 'CRC+' in six Karnataka districts and three zones of Bangalore city.

4.1.1 Applying SET- Specific Expenditure Tracking

In addition to the investigation fund findings, by using CRC+, the flows of expenditure associated with the activities of the investigation fund service/programme (SET) could be traced along with the chain of functions to be performed in the course of the investigation fund service delivery (FMA). Visits to the Deputy Commissioner of Police (DCP), superintendent of police (SP), police inspectors (PI) and police stations were undertaken to interview the concerned officers and to inspect the records². Meetings with other senior officers were also held as required.

² Field work and analysis of the data were carried out by K. Prabhakar and Meena Nair of PAC with funds from the IDRC Think Tank Initiative of which PAC is a Grantee.

Figure 1

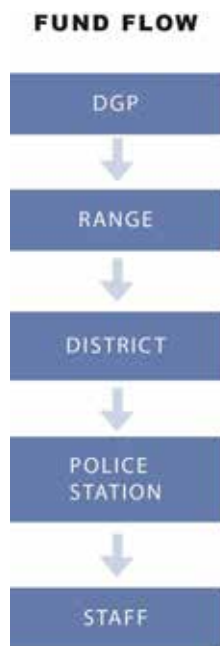


Figure 2

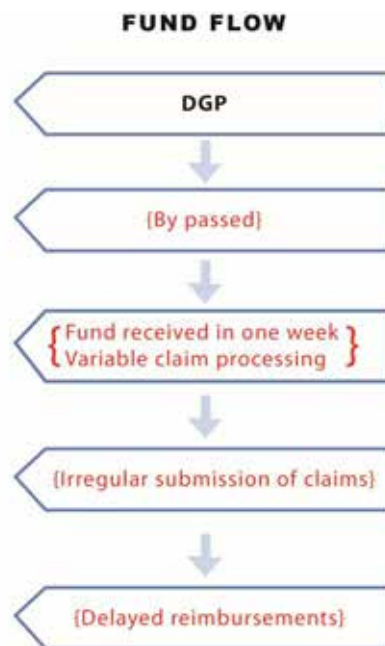


Figure 1 above shows the direction and levels of organization through which the investigation fund was expected to flow. Figure 2 shows how the fund had actually flown and with what results. Thus, the released funds reached the districts in one week's time from the DGP's office. However, Figure 2 shows that submission and processing time for claims varied at the lower levels. As a result, timely disbursement did not take place in many cases.

Through a discussion with the DGP, it was learned that the investigation fund went from his office to the district and the police station (See Figure 1). Though "range" was the level immediately below the DGP, it was bypassed in the funds flow process. In effect, the funds passed through three levels. An analysis of the budget and actual expenditure yielded three indicators:

1. Expenditure components pertinent to the investigation fund
2. Delays in the flow of funds (planned vs. actual)
3. Proportion of planned funds actually delivered

This case was complicated by the fact that funds were deployed from the district to the station only upon requests from the police stations. Why stations failed to avail of the fund was the question to explore where there was poor utilization of the fund.

4.1.2 Applying FMA – Function Marker Analysis

FMA was a more complex analytical exercise, especially when multiple agencies were involved. In the police case, complexity was much less as no other part of government was involved. But the functions involved were multiple in many cases, and flowed in a predictable sequence. There were four levels in the organization.

Conceptually, the sequence of functions relevant to the investigation fund could be classified as under:

- Policy making
- Operational guidelines
- Budget allocation
- Assignment of responsibilities
- Training of staff
- Submission of claims
- Approval of claims
- Fund disbursal
- Outcome monitoring

Mapping of the functions were an essential step in any implementation plan. The set of functions involved the officials responsible, the deadlines and other norms/conditions given to them which were identified in the course of the study. However these elements could vary from one context or activity to another and hence it was important to identify the right markers in each case. FMA showed that some or all functions failed, were delayed, or were left incomplete. The searchlight was then directed to the underlying causes through field interviews and study of records.

In this case, the policy function was completed when the government decided to create the investigation fund for the specified purpose. It was necessary as a next step to establish whether

the next set of functions had actually been performed, such as; the guidelines, communication down the line, awareness building at the constable level, assessment of the claims from police stations, etc. Markers that pinpointed failures, non-compliance and delays assisted this process. The matrix of functions and responsibilities would show where the problem areas were.

Note that the CRC findings helped to put the spotlight on critical problem areas. But CRC+ through SET and FMA pursued these leads and deepened the diagnostic exercise. It is important to note that this approach did not need to investigate the full range of public spending by the agency/department. It did not call for an analysis of the entire range of functions being performed by the agency/department. The focus was only on the investigation fund, and FMA could be applied focusing specifically only on the functions and funds flow pertinent to the utilization of the fund thereby saving a lot of time and money.

The general perception was that while policy itself and its design function were okay, the implementation of these policies, programmes and projects were a real problem in India³. Hence it was a major challenge to the policy makers to find ways and means to deal with this problem. SET and FMA analysed two important aspects of this problem, which when tackled, could bridge the implementation gap. Low or inefficient utilization of funds and neglect of the functions public agencies were expected to perform were generally the main reasons for the failure of implementation. CRC+ was handy for policy makers to unbundle these problems and thus solve the implementation dilemma. Figure 3 depicts the chain of functions that had to be performed for the administration of the investigation fund.

Figure 4 shows that the only function that worked as planned, was the fund release by the DGP's office. There were problems with the implementation of all other functions. A careful look at the function failures showed that planning and supervision at the district level was at fault. Staff orientation and training, standardization of practices and review of timelines were matters that needed to be organized at the district level. Irregular submission of claims could have been better monitored and corrected at the police station level. Though the DGP's office performed the fund release function well, it appeared that the function of setting the guidelines could have been more thorough.

³ This is not always true in reality. There are many policy and programme designs that are faulty and need to be corrected.

Figure 3



Figure 4



With the application of CRC+, valuable insights were brought to light about what went wrong with some functions and at what levels it went wrong. The detailed findings of SET and FMA on the investigation fund are summarized below.

