

Building Capacities of Women and Health NGOs to Monitor and Evaluate International Development Commitments in Asia

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1. Introduction to the ARROW Project

A series of international UN conferences were held during the 1990s² focussing on development and social justice issues, in which development priorities were collectively demarcated by a combination of state parties, the donor community and the UN system. The formulation of these priorities was heavily influenced by the efforts of progressive civil society groups to redefine development agenda and frame it in a human rights perspective. The expectation was that this paradigm shift would shape policy formulation and budget outlay for the next twenty years.

But despite the rhetoric at the international level, social justice concerns were not foremost on the political agenda of several Asia- Pacific countries. The apparent reason was that most of them were undergoing debt-related crises, but a deeper reason was that most of them had not internalized the paradigm shift at the decision-making level. Thus implementation of the commitments became heavily dependent on external development aid or UN intervention.

Within this context, the Asian-Pacific Resource and Research Centre for Women, **ARROW**, Malaysia started a programme to build capacities of women and health NGOs entitled *Programme for Promoting and Securing Women's Health and Rights Post Cairo and Beijing* to monitor the commitments made at the ICPD (Cairo, 1994) and Beijing (1995) conferences. The three year project funded by DANIDA through the Danish NGO **DFPA** (earlier through K.U.L.U.) worked through seven partner organisations in four countries (India, Pakistan, Vietnam and Philippines) who were in turn implementing the project through wider networks of women and health NGOs. The ARROW project was based on four priority areas, namely,

- Women's rights to comprehensive, accessible, affordable and quality health services
- An approach of sexual and reproductive health and rights rather than a narrow maternal health and family planning approach with demographic objectives
- Women centred and gender sensitive approach addressing the effects of gender inequality on women's health, and including women's perspectives and experiences in health policies and programmes
- Violence against women as an important health concern

There was a real possibility that the rhetoric of these conferences would not translate into reality unless the commitments at the international level were actively monitored by civil society and human rights organisations. The accountability of state parties and the donor community in implementing the human rights approach to development had to be established and constantly

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² International Conference on Population and Development, 1994, Fourth World Conference on Women, 1995, World Summit for Social Development, 1995, World Conference on Human Rights, 1993

evaluated. Moreover the community had to be made an active stakeholder in ensuring this implementation. However, civil society groups also needed to sharpen their own capacities as well as develop their frameworks and tools for monitoring and evaluation work.

The following paper is based on the implementation and follow-up of this project between 1999-2002 by SAHAYOG, an NGO working in Northern India, and implemented through a network of over a hundred women and health NGOs of the region called **HealthWatch UP-Bihar**. In this project, SAHAYOG focussed on the first two areas of concern, namely, *women's right to quality health services within a reproductive health and rights framework as opposed to a narrow population control approach*. The paper presents a fairly unique experience in which civil society organisations mobilised the community to monitor and independently evaluate the state and donors for implementation of development commitments made at the international level. The experience from the project throws up some questions for the entire meaning of 'development evaluation' as a concurrent process, an ongoing monitoring of the donor or state actor, by the affected community themselves, through informed civil society organizations.

2. The SAHAYOG Experience

The project was implemented by SAHAYOG in the states of northern India, namely Uttar Pradesh, Bihar, Uttaranchal and Jharkhand between late 1999 and early 2002. It was implemented through the partners of the network HealthWatch U.P.-Bihar of which SAHAYOG has been acting as the Secretariat since 1998. The context of the region and the background of HealthWatch U.P.-Bihar is described below, followed by the description of the actual evaluation process.

a) Context:

The Region: India has long been the cynosure of development assistance on population, more so since it crossed the one billion mark in 2000 May. Since the 1970's the state has been promoting aggressive population control programmes using incentives for acceptors of terminal contraception, and disincentives for providers who are unable to motivate enough contraceptive usage. In the late seventies, the forced sterilisations of men made the government extremely unpopular and contributed to an electoral shift. Since then, the approach has been to focus on women for both terminal and spacing methods of contraception.

