Government-CSO Partnerships and Collaborations: Lessons from India

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India

Partnership for Development Knowledge Conference
Supporting Constructive Engagement between Government of Yemen and CSOs

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About CUTS International

- Indian origin International Organization
- Headquartered in Jaipur, India.
- Established in 1983, pursuing social justice and economic equity within and across borders.
- Work through five programme centers and seven resource centers: seven in India, three in Africa (Lusaka, Nairobi & Accra), one in Geneva and one in Hanoi and have direct interventions in about 35 countries.
- Good Governance is one of the key programmatic area.
- CUTS mainly work on non-traditional development issues such as competition, regulation, trade policy issues etc.
- More details at: www.cuts-international.org

India: At a Glance

- **Population**: Second most populous country in the world, with over 1.21 billion people (2011 census) more than a sixth of the world's population
- **Government:** Largest Democracy in the World; Federal Republic (29 states and 7 Union Territories): Multi party system
- **Head of state**: President; **Head of government**: Prime Minister
- **Indian Parliament:** Comprises two Houses: *Lok Sabha* (House of the People), and *Rajya Sabha* (Council of the States)
- **Ethnicity/Religions**: India has more than 2000 ethnic groups, and every major religion in the world (Hindus (80.5%); Muslims (13.4%); Christians (2.3%), Sikhs (1.9%)..
- **National Languages**: Hindi & English (There are 22 official languages, 398 living languages and 1962 dialects)
- **Growth rate**: 4.9% 2014 (10.1% 2010) **Per Capita**: USD 1489
- **Poverty rate** (less than a dollar a day): 21.9% (264 million)

India & Yemen: Relationship & Similarities

- India and Yemen have deep rooted historical, cultural and trade relations lasting for centuries.
- In 1839, Aden became part of the British Empire and was administered by the Bombay Presidency and the Indian Rupee was made the official currency in Aden.
- Aden administration was separated from India in April 1937
- Indian mission was set up in Aden in 1950. Recognised Yemen in 1967. Indian Embassy in Sana'a established in 1970.
- Today bilateral trade ties of over US$ 3.25 billion (2011-12)

If Yemen was my home instead of India, would have been

- **3.3 times more** chance of being unemployed
- Consume **2.8 times more** oil
- Use **63.67% less** electricity
- Make **19.35% less** money
- Spend **18.6% more** money on health care
- Be **66.67% less** likely to have HIV/AIDS
- Experience **2.45% more** of a class divide

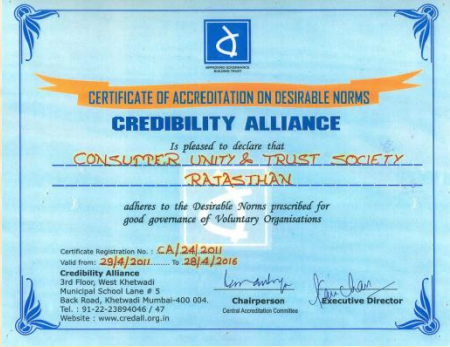
Why Engagement?

- A robust civil society, is necessary for democracy to thrive
- Constructive engagement between citizens and their government is an essential ingredient of representative democracy.
- Involvement of CSOs is also a primary way of achieving participatory development
- Citizens must articulate their concerns and government officials must listen to them.
- To be healthy, a representative democracy also needs to be populated by citizens, who know their rights, entitlements and responsibilities.
- CSOs' act as facilitators, mediators, protectors and advocates for citizen interests

Objectives of the engagement

- Helping in the process of delivering the services which have not been reaching remote areas
- Assisting the government to achieve its development objectives through providing public information, education and communications campaigns, awareness generation about entitlements or providing information about the situations and needs of particularly vulnerable groups;
- Helping citizens to voice their aspirations, concerns and alternatives for consideration by policy makers, thereby giving substance to governments' policies regarding freedoms of association and speech;
- Helping to enhance the accountability and transparency of government and local government programs and of officials in turn the public expenditure outcomes

History of CSO Activity in India



- Long history of civil society based on the concepts of *daana* (giving) and *seva* (service) which is part of Indian culture.
- CSOs without profit-making objectives, were active in cultural promotion, education, health, and natural disaster relief from medieval era.
- During the second half of the 19th century, nationalist consciousness spread across India and self-help emerged as the primary focus of socio-political movements
- Societies Registration Act (SRA) was approved in 1860.
- The Central Social Welfare Board was established in 1953 to promote social welfare activities and support participation through CSOs
- Self Regulation: Credibility Alliance is a standards-setting body which provide accreditation to CSOs established in 2004.