4.1.3 Study Findings:

General Findings	Fund Flow Findings	Function Flow Findings
<ul style="list-style-type: none"> The Investigation fund utilization guidelines were received and followed by all the DCP/SP offices from the DG&IGP’s office within a week’s time. The guidelines were circulated and received late in some districts by more than two months All DCP/SP offices got funds in advance quarterly but did not give any 	<ul style="list-style-type: none"> Funds from the DGP to SPs office moved in one week. The guidelines for the use of the fund, however, did not reach all stations at the same time. The flow of claims for reimbursement from the PIs to the SPs was irregular. Different districts had followed varying practices. 	<ul style="list-style-type: none"> Guidelines on claims processing and reimbursement could be further streamlined. Mapping of the sequence of functions to be carried out needed to be included in the guidelines. Linking expenditure to investigation outcomes also needed attention. All these functions were to be strengthened at the DGP’s

<p>advance amounts to the stations. Payments were made to the stations only after receiving the claims.</p> <ul style="list-style-type: none"> • There was no training or workshop conducted on the use of the fund by any office. Only oral instructions with a copy of the guidelines were given. • A Case Worker was key person to check and maintain fund accounts • A writer created requisitions and maintained records at the police station • Records were maintained in the Investigation Fund Expenditure Register. • In most of the Districts and DCP offices, payment processing was faster in the last quarter of the year (less than 15 days) even though claims were received earlier while in first three quarters two months were taken to settle the reimbursement. • The police stations were submitting bills for claims at various intervals – monthly, quarterly and even half-yearly which was later streamlined to a monthly basis. • No audit of fund utilisation had been carried out by DG&IGP's office other than in one district (Tumkur). No expenditure details were submitted by the DCP/SP office to the DG&IGP. • In absence of specific guidelines on the channel 	<ul style="list-style-type: none"> • The time taken for processing the claims and sending reimbursements also varied widely between the districts. • There was lack of uniformity in the submission process of claims. • Even with delays and variations the fund flow had not faced any serious roadblocks. Nearly 90% of the funds claimed had been released. • If guidelines, training and supervision was improved fund flow could be made even more efficient and timely. • Claims were not linked to the performance of the investigation process. • Though crime numbers were available, no attempt was made to check whether the use of the Fund resulted in increased closure of cases, reduction in time taken or the load of pending cases. 	<p>Office.</p> <ul style="list-style-type: none"> • There was scope for improving the awareness of staff about the use of the Investigation Fund. • This was primarily a function to be performed by the SP's and it was observed that some SPs had been more proactive than others in this regard. • Claim processing needed greater attention as wide variations in the time taken was counter-productive. It was necessary to find ways and means to make the process smoother while reducing the scope for possible abuses. • Function of supervision by SP's needed to be strengthened. • Proper orientation of staff, adherence to the periodicity of claims submission, time limits for processing, random checks of claims, and linking expenditure on claims to the efficiency of the investigation process were some tasks which needed to be addressed.
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<p>to be followed, there was confusion on the routing of the claims by the police stations except in Bangalore Commissionerate and Tumkur district, where requests for reimbursement went through the proper channel.</p> <ul style="list-style-type: none"> • Investigation fund awareness was low in Bangalore where except for the PI and Writer, most of the staff was unaware of the fund. But the same information was shared well among the entire staff in far off districts in contrast to the state headquarters police stations (i.e. Raichur) where the staff was aware of the fund as well as the channel to be followed for sending claims • An analysis of district level data showed that less than 50% of claims were raised by investigation officers for reimbursement out of the total registered complaints between April – September, 2010. • Nearly, 89% of the claims were reimbursed by the DCP/SP offices out of the total claims received between April and September 2010. • Investigation expenses per case amounted to Rs. 450/- (Rupees Four Hundred and Fifty only), based on the total number of cases registered between April and September 2010 in the 		
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districts under review.		
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Figure 5: Remedies and Policies

Remedies / Policies	
Problem	Action
1. Lack of awareness	→ Training, Communication
2. Delayed claims	→ Revise guidelines, monitor & review
3. Irregular processing	→ Norms for approval, monitor & review
4. Non-uniform reports	→ Standardisation
5. Routine expenditure control (only)	→ Link to outcomes, monitor performance, faster payments
6. Laxity in supervision	→ Strengthen guidelines & review by DGP

The problems highlighted in Figure 5 were identified through the use of SET and FMA. A CRC by itself would not have discovered them as the internal records and data of the Police Department were essential for the underlying analysis. In the present case, CRC+ built on the Police CRC, deepened the diagnosis, using information unavailable to the CRC bringing to light the gaps that needed to be plugged in the system.

4.2 Madilu Yojane/ Scheme for the BBMP Health Department

PAC conducted a CRC study of maternal health services provided by the Bruhat Bengaluru Mahanagara Palike (BBMP) in 2009. The Government of Karnataka (GoK) implemented the Madilu scheme to provide post-natal care for the mother and child. The objective of this scheme was to promote institutional delivery by encouraging poor pregnant women to deliver in health centres and hospitals in order to considerably reduce maternal and infant mortality in the state.

The beneficiaries of this scheme are:

- All mothers who delivered in Government Institutions.
- For first two live births.

Under this scheme, a kit which had 19 essential items for the newborn and the mother such as mosquito net, carpet, bed sheet, bathing soap, washing soap, sanitary pads, diaper, etc was given as an incentive to the mother.

Findings from the CRC survey conducted in 2009 clearly showed that Madilu kits (mother and baby care kit) were not given to all users. Among two-thirds of women who received the mother and child kits, only half of them received the full kit with 19 items in it and the kits were “Out of Stock” very often. Initial investigations showed that the budget allocated for procurement of these kits were inadequate. The allocations seemed to have been done randomly and not based on evidences like current / expected number of eligible deliveries.

