

Asian Development Bank
RETA 6296: DEVELOPING PRO-POOR GOVERNANCE KNOWLEDGE AND
CAPABILITY

MID TERM-REPORT
ON
CITIZEN REPORT CARD METHODOLOGY &
CONTINUOUS IMPROVEMENT AND BENCHMARKING
TECHNIQUE

SOUTH ASIA PARTNERSHIP PAKISTAN

Planning and Mentoring Workshop on the Use of Citizen Report Card and Continuous Improvement and Benchmarking Techniques

1. Project Overview

- a. The Asian Development Bank (ADB) is supporting a regional technical assistance (RETA) project to strengthen knowledge and capability among developing member countries (DMCs) in the use of tools and techniques for improving performance of the delivery of services.¹ One of the key objectives of the Project is to promote the utilization of the (i) citizen report card (CRC) methodology to conduct social audits of public services and (ii) continuous improvement and benchmarking (CIB) techniques² to ensure that capacity, resources, and people are managed to deliver effective, efficient, affordable, and equitable public services. From 2005 to 2006, ADB in partnership with the Asian Development Bank Institute (ADBI) funded the development of CRC and CIB e-learning toolkits by the Public Affairs Centre (PAC) and the Australian Continuous Improvement Group (ACIG), respectively.
- b. Two modalities are adopted to promote the utilization of the techniques and toolkits. The first modality is to work with an educational and training institute in a developing member country (DMC). It is envisaged that designated members of the institute will be trained on CRC and CIB and for their institutes to subsequently incorporate CRC and CIB in their educational and training curricula as well as in their consultancy and extension functions.
- c. The second modality is to apply CRC and CIB in selected public service agencies or citizens' organizations in participating DMCs. Selected members of these agencies or groups will be similarly trained on CRC and CIB to improve work processes and performance. The actual application of the techniques in these agencies will form part of the learning process of the selected educational/training institutes.
- d. PAC and ACIG will conduct the CRC and CIB training programs, respectively. PAC and ACIG will also assist the concerned educational/training institute in incorporating CRC and CIB in their regular programs. Based on field experiences and using the feedback from the public service agencies, citizens' groups, and educational/training institute, PAC and ACIG will make the necessary enhancements and develop upgraded versions of the CRC and CIB e-learning toolkits.
- e. The South Asia Partnership – Pakistan (SAP-PK) in Lahore, Pakistan has expressed interest and subsequently been selected to participate in the RETA as a training institute which will be mentored and coached by PAC and ACIG in the use of CRC method and CIB tools respectively. In close coordination with PAC, ACIG, and the RETA Project Secretariat based in ADB Manila, SAP-PK will work with the designated team members from the ADB-assisted Devolved Social Services Project (DSSP) Punjab in applying CRC and CIB on a sub-national level of government in Lahore.

I. Implementation:

Orientation Workshop on CRC & CIB

A three-day orientation workshop on CRC and CIB has been organized to plan and commence the mentoring process. This workshop was held at SAP-PK from 5 to 7 March 2007, the workshop specifically aims to:

- a. Explain the deliverables and expectations under the Project;
 - b. Develop knowledge and skills on the use of the CRC and CIB;
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- c. Clarify and agree on the roles, responsibilities, and accountabilities of implementing partners; and
- d. Agree and commit to a firm schedule of deliverables and tasks that will meet the desired Project outcomes.

Resource Persons and Participants

Dr. Sita Sekhar and Joel Mangahas were the resource person of this workshop SAP-PK and its Partner organizations, Naizms, Male and female councilors and four Government officers participated. The resource persons gave maximum time to CRC sessions and only one session for CIB.

2. CRC and CIB workplan.

On 17th April, 2007 CRC and CIB suggestive operational Plan was chalked out for smooth implementation of the project by South Asia Partnership Pakistan.

See annexure – 1

3. Implementation of Citizen Report Card

For the CRC area of water and sanitation was selected, for Tehsil Dunya pur district Lodhran. **Collection of secondary data:** Meeting with District Coordination officer and Tehsil officials were conducted separately.

The objectives of these meetings: to get DCO orientation on Citizen Report Card and seeking his administrative support for the implementation of the program, to get secondary data for water & sanitation of Tehsil Duniapur, after getting the orientation of the program of tehsil official and find out the scope of service available to community, to conduct Focus Group Discussion in order to identify the need of stakeholders and get them involve in discussion to set the format of questionnaire.