Extent & relevance of Civil Society Sector

- In a globalized world, the welfare role of state is shrinking. That space is occupied by CSOs.
- Government alone can't reach out to the masses and deliver
- CSOs plug in the gaps left by the government
- About 3.3 million CSOs work in India, majority are rural & small.
- India has a CSO for every 400 people
- 25% religious identity, 21% community/social service, 20% education, 34% others.
- 5 million paid employees (full-time)
- 73.4% of NGOs have one or no paid staff
- About INR 800,000 million annual turnover

Changing face

- From ideology and commitment to professionalism
- From voluntary work to career option with monetary benefit

CSOs Categories

(according to the functions that they play)

- **Representation** (organisations that aggregate citizen voice)
- **Advocacy** (organisations that lobby on particular issues, including policies)
- **Technical inputs** (organisations that provide information and advice)
- **Capacity building** (organisations that provide support to other CSOs, including funding)
- **Service delivery** (organisations that implement development projects or provide services)
- **Social functions** (organisations that foster collective recreational activities)

Legislation on CSO activity

- Laws in India classify NGOs into three categories; charitable trusts, societies, and charitable companies
- The following are the requirements of an NGO
  - Legal Registration: Society's Act (1860) or Public Trust Act (1892), Companies act (1956)
  - Foreign Contribution Registration: FCRA (1976) regulated by the Ministry of Home Affairs, Government of India
  - Tax exception: Income Tax Act of 1961
- Registration allows an NGO to receive foreign contributions, considered for government grant-in-aid and IT exemptions.
- Registration also facilitates domestic fund raising, as the IT act permits donors to deduct contributions made to register NGOs.

National Policy on CSOs 2007

- This Policy is a commitment to encourage, enable & empower an independent, creative & effective civil society
- **Specific Objectives:**
- To create an enabling environment for CSOs that stimulates their enterprise and effectiveness, and safeguards their autonomy;
- To enable CSOs to legitimately mobilize necessary financial resources from India and abroad;
- To identify systems by which the Government may work with CSOs, on mutual trust, respect shared responsibility
- To encourage CSOs to adopt transparent and accountable systems of governance and management.
- Policy recognizes 3 instruments of partnership, (i) consultation, through a formal process of interaction (ii) strategic collaboration to tackle complex interventions and (iii) project funding through standard schemes.

NGO Partnership System

- **Partnership for Progress:** This is a free facility located in the *[website of]* Planning Commission of India to bring about greater partnership between government & the voluntary sector and foster better transparency, efficiency and accountability.

Signing up on to this system will enable the NGOs to:

- Get an unique identification number
- Get details of existing VOs/NGOs across India
- Get details of grant schemes of key Ministries/Departments
- Apply online for NGO grants
- Track status of application for grants
- Website: http://ngo.india.gov.in/auth/default.php

National Advisory Council (NAC)

- NAC of India is an advisory body set up in 2004 to advise the Prime Minister of India.
- It is not a constitutional body, instead being created by the ruling government
- Reason for creation was to deepen democracy by facilitating greater pre-legislative/pre-policy consultation
- The task of NAC is to provide inputs in the formulation of policy and to provide support in legislative business.
- The NAC comprises distinguished professionals drawn from diverse fields of development activity, including majority CSO representatives, who serve in their individual capacities.
- Achievements: Responsible for the drafting of several key progressive bills passed by both UPA governments, including the Right to information act, the right to education act, the employee guarantee act, and the food security bill.

Evolution of RTI Movement in India

- The fight to guarantee the right to information was started by illiterate villagers in the state of Rajasthan
- When the government officials cheated them of wages, during a famine in the mid-1990s, and refused to provide the information under the cover of ‘Official Secrets Act of 1923’, their anger to hold the government accountable and for transparency sparked a RTI movement that spread across the country
- National Campaign for People’s Right to Information (NCPRI), founded in 1996 spearheaded the campaign for a national law to ensure fundamental right to information
- Forced the Rajasthan state government to pass the RTI Act in 1997. Many state governments followed the path.
- Finally Indian Parliament was forced to enact a Freedom of Information Act (2002) and later the RTI Act (2005)

Health Sector: Key Challenges

- The growing demand for the quality health care and the absence of matching delivery mechanisms.
- High absenteeism, low quality in clinical care, low satisfaction levels of quality care and rampant corruption plague the system.
- This has led to mistrust of the system, rapid increase in use of the private sector and attendant problems, high out of pocket expenditure that take a serious toll on families and quality of care.
- A weak voice and low accountability between public sector employees and citizens in the health care sector is the key binding constraint to effective delivery.
- Public spending on health in India is very low, it enhanced to about 2.5 percent of GDP