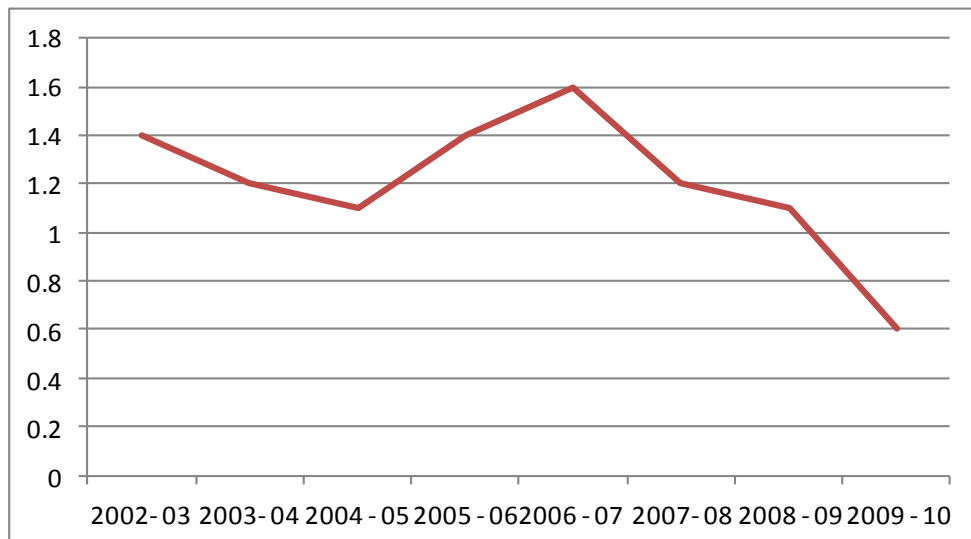
In order to understand the bottlenecks in the process of distribution of Madilu kits, PAC decided to undertake the CRC+ exercise through SET and FMA for the BBMP Health Department.

4.2.1 Applying SET - Selective Expenditure Tracking

Documents related to budget allocations and expenditures including details of procurement of kits by BBMP, their distribution to health units, issue of kits at the Maternity Homes and

Referral Hospitals for the last three years (2009-10, 2010-11 & 2011-12) were analyzed to find the gaps. Several rounds of discussions were also held with concerned officials at BBMP to understand the fund as well as functionality flow.

Figure 1: Budget allocation for health medical budget within BBMP



A review of BBMP budget (2009- 10⁴) revealed some interesting facts. The health component of the budget was about 1.6 percent of the total budget amount. There are two classifications within this, namely, Health General and Health Medical while the funds were being allocated in the ratio 60:40, respectively. The health medical component of the budget was only 0.6 percent of the overall budget. This had been constantly decreasing since 2002 at which time it used to be 1.4 percent of the overall budget.

Within the health medical budget, nearly 39 percent of the budget amount was set aside for salaries and about 17 percent for Maternity Homes. The proportion of deliveries taking place in these Maternity Homes against the total number of patients visiting these Maternity Homes was gradually coming down.

BBMP health budgets had a separate head item named, “Post-natal care kits for deliveries in BBMP hospitals” to extend benefits under the Madilu yojane. The allocation under this head for the last three years was around Rs. 1,00,000/- [Rupees One Lakh]

⁴ Please see website - http://www.bbmp.gov.in/index.php?option=com_content&view=article&id=50&Itemid=161

The allocation for procuring Madilu kits was approximately Rs. 1,00,00,000/- [Rupees One Crore] During the year 2011-12, the estimated budget for Madilu kit was Rs 3,00,00,000/- [Rupees Three Crore]. However, in the revised budget it came down to Rs 1,00,00,000/- [Rupees One Crore]. The unit rate for procurement of the kit had been Rs. 1,250 for the year 2009-10 and 2010-11 while it was Rs. 1,403 [Rupees One Thousand Four Hundred and Three only] in 2011-12. The number of kits procured during 2009-10 and 2010-11 was 7,800 and during 2011-12 it was 13,000. Some items for the kits were procured from Karnataka Handloom Industries Corporation Limited and the remaining from the Mysore Soaps and Detergents Limited. The following table 1 gives the snap shot of the allocations and expenditures during the last three years.

Table 1: Allocation and expenditure details for Madilu Yojane

Sl.No	Particulars	2009-10	2010-11	2011-12
1	Revised budget (Rs.)	1,07,25,000	1,00,00,000	1,00,00,000
2	Unit rate of procurement (Rs.)	1,250	1,250	1,403
3	No. of Kits ordered (No.)	7,800	7,800	13,000
4	Cost of procurement (Rs.)	97,50,000	97,50,000	1,82,39,000

The guideline of the scheme clearly stated that all mothers above the age of 18 years were eligible to get the benefit under this scheme for first two live births. The total number of deliveries during these three years, according to the records of BBMP, was 38,312⁵. A sub-set of this was eligible for the benefits under the scheme which was applicable only for the first two live births. Since a centralized data base of the number of first and second deliveries was not available, 50 percent of the deliveries have been assumed as ‘eligible’ based on the CRC surveys carried out in 2009 and 2011. Accordingly, 19,156 mothers were eligible to get Madilu kits in the last three years. The total number of kits procured as shown in Table 2 is 28,600. This, in

⁵ The consolidated data on deliveries at the Referral Hospitals was not available. The number indicated here is a sum total of the deliveries recorded at 23 Maternity Homes run by BBMP.

absolute terms, meant surplus procurement. However, the CSC and CRC findings revealed that close to half of those who delivered at the Maternity Homes did not receive the kits.

Table 2: Details of deliveries at the Maternity Homes eligible for Madilu

Sl.No	Particulars	2009-10	2010-11	2011-12
1	Number of deliveries at Maternity Homes	9090	15527	13695
2	No. of deliveries eligible for Madilu yojane (50% of total deliveries)	4545	7764	6848
3	No. of Kits ordered by BBMP	7800	7800	13000

4.2.2 Applying FMA

The case of Madilu Yojane was different from the previous CRC+ exercise that were carried out with regard to Investigation Funds. While the latter assessed the flow of actual money, in this case the objective was to trace the assembling of items and the movement of the final kits from one level to the other until they reached the beneficiaries – from the Central Drug Store to the 6 Referral Hospitals, to the Maternity Homes and then finally to the beneficiaries. It was quite clear that the functions carried out were not planned through an estimation of demand, which at least in the case of maternal health should have been easy to arrive at, since the gestation period from the time of realizing a pregnancy to the actual delivery would be 7-8 months and distribution of Madilu kits as per the number of estimated deliveries in each maternity home would have taken care of the problem of lack of stock. The flow of the kits and related functions needed to be as follows as against the current flow –

Figure 2: Procurement process



Figure 3: Distribution Process



Estimate the volume of demand (which would be more or less accurate since the number of pregnancy cases are already known) → Streamline orders (order numbers as per total estimated number of deliveries) → Distribute to Referral Hospitals as per estimated requirements with some percent extra for replenishment in case of unexpected demands.

The funds allocated for the assimilation and distribution of the kits could also be paid to the relevant agencies accordingly. This would ensure not only need-based distribution but also address problems such as stocking (especially due to lack of space), improper distribution (units reporting more deliveries receiving less kits), and reporting of non-receipt of kits by patients.