The northern states of Uttar Pradesh, Bihar, Uttaranchal and Jharkhand account together for over a fourth of the total population of India, at two hundred and fifty million. These states also have some of the worst development indicators, for example for women's literacy, maternal health and nutrition. Local as well as international anxiety about the population figures has led to strongly target-oriented contraceptive programmes favouring terminal methods for women. The USAID had already launched in 1994 a 325 million dollar ten-year project to support the state of Uttar Pradesh (including Uttaranchal) in the population control programme³.

In 1996, the government of India declared its intention to shift away from the population control target oriented approach to a community needs-based target-free approach within a framework of wider reproductive health services. Apart from that the government is also using World Bank support for a Reproductive and Child health programme. The National Population Policy of 2000 kept to this framework; moreover it highlighted men's roles and responsibility. However, the

³ The implementation was through a semi-government 'NGO' called State Innovations in Family Planning Services Agency (SIFPSA) working in selected districts.

paradigm shift did not easily percolate down to the providers and programme managers. The Uttar Pradesh government announced a state population policy in 2000 (with the support of the USAID) which once again stressed the achievement of contraceptive targets for population control⁴.

The Organisation: HealthWatch Uttar Pradesh-Bihar (HWUPB) had been active in the process of providing feedback to the state and donors since its earlier documentation in 1998-99 of the post-ICPD implementation of the Family Welfare programme in Uttar Pradesh. The report called *Voices From the Ground* was printed and widely shared with NGOs, government and donors at various state, national and international fora for the ICPD+5 process. The HWUPB group today has a large constituency of over two hundred NGOs, including women activists, media persons, academicians, students and people's representatives, spread across the four states of Uttar Pradesh, Uttaranchal, Bihar and Jharkhand. It is engaged in advocacy and monitoring of programmes and policies related to women's health and rights. The network has a Secretariat that is hosted by SAHAYOG at Lucknow, Uttar Pradesh. Activities include policy monitoring and advocacy, programme monitoring, media advocacy, documentation and dissemination, meetings and workshops for advocacy with different actors at different levels, capacity building, working with other alliances and networks, and conducting or participating in campaigns.

b) Methodology

The *objectives* of the evaluation were:

- ❑ To assess state performance in ensuring women's right to quality health services within a reproductive health and rights framework as opposed to a narrow population control approach.
- ❑ To strengthen the capacities of civil society and the community to carry out ongoing monitoring of the above

The evaluation *methodology* used by SAHAYOG in this project included the following components:

- ❑ Policy analysis
- ❑ Case studies of women's experience of state reproductive health services
- ❑ Opinion Poll of community respondents
- ❑ Review of secondary data

Centrality of the people as evaluators:

The evaluation was based on *the principle that the state is accountable for upholding the constitution and the human rights of its citizens, and it needs to maintain transparency about its performance in doing so. Community and civil society groups have the right to independently monitor and evaluate development interventions made for their benefit by the state and donors*¹.

Development aid evaluation need not be limited to consultants and civil servants. Neither does it need to be a centralised or unilateral function. Within a democratic set-up the people have the right to evaluate what has been allocated for their development. The process of resource allocation including resources obtained through international aid should be transparent to all people's representatives. Ideally the state should invite independent civil society organisations to evaluate its own performance or be present on monitoring bodies. In the absence of this, the substantive content of the evaluation is the analysis of data available from the state's own sources to assess its performance regarding the implementation of appropriate policies.

⁴ The USAID supported the policy formulation with a grant of 50,000 USD, and it was prepared by the international consultancy group, The Futures Group International. Their Policy Project was sited in the office of the SIFPSA itself.

c) Activities

Building Multiple Stakeholders:

To strengthen the process of monitoring, it was imperative to involve a broad spectrum of stakeholders rather than do it alone as a single agency. In early 2000, SAHAYOG began the process of identifying partners who wished to collaborate on the project with a women's health rights perspective. Meetings, intensive workshops and training programmes continuously built up the capacities of these NGOs as an informed and strong civil society coalition. Moreover, academicians, several media persons and human rights organisations were closely involved in the coalition.