Meeting with DCO proved very fruitful as he ensured his full cooperation in terms of information, data or any other support required for this program. He appreciated the idea of conducting this sort of survey to find out the nature of problems in any area of public service delivery. At the same time he was impressed by the methodology of the program on the ground that community feed back on any service area can help a lot in improving the service and plugging the gaps. He appreciated the idea of government and public sector partnership in order to improve the socio-economic scenario. He was of this view that now these sorts of partnerships are the only way forward for development.

In the first meeting, tehsil officials were reluctant to provide information about water and sanitation service. They got the impression as they were going to be monitored. But when they were assured that this exercise will help in improving standard of service and this program has also been implemented in other countries like Nepal, China, Ukraine, Philippines etc. After detailed discussion, official at least agreed to provide the ground realities and they promised to provide secondary data.

4. Focused group discussions:

The focused group discussion meeting with male and female user committees, Nazims, Naib nazims, councilors was held on 15th -18th May,2007in Tehsil Duniya pur. During these meetings it was observed that the urban as well as rural communities are dissatisfied with the provision of services especially water supply, sanitation and solid waste management in their areas. The participants were of the view that expectations from “Devolution Plan” could be materialized if the system of accountability, monitoring and transparency is made functional at local level.

After three focused group discussion, the situation does not look satisfactory. The people stated that T.M.A does not respond positively and there is need to launch a public awareness campaign to mobilize community to make the service delivery effective.

5. Selection of field investigators.

Total 60 candidates were interviewed, out of them 23 female investigators, 4 male supervisors and 1 male coordinator were selected under a set criteria which is following.

- To have field experience
- Could speak local language
- Communication skills
- Gender sensitive

6. Three day training workshop for field investigators

Three days training workshop was organized for the field teams by South Asia partnership – Pakistan from July3-5, 2007. Dr.Sita was the main resource person for this training.

Objectives of the CRC training workshop:

- Orientation about the concept and background of CRC.
- How to conduct interviews and filling survey form.
- Sharing and finalization of questionnaire.
- To conduct mock exercise to filling questionnaire.

On the last day, these teams visited Union council Chong near Lahore and conducted mock exercise of interview of the communities. Changes were made in the questionnaire after the field visit. They shared the status of service delivery of Dunya Pur with the facilitator regarding CRC. Dr. Sita, Dr. Meena and SAP-PK team worked on questionnaire on 7th and 8th July,2007 and finalize the questionnaire for survey.

7. Data Collection (Survey forms):

CRC field work started from 17th July to 21st July, 2007.for collection of information through survey forms by the trained investigators. The data of 600 household was collected.

See detail in annexure ii & iii.

This data was collected from 7 union councils, (2 urban union councils and 5 rural union councils) The sample was collected according to proportion of population density.

Now data entry of 600 households' survey forms is in process.

8. Continuous Improvement and Benchmarking (CIB)

Field visit regarding Continuous Improvement and Benchmarking (CIB) technique to district Mianwali on June 7- 8th. Objectives of the field visit were;

- To hold orientation meeting with District Nazim and Executive District officer of Health and Education on Continuous Improvement and Benchmarking
- To organize meeting with Health and Education department officers to orientate them about the objectives and effectiveness of CIB and also shared the format of CIB how to fill them in the initial stage as given in the CIB toolkit.
- To constitute a team of six or seven members of Health and Education departments.
- To obtain the willingness letter from head of district Government Mianwali.
- To start CIB with mutual understanding of Health and education departments.

Orientation Meeting with District Nazim and EDO Health and Education departments.

On 7th June, 2007 one day Orientation Meeting with District Nazim, EDO Health, Education and partner organization was conducted at District Nazim office Mianwali.

After introduction, the SAP-PK representative briefed about the CIB.

“CIB technique makes the service delivery affordable, accessible and more effective to the people. It also increases the revenue of Governments. We will only support selected departments to increase their efficiency and to generate revenue.”

District Nazim argued that there is great contrast between Pakistan and other countries in respect of service delivery. A country like Pakistan, where 40 per cent population lives under poverty line, how can we put extra burden on the poor people for charging fee from patients

he asked. District Nazim was of the view that this aspect of CIB to increase revenue is difficult to apply here. He stressed that there is a shortage of qualified doctors and Para-medical staff in our hospitals. He stated that district government is interested in earning money. People already are paying heavy taxes. The District Nazim extended full cooperation to SAP-PK for the implementation of CIB techniques in Medical and Education sector in district Mianwali and also advised his P.A to issue willingness letter regarding CIB to SAP-PK.