4.2.3 Study Findings

Findings from SET	Findings from FMA
<ul style="list-style-type: none"> • It was necessary to maintain the data for the ‘first two live births’ as this was the main eligibility criteria. But the data was maintained in a manner whereby it was not possible to get a sum total of number of eligible cases. Though the in-patient register had a dedicated column to record this data, the manner in which the details were filled, made it almost impossible to collate and compile. • Though the number of deliveries varied, a constant amount of money had been allotted for the scheme in the last 3 years. • During 2011-12, a significant rise in the budget estimate was observed (from rupees One Crore in the previous year to rupees Three Crore); however, the revised budget dropped it back to Rs.1,00,00,000 (Rs. One Crore). This rise and fall in numbers did not seem to have any logical reasoning in terms of evidence or data. • In 2011-12, the number of kits ordered and the unit cost of the kit had 	<ul style="list-style-type: none"> • Guidelines had been circulated to all Maternity Homes and Referral Hospitals defining the contents of the Madilu kit, the eligibility criteria for qualifying as a beneficiary and the necessary documentation that needed to be done while issuing a kit to a beneficiary. • There were no guidelines that were made available to the team to understand the procurement process clearly. Interviews with officials at different levels gave an idea that there was a set process that was being followed (Fig 2.) but no documentation was obtained on the same. • Though the Maternity Homes sent in the annual requirement of kits, the staffs at the MH were not sure if the actual number of kits procured were based on these numbers that came from the MHs. This meant that the kits were probably procured on a random assumption rather than based on evidences. • The distribution of kits also seem to be

<p>increased. The allocation remained the same at Rs. 1,00,00,000 (Rs. One crore). In absolute terms, there was a budget deficit of Rs. 82,39,000 (Rs. Eight Two Lakh Thirty Nine Thousand). The question was whether the kits were procured at all or not and where did the remaining amount come from.</p> <ul style="list-style-type: none"> • Drug house (where the Madilu kits were stocked) distributed the stock equally among all six Referral Hospitals, which was untenable as some Maternity Homes had higher patient load than others. • Though the number of kits ordered seemed to be higher than those required, there was 'No Stock' boards in most Maternity Homes during a few months in the year. The shocking factor was that all the kits were procured in one consignment once in a year and distributed to the Referral Hospitals soon after procurement. This meant that in theory, there was no possibility of a situation when one needed to put up a 'No Stock' display. 	<p>following the same process where, the number of kits received by a Maternity home was not always the number that it had requested for.</p> <ul style="list-style-type: none"> • There were many procedures followed with in the Maternity Homes based on oral instruction from Superintendents of Referral Hospitals and Health Officers. For example, in some of the Maternity Homes, it was found that the beneficiary was asked to submit a photograph as one of the necessary documents to avail Madilu benefit which was not prevalent in other Maternity Homes. Upon further enquiry it was realized that the concerned Superintendent had instructed this in order to prevent false claims. However, this had created a lot of confusion among the users in the community.
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5.0 Conclusion

Civil society groups have approached governance and accountability issues primarily from the demand side. CRC+ showed the potential for working on the supply side. Such interventions from the outside, however, could be effective only when government authorities were willing to share their internal data with civil society or other professional groups. Needless to say, governments could apply CRC+ on their own initiative, without any pressure from civil society.

An important lesson to be learnt from the Karnataka Investigation Fund exercise was that those who made policies and implemented them seldom had a systemic view of the actions to be taken at the different levels to achieve the required policy goals. Often, agency leaders believed that juniors understood and hence would follow their written orders. Since monitoring was normally neglected, supervisors were sometimes oblivious of the fact that implementation had lagged behind, much less the reason behind it. As a result, they did not realize the need for awareness building or training at lower levels. The normal tendency for the authorities was to assume the policy programme was working well if the requisite budgets were utilized. If, however, they failed to link the expenditure to the outcome in terms of the number of cases solved and the speed of investigation, there was no basis for judging the success of this reform (creation of the investigation fund). The tracking and assessment of the functions enabled policy makers to minimize such problems by testing the validity of their assumptions and conclusions.

The analysis presented showed the clear links between SET and FMA. While SET clarified that though funds were received at the district level in one week, claim processing and disbursements were irregular and delayed. That led to the conclusion that the internal process was inefficient. An obvious recommendation based on SET was to minimize these irregularities and improve timely reimbursements. But what did not emerge from the SET process was what caused these problems in the first place and at what points corrective measures needed to be taken. For that, FMA was employed and some of the problems identified were varying practices, incomplete guidelines, limited monitoring, etc., which needed to be addressed. Linking SET and FMA added value to the analysis and assisted in a systematic search for solutions.

The case of Madilu kits of the BBMP the application of CRC+ through SET and FMA showed that allocations were clearly not based on evidences such as number of deliveries, number of eligible mothers, etc. As mentioned earlier record-keeping needed to be streamlined to maintain and analyze data which could be used as evidence for allocations. Random distribution of kits from drug store down the line was creating bottlenecks and resulting into a “No Stock” situation even though the purchase of kits appeared to be surplus. Hence requirements (# of kits) sent from the Maternity Homes and the actual disbursement of kits from the drug store needed to be tracked and effective monitoring of distribution to be put in place.

The findings of both the experiments confirmed that CRC+ could be applied to real life governance problems. It was also clear that data collection and analysis could be completed within reasonable time and cost. Furthermore, the evidence gathered could be used to identify the blockages in the system that needed to be addressed to improve funds flow and the performance of functions. The resultant benefits that could be derived by applying CRC+ towards governance problems well justified the time and cost incurred in the process.

CRC+ can hence be considered as a good tool for accountability and reform in governance with the ideal combination of civic participation and political will.