Information was regularly disseminated to them through a local language newsletter that informed them of policies and positions nationally and internationally. Briefing sheets on the international agreements and human rights instruments in the local language, as well as summaries of the national policy and programme announcements related to the core issue were disseminated to build awareness of the international standards and benchmarks by which aid and development can be evaluated. A very simplified version of the key policy document (the State Population Policy of Uttar Pradesh, 2000) was prepared for the rural community as well.

Analysis of secondary data:

Available data from the state sources were used to create a composite picture of the Quality of Care in the state of Uttar Pradesh. The quality of care framework for family welfare services included six parameters identified by Bruce and Jain, 1988. The sources included: the National Family Health Survey II (NFHS II) of 1998-99, Service Statistics for three years, a study by SIFPSA on Sterilization Failure in Uttar Pradesh, the Population Council review of the Uttar Pradesh Family Welfare Services (M. Premi, 1994) and the Health Review of Uttar Pradesh state, *UP Swasthya Sameeksha 2000-2001*

Policy Analysis:

This included media scanning, search for policy announcements, obtaining drafts of policies and Bills, election manifestos, budget speeches and budget details, donor announcements and state data. Through an intensive process of analysis, the HWUPB group was able to evaluate different policies and policy drafts through a pre-determined framework. The framework included human rights instruments and agreements like the Human Rights Declaration, CEDAW⁵, Declaration on Health For All by 2000 (Alma Ata), Cairo ICPD⁶ Programme of Action, Beijing FWCW⁷ Platform for Action. Apart from this, the analyses were also based on the constitution and current national policies of the Government of India such as the Target Free Approach in Family Planning programmes, the Reproductive and Child Health programme, and the National Population Policy 2000. Collective critiques were prepared and widely shared for feedback from peer groups.

Case studies of women's experience of state reproductive health services:

In order to understand the current situation with regard to quality of care of services the evaluation looked at women's (client's) experiences with routine family welfare services. In December 2000, a media person and a women's organization in eastern Uttar Pradesh identified

⁵ The Convention on the Elimination of all Forms of Discrimination Against Women

⁶ International Conference on Population and Development, 1994

⁷ Fourth World Conference on Women

the first three cases of coercion and gross medical neglect. A 15-year old girl was passed off by the government health worker as a 23-year old mother of three children and forcibly sterilized. A young *Dalit*⁸ woman was persuaded for sterilization by a government health worker who had never attended her through all her four pregnancies and childbirths. The doctor at the hospital cut the woman's aorta during the operation and she instantly bled to death. Another young mother of two went to her local hospital for a normal delivery and was given an injection, to which she had a violent reaction. The doctor refused to handle the case, so she died without giving birth. In all the cases, the health department officials refused to take culpability and counter-attacked the victims or their survivor instead.

More such cases were identified through newspaper reports, reports from NGO partners or media persons and documented by a central team. They included forced sterilization, sterilization failure and neglect, maternal deaths due to neglect, violations of all medical norms at sterilization camps, abortion complications and deaths. A total of thirty eight case studies were documented, which appear to represent the tip of the iceberg in terms of the magnitude of cases. The study came across a variety of negative experiences that included-

- Gross negligence, apathy, poor follow-up – in summary poor quality of care of health services provided by the Health and FW department
- Providers offer inadequate contraceptive method choice, putting emphasis on sterilization and provide insufficient counseling. They are ill-equipped to handle emergencies.
- Government's lack of accountability at the level of service provision – Auxiliary Nurse Midwife, Primary Health Centre (PHC), district hospital.
- Eyewitness descriptions of mass sterilisation camps, PHCs showing negligence, apathy and in some cases, lack of basic health care services.

The survivors were asked if they wanted to present their cases at the Public Hearing, and invited to come to the state capital of Lucknow.

Opinion Poll of community respondents:

In order to take the policy directly to the people, the salient points were collated and included in the questionnaire for conducting the Opinion Poll. This was especially necessary so that people could give an informed opinion. The poll was aimed at collecting people's opinion on the Uttar Pradesh state population policy as well as accessibility and Quality Of Care (QOC) of the existing Family Welfare services. Between January and March 2001, there were a series of twelve regional workshops in ten districts in every corner of the state, attended by a total of about 200 NGOs, media persons, academicians, students, women activists and lawyers from the regions. At each workshop, NGOs voluntarily took responsibility to present the policy in the community and conduct the Opinion Poll with ten community leaders of a development block.