Collaboration with CSOs in the Health Sector

- **Mother NGO scheme** is under the Reproductive and Child Health Programme of Ministry of Health & Family Welfare, GoI.
  - Dept. of Health identifies and sanction grants to selected NGOs called Mother NGOs in allocated district/s.
  - MNGOs, in turn, issued grants to smaller NGOs, called Field NGOs (FNGOs), in the allocated district/s.
  - The grants were to be used for promoting the goals/ objectives as outlined in the Reproductive and Child Health (RCH) Programme of GoI such as Maternal and Child Health; Family Planning; Adolescent Reproductive Health and Prevention, Management of Reproductive tract infections (RTIs) etc.
- **Service NGOs** are providing a range of clinical services and non-clinical services directly to the community. For example, services for safe deliveries, neo-natal care, treatment of diarrhoea, acute respiratory infections (ARIs), Reproductive tract infection (RTI) etc.

National Rural Health Mission: Context

- National effort at ensuring effective healthcare in rural areas, especially to the poor and vulnerable sections launched in 2005
- One of the reasons for the failure of the vertical health programs in the past was lack of community ownership, which impacted level of efficiency, accountability & effectiveness
- Aim: To undertake architectural corrections in the health system to enable it to effectively handle increased allocations and strengthen public health management and service delivery
- Objective: Reaching affordable, quality health care to the poorest households in the remotest regions
- Space for community participation and ownership runs through the NRHM.
- Accountability framework: 3 pronged process that includes internal monitoring, periodic surveys/ studies and community monitoring

Engaging Communities for Better Health Service Delivery

The Intervention

'Ensuring effective service delivery through community monitoring of health services in 30 Primary Health Centers in Tonk district of Rajasthan, India'

Project Partners:

Results for Development (R4D) Institute
Human Development Network (HDN), Office of the Chief Economist, the World Bank &
Department of Health, Government of Rajasthan

Methodology

- Participatory Absenteeism Tracking Process (PATP)
- Citizen Report Card ; Interviews of service providers
- PRI/VHSC members; Focus Group Discussions
- Interface Meetings; Community based Monitoring model

Participatory Absenteeism Tracking Process (PATP)

CHART A

PHC Monitoring Schedule

Day	Monitor 1	Monitor 2	Monitor 3	Monitor 4	Monitor 5	Day	Monitor 1	Monitor 2	Monitor 3	Monitor 4	Monitor 5
1	10:00					16	10:00				
2		11:30				17		11:30			
3			5:00			18			5:00		
4				10:00		S	U	N	D	A	Y
5					11:30	19				10:00	
6	5:00					20					11:30
S	U	N	D	A	Y	21	5:00				
7		10:00				22		10:00			
8			11:30			23			11:30		
9				5:00		24				5:00	
10					10:00	S	U	N	D	A	Y
11	11:30					25					10:00
12		5:00				26	11:30				
S	U	N	D	A	Y	27		5:00			
13			10:00			28			10:00		
14				11:30		29				11:30	
15					5:00	30					5:00

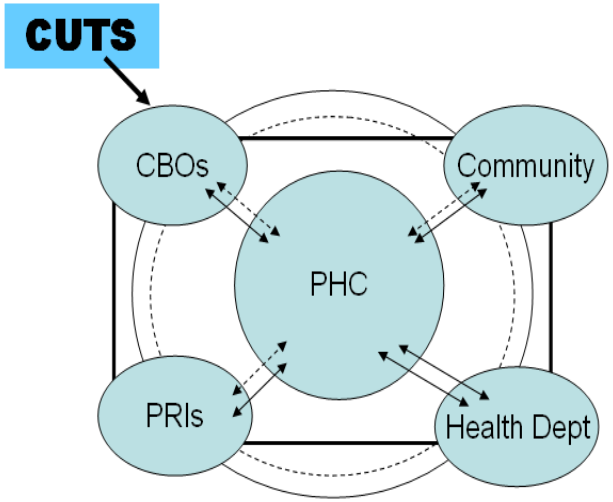
Problems identified

- *No doctor, no medicine*
- Lack of faith of the community in services at PHCs
- Poor awareness on entitlements & available services at PHCs
- Lack of awareness about grievance redress mechanism
- Acute shortage of medicines/medical facilities
- 24x7 hospitals have one doctor
- Lack of access, PHCs are not located centrally
- Lack of cooperation of the Community in the functioning of PHCs
- Political interference, in staff appointment, location of PHCs
- Shortage of doctors to work in rural areas