6.0 APPENDIX

Sample Questionnaire 1

1. INVESTIGATION OFFICER QUESTIONNAIRE 9-11-10

(At Station level - PI/ PSI/ASI and HC are the Investigation Officers)

	Questions	Response
	To be asked from the SHO	
1	Have you received a Circular on Investigation fund (No.Bud(1)/8/2009-10) related to Investigation fund? Yes No	1 2
2	When did you receive this Circular on Investigation fund (No.Bud (1)/8/2009-10)?	(dd/mm/yy)_____
3	Were you able to understand the details provided in the circular on Investigation Fund when you went through it? Yes No	1 2
4	Does the circular provide all necessary/ complete information about Amount entitled Expense details Compiling claims Submission process Claim reimbursement procedure Time lines regarding submission and receipt of claim amounts Others_____	Y – 1: N – 2 1 2 1 2 1 2 1 2 1 2 1 2
5	Does the Circular miss out any information that should have been provided? Yes No	1 2 go to Q.No. 7
6	What additional information should have been provided in the Circular? 1. _____ 2. _____ 3. _____	
7	Did you attend any Orientation/ training /meetings/workshop with regard to incurring expenditure under Investigation Funds? Yes No	1 2 go to Q.No. 9
8	Would training programme / meeting / workshop helped you	

	Questions	Response
	utilize this fund in a better way? Yes No	1 2
9	Have you trained your station staff who carry out investigation activities about using this fund? Yes No	1 2 go to Q.No. 11
10	Who from this Police Station participated in this training programme? Only Investigation officers All the station staff	1 2
11	Who are the Investigation officers in your station? PI PSI ASI HC Above all are	1 2 3 4 5
12	Who bears the initial Investigation expenditure? SHO Investigation officer him/her self Advance given from PS Others _____	1 2 3
13	Is the money sufficient for carrying out investigations efficiently? Yes No	1 go to Q.No. 15 2
14	How do you manage? SHO pays Borrow money from colleagues/friends Ask complainant to spend Others _____	1 2 3
15	How often does your station submit claim amounts from the Investigation fund? Once a month Once in three months Others _____	1 2
16	Do you maintain any records regarding Investigation expenditure? Yes No Please ask for the document and note down the heads under which information has been recorded. _____ _____	1 2

	Questions	Response
17	<p>How do you submit your expense details for reimbursement?</p> <p>Putting together bills and submitting</p> <p>Attaching bills to reimbursement claim form</p> <p>Other _____</p>	<p>1</p> <p>2</p>
18	<p>Are you aware of levels to reach your reimburse form?</p> <p>Yes</p> <p>No</p>	<p>1</p> <p>2</p>
19	<p>To whom do you submit the expense claim?</p> <p>CI office</p> <p>Dy.S.P Office</p> <p>S.P Office</p> <p>Range office</p> <p>D.G & I.G.P Office</p> <p>Yes, it reaches above mentioned all levels</p> <p>Others _____</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p>
20	<p>Are you aware of the work carried out by the office at the next level regarding your expense claims?</p> <p>Make enquiries about the case</p> <p>Verify the bills</p> <p>Check the total amounts against bills submitted</p> <p>Just approve and sent it to next level</p> <p>Others _____</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>
21	<p>Usually, how long do you have to wait to get your investigation expenditure claim amount?</p> <p>Within a week</p> <p>Two to three weeks</p> <p>One month</p> <p>Others _____</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>
22	<p>If there is a delay in getting the reimbursement, who do you approach?</p> <p>CI office</p> <p>Dy.SP office</p> <p>S.P office</p> <p>No delay</p> <p>Others _____</p>	<p>1</p> <p>2</p> <p>3</p> <p>4 go to Q.No. 24</p>
23	<p>What are the reasons mentioned to you by the issuing authority for the delay?</p> <p>1. _____</p> <p>2. _____</p>	

	Questions	Response
	3. _____	
24	Have any of your reimbursement claims been rejected or disallowed by the issuing authority? <div style="text-align: right;"> Yes No </div>	1 2 go to Q.No. 26
25	What are the reasons mentioned to you by the issuing authority for the rejection or disallowment? 1. _____ 2. _____ 3. _____	
26	Off the claimed expense amount, how much did you receive? <div style="text-align: right;"> Partial amount Full amount Others _____ </div>	1 2 go to Q.No. 28
27	Amount Claimed: Rs. _____ Amount Received: Rs _____ What are the reasons mentioned to you by the issuing authority for paying partial amount of the claimed? 1. _____ 2. _____ 3. _____	
28	When did you receive your most recent Investigation expenditure reimbursement?	dd/mm/yy _____
29	For the same reimbursement, when did you submit your expense statement?	dd/mm/yy _____
30	Did you have to visit any other office to receive your claim? <div style="text-align: right;"> Yes No </div>	1 2 go to Q.No. 33
31	What unit offices did you visit to follow –up on your reimbursement? <div style="text-align: right;"> CI office Dy.S.P Office S.POffice Above three offices Range Office </div>	1 2 3 4 5

	Questions	Response
	D.G&I.G.P office Above all None of the above any one Others_____	6 7 8
32	How many days& visits did you make? No. of Visits No of days	 _____ _____
33	To get your investigation expenditure amount released, did you have to pay any extra amount to the issuing authority? Yes No	1 2 go to Q.No. 35
34	Of the claimed amount, how much did you paid? 10% of the reimbursement amount 20% of the reimbursement amount More than 20% of the reimbursement amount Others_____	1 2 3
35	What was the mode of payment? Through cheque Through cash Others_____	1 2
36	Do you face any difficulties if payments are made through cheque? Yes No	1 2 go to Q.No. 38
37	What type of difficulties do you face? Every time have to go bank and deposit cheque Immediately can't withdraw the money Income tax problem Others_____	1 2 3
38	How many investigations were carried out from April 2010 to September 2010?	Number_____
39	Out of those investigations, for how many did you submit claims?	Number_____
40	How much amount did you submit claims for between April 2010 to September 2010 from your station?	Amount Rs._____
41	Off the amounts claimed, what is the amount that you received?	Amount Rs._____

	Questions	Response
42	<p>What problems do you face to get your investigation expenditure?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	
43	<p>Finally, what are your suggestions with regard to efficient implementation of the Investigation funds?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	

Sample Questionnaire 2

C.I. /DY.SP OFFICE QUESTIONNAIRES (BETWEEN LEVEL OFFICES)