Meeting with community organization of Wan Bachran (Mian Wali)

7th June, 2007(8:00pm)Venue: Sanjh Development Foundation Wan Bachran

The peasants, workers, teachers, union council secretary and civil society member expressed their views about existing situation of service delivery. Basic Health Unit (BHU) building was constructed in 1985 in Union Council "CHIDRO" Only one male doctor has been deputed in the BHU. There are no proper health facilities available in the BHU.

Lady doctor is available in district head quarter hospital (DHQ), the delivery case hospital charge Rs. 50 only, where as private clinics are charging Rs. 3000/-. The gynecologist caters cesarean /operation cases in the residential quarter of civil hospital. The doctor also recommends long list of prescription. The provincial government has issued notification to the hospital employees doctors to avoid private practice. The doctors are hired on contract on adhoc basis, therefore they feel insecure.

People complained that the doctor in the dispensary charges Rs. 700/- from the injured patient. In Pakka Ghanjera, Midwife is available to perform the delivery cases and charges Rs. 500.

Now the people have given up complaining against the departments, as the Government offices are not replying to people. Substandard drugs are very common in the market. Doctors also get commission from medicines companies. At the end of this meeting they gave some suggestions for improvement of health and education services (specially health related).

- Civil society organizations should run at least one BHU as a model.
- The doctors should have job as well as life security in the remote areas.
- Govt. should provide incentives and minimum salary package Rs.30, 000/ per month.
- District monitoring committees under LG system are formed but not functional and active, so there is need to made them functional and active to monitor LG service deliveries
- Government should monitor sale of drugs quality in the market.
- Concerned departments should be made accountable
- Nazim should monitor the departments / service deliveries and medicine quality.
- The hospital timings are not observed properly
- There are multi education systems. There should be single educational system in the country.
- There in no college for girls in Wan Bachran.
- Education and Health committees are made active.

Meeting with health and education department officers' District Mianwali.

On June 8th 2007 a meeting was organized at DHQ Mianwali.

Time: 10:30am

Participants:

EDO-Education, Education, partner organization and SAP-PK team.

After the participant's introduction, the facilitator highlighted South Asia Partnership-Pakistan's vision, mission and its thematic areas. The facilitator stated that SAP-PK has started CIB technique in district Mian wali. Team discussed detail of CIB technique and implementation steps. The district health officer and other participants raised the following questions related to health department.

- 1- What is the methodology of SAP-PK to improve health services through CIB techniques?
- 2- Will the CIB survey be started in the whole district or in specific area?
- 3- The corruption prevails in the district, as this issue was also highlighted by district Nazim in the last meeting?
- 4- There is a lack of efficient staff, experienced and qualified doctor and there is shortage of equipments as well.
- 5- There is a lack of resources and infrastructure in Education department?
- 6- Sometimes doctors have to face insecurity problem in the remote BHU in our district? Can SAP-PK provide them security?
- 7- How SAP-PK would tackle local and policy level issues of the district?
- 8- Due to policy complications, there are vacant seats in many BHU's for last many years. Health deptt. could not manage to recruit staff.
- 9- Many other NGOs visited our district conducted survey and also organized training but our need is of different sort? Only training can not fulfill our requirements.
- 10- Explain SAP-PK strategy regarding our issues.

The facilitator responded with the help of CIB technique. we would explore the gaps at community level as well department and at service delivery level. Collected data through survey form would lead us to resolve the issues at service provider and community level. Capacity building is an integral part of CIB techniques.

At the end of the discussion, a team was constituted on Health and Education officers. The facilitator also shared a format "The customers and suppliers and the inputs, outputs and outcomes of the process" regarding CIB technique which will be filled by this team. It was mutually decided that this team would complete this format in a week and forward to South Asia Partnership – Pakistan office for further process.

8. Three days orientation workshop on CIB technique

Three day orientation workshop conducted from 8th – 10th August, 2007 at SAP-PK office. Mr. Joel Mangahas facilitated which was very informative and proved fruitful for SAP-PK staff and Steering Committee members from District Mian Wali. He gave very comprehensive presentation on Why CIB, Role of partners, purpose of CIB, process of map, steps of each phase, tool and technique and implementation of CIB. 6 members from SAP-PK Advocacy unit and 3 members from Steering committee of Mianwali participated. Mr. Joel gave a detail orientation. and helped team in finalize the issue which need improvement After group work and plenary discussion. Steering committee decided that they will start work on supply of medicines in Basic Health Unit WahBachran Mianwali. From 24th August ,2007 SAP-PK team and 8 members of steering committee has started work on CIB.