Results, Outcomes

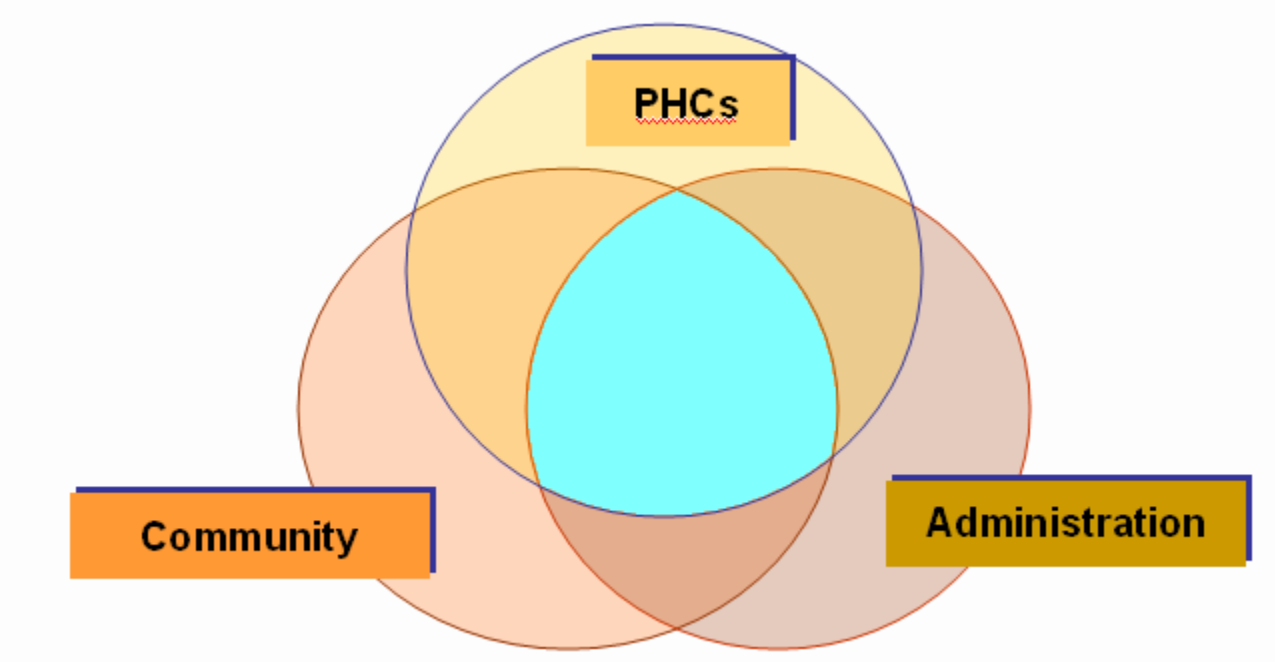
- Improved Service Delivery: Increased availability of medicines and presence of health providers
- Transparency: Display of the names of the service providers on the wall of PHCs along with their mobile numbers and display of stock of the medicines on the wall and updated regularly.
- Participation: Increased participation of the community, monitoring, ownership and regained faith in health services and Increased involvement of local governments
- Advocacy: Community is also putting pressure on the health department to make the medicines available in sufficient quantity in this case.
- Govt. Response: Took action on the recommendations, initiated training for Village Health & Sanitation Committees (VHSC) and surprise visit by higher officials and action on unauthorized absence.