1	<p>Do investigation claims reach your office?</p> <p style="text-align: right;">Yes No</p>	<p style="text-align: center;">1 2</p>
2	<p>Once you receive the reimbursement claims, what do you do?</p> <p style="text-align: center;">Make enquiries about the case Cross check field visits date with records Verify the bills Check the total amounts against bills submitted Just approve and forward to next level Others_____</p>	<p style="text-align: center;">1 2 3 4 5</p>
3	<p>Do you maintain any records regarding Investigation expenditure claims received and forwarded to next level?</p> <p style="text-align: right;">Yes No</p> <p>Please ask for the document and note down the heads under which information has been recorded.</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">1 2</p>
4	<p>Are there any designated people to look at this fund?</p> <p style="text-align: right;">Yes No</p>	<p style="text-align: center;">1 2 go to Q.No 6</p>
5	<p>Who is the designated person?</p> <p style="text-align: right;">Writer Others_____</p>	<p style="text-align: center;">1 2</p>
6	<p>Did you attend any Orientation/ training /meetings/workshop with regard to incurring expenditure under Investigation Funds?</p> <p style="text-align: right;">Yes No</p>	<p style="text-align: center;">1 2</p>
7	<p>Did you expect any training programme/meetings/workshop to understand utilization of this fund?</p> <p>Yes No</p>	<p style="text-align: center;">1 2</p>
8	<p>When did you receive the most recent request for reimbursement claim from Investigation Expenses?</p>	<p>dd/mm/yy_____</p>
9	<p>For the same reimbursement, when did you forward to the next</p>	

	level?	dd/mm/yy_____
10	Between April 2010 to September 2010 how many investigation claims came to your office?	Number_____
11	Out of those investigations claims, how many were forwarded to the next level?	Number_____
12	Are there any rejections of reimbursement claim amounts to the Police Station? Yes No	1 2 go to Q.No. 14
13	What are the reasons for rejections of reimbursement claims? 1. _____ 2. _____ 3. _____	
14	What problems do you face regarding investigation fund? 1 _____ 2. _____ 3. _____	
15	Finally, what are your suggestions with regard to efficient implementation of the Investigation funds? 1 _____ 2. _____ 3. _____	

Sample Questionnaire 3

2. SUPERINTENDENT OF POLICE (S.P) OFFICE QUESTIONNAIRE 9-11-10

(At District level)

SECTION 1: INFLOW OF INVESTIGATION FUND GUIDELINES AND FUND TO S.P.OFFICE

	Questions	Response
	To be asked from S.P.OFFICE	
1	When did you receive this Circular on Investigation fund (No.Bud (1)/8/2009-10)?	(dd/mm/yy)_____
2	Are there any designated people to look at this fund? Yes No	1 2 go to Q.No 4
3	Who is the designated person? Assistant Administrative office (A.A.O) Others_____	1 2
4	Did you forward this circular (No.Bud(1)/8/2009-10) to next level? Yes No	1 2 go to Q.No 7
5	Whom did you forward this circular to? Dy.S.P. office C.I. Office PI/PSI office Above all	Y – 1: N – 2 1 2 1 2 1 2 1 2
6	When did you forward this circular to the next level(s)?	(dd/mm/yy)_____
7	Were you able to understand the details provided in the circular on Investigation Fund when you went through it? Yes No	1 2
8	Does the circular provide all necessary/ complete information about Amounts entitled Expense details Compiling claims Submission process Claim reimbursement procedure Time lines regarding submission and receipt of claim amounts Others_____	Y – 1: N – 2 1 2 1 2 1 2 1 2 1 2 1 2
9	Does the Circular miss out any information that should have been provided? Yes	1

	Questions	Response
	To be asked from S.P.OFFICE	
	No	2 go to Q.No. 11
10	What additional information should have been provided in the Circular? 1. _____ 2. _____ 3. _____	
11	Did you attend any Orientation/ training /meetings/workshop with regard to incurring expenditure under Investigation Funds? Yes No	1 2 go to Q.No. 13
12	Would training programme / meeting / workshop helped you utilize this fund in a better way? Yes No	1 2
13	Did you expect any training programme/meetings/workshop to understand utilization of this fund? Yes No	1 2
14	Do you receive amounts in advance from the D.G& I.G.P office? Yes No	1 2
15	What is the frequency of getting the advance amounts? Every month Every three months(quarterly) Others _____	1 2
16	Do you maintain any records regarding Investigation expenditure? Yes No Please ask for the document and note down the heads under which information has been recorded. _____ _____	1 2
17	To whom do you submit your investigation fund utilization details? Range Office D.G.&I.G.P Office Others _____	1 2

	Questions	Response
	To be asked from S.P.OFFICE	
18	<p>How frequently do you submit the details?</p> <p style="text-align: right;">Monthly Quarterly Others_____</p>	<p>1 2</p>
19	<p>When do you get the next advance amount?</p> <p style="text-align: right;">Only after submitting previous advance utilization details Automatically Others_____</p>	<p>1 2</p>
20	<p>What is the procedure in case there is a balance from the last advance?</p> <p style="text-align: right;">Balance returned to the DG&IGP office Use it for the next period as well Request for specific advance amount taking into account the previous available balance Others_____</p>	<p>1 2</p>
21	<p>Are there any audit exercises carried out by persons from the DG&IGP office regarding Investigation Expenses?</p> <p style="text-align: right;">Yes No</p>	<p>1 2</p>
22	<p>In which office(s) are they carried out?</p> <p style="text-align: right;">SP Office Sub division office PI office Police station Others_____</p>	<p>1 2 3 4</p>
23	<p>When did you receive the most recent request for reimbursement claim from Investigation Expenses?</p>	<p>dd/mm/yy_____</p>
24	<p>For the same reimbursement, when did you issue the cheque?</p>	<p>dd/mm/yy_____</p>
25	<p>How many investigations were carried out between April 2010 and September 2010 in your jurisdiction (district level)?</p>	<p>Number_____</p>
26	<p>Out of those investigations, for how many did you receive claims?</p>	<p>Number_____</p>
27	<p>How much amount did you receive as claims between April 2010 and September 2010 in your jurisdiction (district level)?</p>	<p>Amount Rs._____</p>
28	<p>Of the amounts claimed, what is the amount that you sanctioned?</p>	

Questions		Response
To be asked from S.P.OFFICE		
		Amount Rs. _____
29	<p>What problems do you face regard investigation fund?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	
30	<p>Finally, what are your suggestions with regard to efficient implementation of the Investigation funds?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	