Outputs under the project:

- Linkages have been developed with Government line agencies and Local Government institutions.
- Local talent in form of experienced and educated surveyors was identified.
- Knowledge and capacity enhancement of public representatives engagement in the project.

Implementation Plan and Achievements.

S. No	Activity	Tentative Date	Achievements.
1	Letter for confirmation from Nazim (L.G),GLI, TMA and SAP-PK NGO partner.	April 18 , 2007	18 th April ,2007
2	Draft Questionnaire	April 20, 2007	24 th May,2007)
3	Meeting with DCO, Teshil Nazim, Tehsil officers,GLAs, representatives of NGOs.(To orientate them to the program and collect available secondary data)	May 03-04,2007	3-4 May,2007
4	Questionnaire preparation	May 20,2007	4-5 July,2007
5	Selection of Surveyor	June 01-07	15-18 May,2007
6	Training of Investigators	15-17 June-07	3-5 July,2007
7	Pre-testing of Questionnaire	June 18-19-07	5 th July,2007
8	Orientation meeting of CIB with District Nazim, Health and Education Deptt in Mian Wali	6-9 June-07	6-8 June,2007
9	Finalization of Questionnaire &preparation for field work	June 28-07	6-7 July,2007
10	Field work	July 01-07	17-21 July,2007
11	Data entry and analysis	July 15-07	23July- August5,2007
12	Presentation of Data	August10, 07	Mid September (plan)
13	Mid Term Report of CRC&CIB	26July-Aug07	28 th August,2007.(Plan)
14	Public Release	August 11,07	Last week of September,2007. (Plan)
15	Final Report	August 25 -07	1 st week November ,2007 (Plan)
16	Final Report send to ADB	August 30,2007	October,2007(Plan)

Annexure-ii

**Village wise detail
CRC Dunyapur**

U.C	Village	Forms filled
Urban		
49	Housing scheme	29
	Basti Sharaf Din	20
	Civil Hospital	8
	Primary school # 2	10
	Hassan Street	35
50	Mohalla Rajputan	18
	Mohalla Arrian	16
	Block No 1	27
	Railway station	22
	Eid Gah	16
Rural		
30	Makhdoom Aali	23
	366/WB	35
31	358/WB	30
	360/WB	25
	365/WB	24
37	Qutab Pur	26
38	319/WB	25
	327/WB	20
	321/WB	23
36	355/WB	29
	339/WB	30
39	315/WB	18
40	281-83WB	41
386/WB	364/WB	27
	374/WB	23
		600

Annexure-iii

As on 17 July to 21 July 2007

S #	Name	Day 1	Day 2	Day 3	Day 4	Day 5	Total
1	Muhammad Riaz(Supervisor)						
2	Rashida Parveen (surveyor)	3	6	5	8	8	30
3	Shabana Kosar (surveyor)	3	9	5	7	6	30
4	Nadia Parveen (surveyor)	4	8	5	7	6	30
5	Shahida Parveen (surveyor)	6	7	6	8	3	30
6	Mevish Farooq (surveyor)	6	6	6	6	6	30
	Sub-total						150
7	Choudhry Ghafoor(Supervisor)						
8	Nazia Mahmood (surveyor)	5	8	5	8	4	30
9	Musarat Shaheen (surveyor)	5	7	6	7	5	30
10	Ameer Bibi (surveyor)	4	8	5	6	7	30
11	Shafida Anjum (surveyor)	5	6	6	7	6	30
12	Rukhsana Kosar (surveyor)	4	6	7	6	7	30
	Sub-total						150
13	Aasim Majeed (Supervisor)						
14	Sajida Parveen (surveyor)	3	8	7	6	6	30
15	Shumaila Naeem (surveyor)	4	7	8	6	6	31
16	Noreen Akhtar (surveyor)	5	6	6	5	7	29
17	Rafia (surveyor)	3	8	8	6	7	32
18	Nasreen Ramzan (surveyor)	3	7	7	6	6	29
	Sub-total						151
19	M. Aziz Abbas (Supervisor)						
20	Shamshad Kosar (surveyor)	5	8	8	6	6	33
21	Mukhtiar Bibi (surveyor)	3	9	7	6	7	32
22	Khadija Bibi (surveyor)	3	6	7	6	6	28
23	Iqbal Kosar (surveyor)	3	5	7	5	7	27
24	Naseem Akhtar (surveyor)	3	8	7	5	6	29
	Sub-total						149
	TOTAL						600