Community Monitoring Model



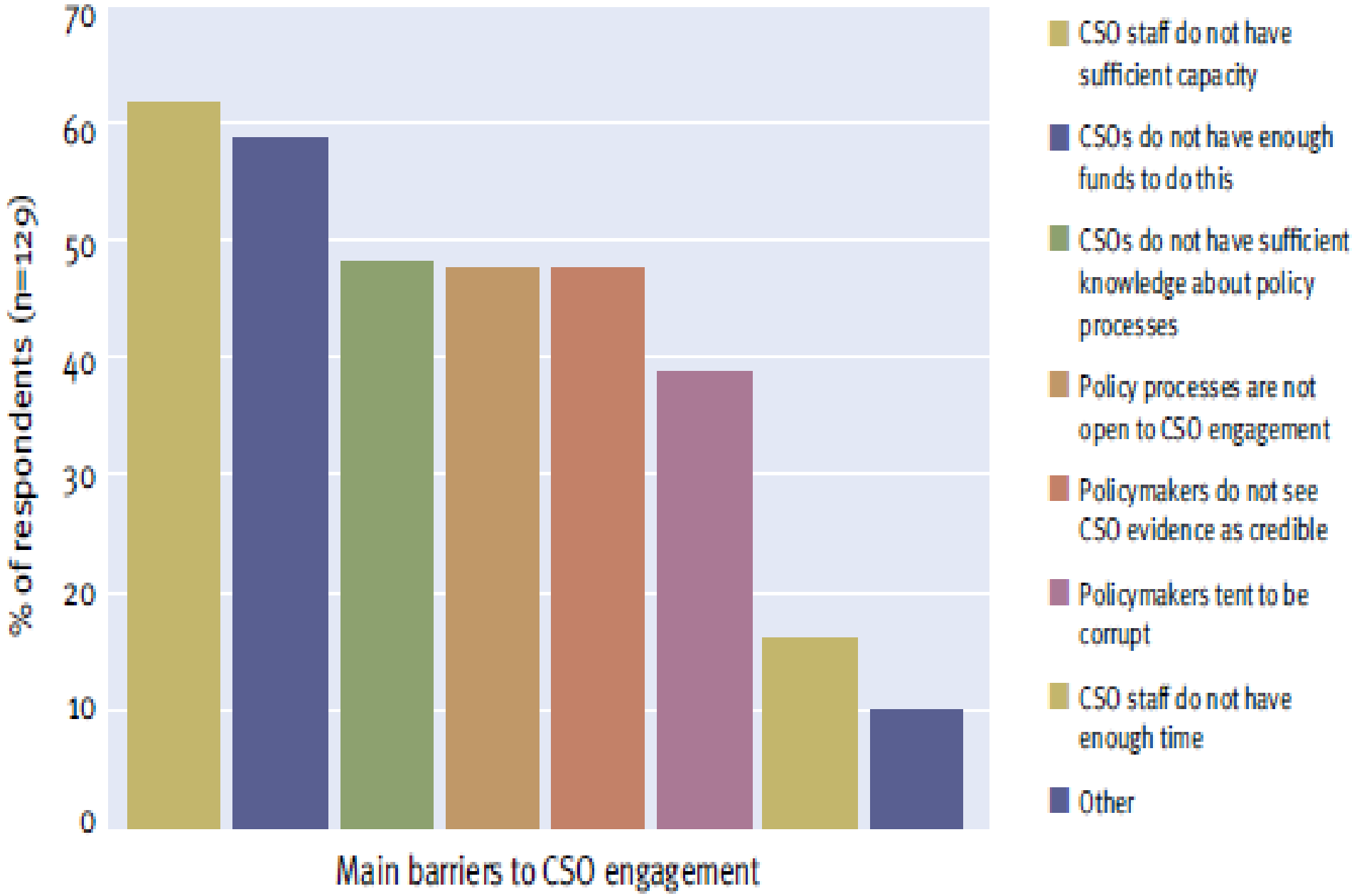
PRIs
PHCs Officials
Community
Local CBOs
Dist. PRIs/Admin
District Health Dept
CUTS
TAP
State health dept.
Media.
R4D
The World Bank

Enhanced Engagement



Enhanced Service Delivery

Main Obstacles to CSO Engagement in Policy Processes



Approaches for Effective Policy Engagement

Key obstacles to CSOs	Targeted solutions for effective policy engagement
External	
Problematic political contexts constrain CSO work.	Different responses include: • *Campaigns* – to improve policy positions and governance contexts. • *'Boomerangs'* – working via external partners to change national policy. • *Policy pilots* – to develop and test operational solutions to inform and improve policy implementation.
Internal	
Limited understanding of specific policy processes and the politics affecting institutions and actors.	Rigorous *context assessments* enable a better understanding of how policy processes work and the opportunities for policy entrepreneurship.
Many CSOs remain in a mode of opposition to government and have weak strategies for engaging with policy processes.	*Better strategy* would help CSOs to identify critical policy components (agenda setting, policy formulation and implementation, monitoring and evaluation) and the different engagement mechanisms and evidence needs required to maximise their chances of policy influence.
Inadequate use of evidence.	*Better evidence* could help CSOs have a greater impact on policy processes. CSOs need to ensure that their evidence is: relevant, objective, credible, generalisable, and practical.
Weak communication approaches in policy influence work.	*Better communication* aids CSOs in making their points accessible, digestible and timely for policy discussions. Two-way communication is critical. CSOs should use existing tools for planning, packaging, targeting and monitoring communication efforts.
CSOs work in an isolated manner.	*Network approaches* help CSOs make linkages and partnerships with other stakeholders. CSOs need to be aware of the 10 keys to network success.
Capacity constraints for policy influence.	*Systemic capacity building* helps CSOs build their own capacity or access it through networking.

Thank You