The Results of the Opinion Poll

The opinion was collected from 1031 individuals (of whom 524 were women) through structured questionnaires and covered 31 district all over the state. A total of 276 (26.8%) respondents belonged to urban areas and the rest, i.e.; 755 (73.2%) belonged to rural areas. Out of 1031 respondents 228 (22.1%) were elected representatives, and 422 (41.2%) had clear leadership roles in their community.

Their Evaluation:

- 88.1 % felt the target approach did not lead to greater efficiency,
- 71.9% opined that targets should not be put on the government workers.
- 61.1% also felt this approach certainly would not reduce the population .
- 81.7% voted that safe abortion services should be included
- 90.3% declared that men must take responsibility for family planning.
- 76.5% also felt that the stress on hospital-based childbirth was misplaced as it was not possible for poor people.
- 87.2% people opined that hardly any one ever uses the government health services.
- 16.2% said they received no government health services at all.

d) Sharing the results

Feedback to the government:

In an effort to make the government a stakeholder in the evaluation process, an Open Letter was first drafted and shared with other women's health and rights activists in the country for feedback. After that a delegation of HWUPB partners met the Chief Minister's Secretary, as well as the Principal Secretary, Health and Family Welfare, Government of Uttar Pradesh in December 2000 and January 2001 to hand over the letter. The letter presented the strengths and areas of concern in the policy, gave a set of recommendations, and requested further discussions and consultations.

In June 2001, the NGOs, student groups, women's groups and other rights based organisations collected a large number of signatures informing the government that the proposed law to put the Uttar Pradesh state policy into practice was a violation of constitutional rights. The law aimed at forcing people to raise the Age at Marriage by penalizing those who had been married earlier than the legal age. This was done despite the reality that underage girls are actually compelled to marry early by their families. In May 2002, women's organisations used an effective media strategy to point out that another proposed law (the U.P. Population Control Bill) based on the population policy was completely in violation of the constitution. Moreover they mobilised national partners who addressed the National Human Rights Commission on the issue, which in its turn demanded an explanation from the government of Uttar Pradesh.

The Public Hearing:

A major event was the Public Hearing organized at Lucknow on 25th April, 2001 on the UP Population Policy and the Quality of State Health Services. The objectives were:

- to reflect upon the present quality of services and level of accountability of the government healthcare system in the state of Uttar Pradesh,
- to question the state policy's guarantee of safe motherhood and child survival (which are primary health issues)
- to indicate that the coercive contraception programme imposed by the state policy further violates the right to health

The Public Hearing was attended by 250 partner NGOs and women's organizations, survivors of state health negligence from the community, grassroots leaders both women and men, media persons and students. The Panel of Judges included a retired member of the judiciary, an eminent demographer, and a distinguished woman activist and academician who was also a Member of the National Commission on Population. Senior Uttar Pradesh state government officials were invited but did not attend. Key donors like the World Bank, USAID and Government of India were also invited. The results of the Opinion Poll had been shared at a Press Conference the previous day, therefore there was widespread and effective press coverage of the data and the Public Hearing.

During the Hearing, HWUPB presented its own collective analysis of the Policy and the results of the statewide Opinion Poll on the Policy. People's opinions were overwhelmingly against bringing targets back.

Presenting the results of the Quality of Care study, the survivors came up and spoke about their own experiences of the quality of Health and Family Welfare services, and the gross negligence they had faced. There were also eye-witness accounts of primary health centers, community health centers and the mass sterilisation camps. There were vivid descriptions of the grossly

negligent procedures at these sterilization camps, euphemistically called “RCH⁹ camps”. The family planning programme was obviously intent on promoting only terminal methods, that too focusing entirely on women. The lack of accountability of the so-called “client-centred” health services was evident. Women with gross infections or repeated pregnancies after sterilization had nowhere to go, since the acceptors had to sign a form declaring that they would not hold the doctors accountable for any failure.