SECTION 2: OUTFLOW OF INVESTIGATION FUND GUIDELINES AND FUND FROM S.P.OFFICE

31	<p>When did you forward circular (No.Bud(1)/8/2009-10) of Investigation fund to next all levels?</p> <p align="right">Dy.S.P. office (dd/mm/yy) _____ C.I. Office (dd/mm/yy) _____ PI/PSI office (dd/mm/yy) _____ Same date to above all (dd/mm/yy) _____</p>	
32	<p>Have you guided/ trained/Orientated the next level station staff about using this fund?</p> <p align="right">Yes No</p>	<p align="center">1 2 go to Q.No 36</p>
33	<p>Who participated in this training programme?</p> <p align="right">SHOs All Investigation officers All station staff Others _____</p>	<p align="center">1 2 3</p>
34	<p>From your office, are advances sent out to all police stations in your district?</p>	

	Yes No	1 2
35	How do police stations submit their expense details for reimbursement? Putting together bills and submitting Attaching bills to reimbursement claim form Other _____	1 2
36	How do the reimbursement claims reach your office Directly from Police station to S.P.Office Through proper channel (CI Office-Dy.S.P Office-S.P.Office) Others _____	1 2
37	How frequently do they submit their claims? Once in a month Once in three months Both	1 2 3
38	Once you receive the reimburse claim, what do you do? Make enquiries about the case Verify the bills Check the total amounts against bills submitted Just approve and issue the cheques Others _____	1 2 3 4
39	When do you make payments for received claims? Immediately Within a week time Two to three weeks Month time Others _____	1 2 3 4
40	Off the amounts claimed, how much do you pay? Partial amount Full amount Others _____	1 2 go to Q.No.44
41	Amount claimed Rs. _____ Amount Issued Rs. _____ What are the reasons for paying partial amount of claimed? 1. _____ 2. _____ 3. _____	
42	What is the mode of payment? Through cheque payment at the police station	1

	<p style="text-align: right;">Cash directly</p> <p style="text-align: right;">Others _____</p>	2
43	<p>Who are the payments given to?</p> <p style="text-align: right;">Directly to the person requesting the claim</p> <p style="text-align: right;">Through proper channel</p> <p style="text-align: right;">Others _____</p>	<p>1</p> <p>2</p>
44	<p>Do any delays occur in sending reimbursement amounts to the Police Station?</p> <p style="text-align: right;">Yes</p> <p style="text-align: right;">No</p>	<p>1</p> <p>2 go to Q.No. 48</p>
45	<p>What are the reasons for any delays in the reimbursement process?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	
46	<p>Do any rejections or disallows occur for reimbursement claim amounts to the Police Station?</p> <p style="text-align: right;">Yes</p> <p style="text-align: right;">No</p>	<p>1</p> <p>2 go to Q.No. 50</p>
47	<p>What are the reasons for rejections or disallows for reimbursement claims?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	
48	<p>From your office end, do you carry out audits on reimbursement claims?</p> <p style="text-align: right;">Yes</p> <p style="text-align: right;">No</p>	<p>1</p> <p>2</p>
49	<p>Which office(s) do you carry out the audit?</p> <p style="text-align: right;">Sub division office</p> <p style="text-align: right;">PI office</p> <p style="text-align: right;">Police station</p> <p style="text-align: right;">Others _____</p>	<p>1</p> <p>2</p> <p>3</p>

Sample Questionnaire 4

To the Medical Officer at the Maternity Home

1. Do you issue Madilu kits in your Maternity Home?
2. Is there enough supply of kits?
3. How do you tackle the situation when there is a shortage / lack of supply of kits?
4. Are you involved in the process of procuring the kits? How?
5. Do you give feedback on the materials supplied? How?

To the Superintendent at the Referral Hospital

1. Do you issue Madilu kits in your Referral Hospital?
2. Is there enough supply of kits?
3. How do you tackle the situation when there is a shortage / lack of supply of kits?
4. Are you involved in the process of procuring the kits? How?
5. Do you give feedback on the materials supplied? How?
6. Do you oversee the availability and distribution of Madilu kits in the Maternity Homes that you supervise? How?

To the Chief Health Officer at BBMP

1. How do you arrive at the total number of Madilu Kits that are to be procured every year?
2. How are the necessary budgetary provisions made for procurement?
3. Who takes the decision of procurement? What is the process involved?
4. Where do you procure the kits from?
5. Is there a tendering process involved in procurement? Are the specifications for the material prescribed by BBMP? When was it revised last?
6. How do you ascertain the quality of materials supplied?
7. How do you monitor the distribution of the kits to the units and to the end beneficiary?
8. Is there an oversight mechanism? Specify

To the Drug store In-charge

1. What is the process of procuring the kits at the Store?
2. Do you check the quality and quantity of materials supplied? How?
3. How do you distribute the kits to the units?

Recent Releases



PUBLIC AFFAIRS INDEX

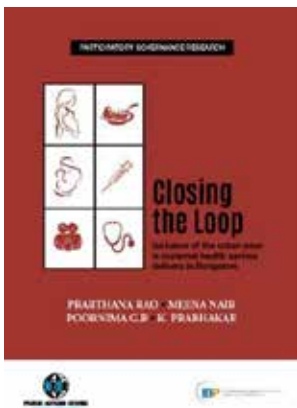
Governance in the States of India | 2016

Dr. C.K.Mathew, Athreya Mukunthan and Vivek Divekar

Can governance be measured in an objective manner using data available in the public domain so as to capture the essence of this quality of governance? Can we identify the critical aspects of governance and use the same for comparison between the States? Can we assign scores and ranks to the States based on the aggregation of the data in various key areas of governance? These were the issues

that attracted the curiosity of Public Affairs Centre and prompted it to undertake the study.

The Public Affairs Index (PAI) is an attempt to bring together the states of the country which are culturally, economically and socially diverse, into a common data-driven framework, to facilitate an interstate comparison. A well-framed methodology backed by statistical data from government sources, has been included in the study to provide insights into the subject.



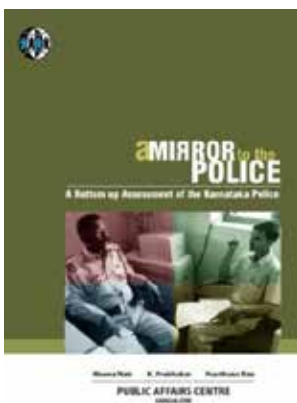
CLOSING THE LOOP

Inclusion of the Urban Poor in Maternal Health Service Delivery in Bangalore

Prarthana Rao, Meena Nair, Poornima G.R. and K. Prabhakar

The community participation model – ‘Maternity Home Monitoring Committees’ (MHMCs) - where common users of Maternity Homes come together to advocate for improved maternal health services offered by the city municipality was one of the outcomes of a two-phased study carried out by Public Affairs Centre (PAC) in Bangalore. The model has been successfully implemented in five Maternity Homes and one Referral Hospital. The process of putting these MHMCs in place came through a three-and-half-year study done in partnership with three local NGOs in Bangalore with funding and support from the International Budget Partnership (IBP).

This report demonstrates a successful example of 'Closing the loop' - with evidence based research and concerted advocacy efforts, it is possible to empower communities who then can stand up and demand for better services by putting pressure on the system.



A MIRROR TO THE POLICE

A Bottom-Up Assessment of the Karnataka Police

Meena Nair, K. Prabhakar and Prarthana Rao

In democratic societies, the active face of state regulation is seen through its police activity. The police department is generally considered to be more non-transparent than the other departments of the government. Public Affairs Centre made an attempt to look into this aspect through a study of police stations in Karnataka state (India), which are the focal points of direct citizen interaction with the police personnel to seek protection of their life and property and for grievance redress. Using the CRC approach, a systematic survey of 100 police stations covering 500 police personnel and 2000 users of police services including complainants, was in Karnataka. The user survey focused on their

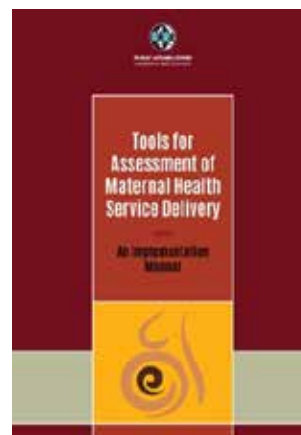
experiences in reporting, registering and resolving grievances or problems. Observations of police stations and interviews with police personnel elicited views on how well they are able to process and settle the complainants' problems and the difficulties and constraints they face in the course of this and other everyday work. The Karnataka State Police Department used the findings to initiate specific reforms to empower people with greater information, create a forum for resolving complainant problems and reduce the scope for corruption.

Tools for Improving Maternal Health Service Delivery

An Implementation Manual

This manual was developed by Public Affairs Centre based on the experiences of a pilot project in Bruhat Bengaluru Mahanagara Palike Maternity Homes. It is a combination of three well-known social accountability tools used in a particular manner to achieve specific objectives for the improvement of maternal health service delivery.

This manual can be used by community groups, NGOs and research institutions working in the health sector and is very specific to maternal health service delivery.

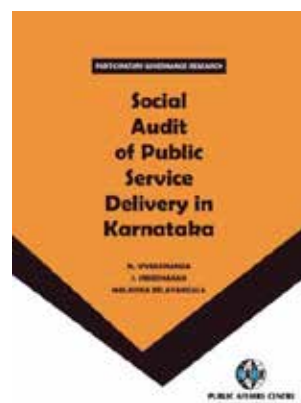


Social Audit of Public Service Delivery in Karnataka

M. Vivekananda, S. Sreedharan, and Malavika Belavangala

This publication offers an insight on how citizens at the receiving end view the public services delivered to them by the service providers. The social audit, by using the citizen report card methodology, was carried out in Karnataka by the Public Affairs Centre, Bangalore as desired by the Department of Planning, Programme Monitoring and Statistics, Government of Karnataka covering seven services, namely, public bus transport, food and civil supplies through public distribution system, veterinary health care, pension schemes, services of primary health centres and district hospitals, government high schools and nemmadi kendras.

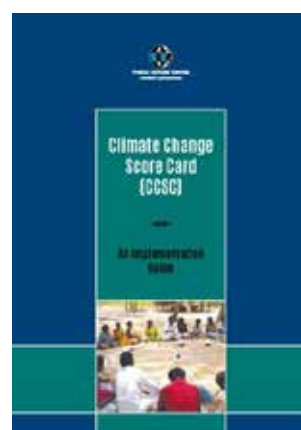
The social audit was carried out through a random sample survey of the users of selected public services in eight selected districts of Karnataka using a mix of household and exit interviews. In addition, a few case studies, based on the opinions and comments received from the stakeholders on the services surveyed, are also presented, in order to enlighten the quality aspects of these services.



Climate Change Score Card (CCSC)

An Implementation Guide

Climate Change Score Card (CCSC) is an adaptation of the Community Score Cards (CSC), a well-known social accountability tool. CCSC consolidates people's opinion and facilitates an informed dialogue between communities and the local governance structures. There are three important dimensions in a CCSC: the people, the state and the environment. To account for this, systematic integration of information on local governance and local climate science and livelihoods is made in the CCSC. CCSC process supports governance structures and communities with evidence and rationale to prioritize climate change adaptation issues and provide a platform for dialogue between vulnerable communities and relevant decision makers.



For more visit www.pacindia.org

The Citizen Report Card (CRC) approach pioneered by Public Affairs Centre is an internationally acknowledged social accountability tool that enables users to demand better services and public agencies to identify strengths and weaknesses in their work, through systematic survey-based feedback from stakeholders of public services.

However the CRC does not facilitate an in-depth analysis into the gaps that exist in the process of implementing the scheme or services by the Government. This analysis is facilitated by the Citizen Report Card Plus (CRC+) which goes a step further by tracking the factors that cause the weaknesses/problems in implementation, which could be aberrations in either the flow of funds or the chain of functions. This comprises of two tracks of analysis - Selected Expenditure Tracking (SET) and Function Marker Analysis (FMA), using information that is with the government.

To test the applicability of this new tool PAC carried out two post study CRC+ exercises with the consent/approval of the relevant government departments. The first study assessed the implementation and effectiveness of the Investigation Fund by the Karnataka State Police Department (KSPD). The second study assessed the quality of services in Maternity Homes in Bangalore as discrepancies were observed in the receipt and utilization of Madilu kits at the Maternity Homes run by the Bruhat Bengaluru Mahanagara Palike (BBMP or Greater Bangalore Municipal Corporation). This report presents a detailed analysis of the same and highlights the need to institutionalise this tool within government departments.



PUBLIC AFFAIRS CENTRE

Committed to good governance

No. 15, KIADB Industrial Area
Jigani - Bommasandra Link Road
Jigani Post, Anekal Taluk Bangalore 560105, India
TeleFax: +91 80 2783 99 18/19/20
Email: mail@pacindia.org Website: www.pacindia.org