A “Report Card” of the state of UP’s health services (based on government data) showed that around 35,000 women were dying every year from maternity related causes, without any reaction from the government. Around 40,00,000 women go through childbirth every year without trained attendants. About 15,000 women become pregnant every year because of sterilisation failure. Over 300 million Rupees are wasted every year because of gross over-reporting on use of Copper-T, condoms and oral pills. Only 3.2% women had been visited by any health worker in the last twelve months and only 4.4% of pregnant women had received complete check-up during pregnancy. Further, an assessment of the state’s achievements (since the Uttar Pradesh policy had been announced almost a year ago), showed that there was almost no progress in policy implementation, despite several achievements being slated for 31st March 2001..

At the end the jury presented their verdict. One juror declared the policy was anti-people, and violated human rights. She condemned the policy for treating people as numbers who had to be controlled anyhow, rather than as communities whose health, education and livelihood was the government’s responsibility. As there was huge funding in Uttar Pradesh for health and family planning, there was really no excuse for the non-performance of the government health services. Highlighting the injustice of forcing people to undergo sterilisation operations at the hands of unskilled doctors another juror declared this must stop, and a Health Vigilance Commission should be constituted to look into people’s grievances against state health care services. The retired judge advised that people’s committees should do monitoring of state healthcare. Those who have been victimized by state health negligence must be able to apply for compensation as consumers.

e) Impact

1. In keeping with the first objective of the evaluation, state performance has been clearly assessed in ensuring women’s right to quality health services within a reproductive health and rights framework as opposed to a narrow population control approach. The remarkable aspect is that it was assessed by those who are the end users of state services, those who are affected by the lack of services. The experiences of the victims of medical negligence of state health services were personally shared on a public platform for the first time. For the first time the community the main beneficiary group, provided its assessment and informed opinion on the policy and performance in Uttar Pradesh. The state’s own data provide a dismal record of its inefficiency in ensuring quality health services.

2. The second objective of capacity building of civil society organizations led to a strong coalition and great vigilance of state actions.

- ❑ Two proposed laws were stopped by timely and strong civil society action. The government of Uttar Pradesh could not implement its policy through any legislation, even though it did not review the policy in text.
- ❑ The NGOs have later retained their interest in the issue of Quality of Care and have started conducting studies of the actual conditions in the ‘camps’ where mass sterilisations are

⁹ Reproductive and Child Health

conducted. One of these studies received significant attention from a well-known national English weekly, which led to a question being raised in Parliament about the Quality of Care.

- ❑ The state media is alert to the issue of Quality of Care and provides significant coverage to health issues
- ❑ The intervention of one of the jurors at the Public Hearing prevented a similar policy being passed in another state in India.
- ❑ Civil society organisations have mobilised in the other states of Uttaranchal, Bihar and Jharkhand and proactively intervened in the making of their state population policies on the basis of lessons learnt from Uttar Pradesh.
- ❑ The women's organisations of Uttar Pradesh had a state-level Public Tribunal at the end of the year on the issue of Violence Against Women. State healthcare was recognised as a facet of violence, and the Charter of Demands of 3500 women asked for review of the population policy.
- ❑ The human rights organisations decided to take up the issue of sterilisation operations in a Public Interest Litigation with the Supreme Court.
- ❑ Other advocacy groups are supporting HealthWatch to get the issue discussed in the state legislature, through budget critiques and questions to the Minister.
- ❑ The NGOs and academicians in the country capital also moved the National Human Rights Commission on the proposed Bill to control population in Uttar Pradesh state.
- ❑ One employee (a medical doctor in the government) of the USAID project implementation organisation, SIFPSA, left his job to become a part of HealthWatch. He is engaged in the civil society movement on the Quality of Care in health services, and is currently monitoring the Quality of Care at Sterilisation camps.

f) Limitations

There are doubtless limitations to this method of evaluation. It was a pro-active step by the community and the social advocates acting on their behalf.

- ❖ The state did not directly acknowledge the feedback.
- ❖ The victims did not get redressal from the state.
- ❖ The opinions of over a thousand people in a population of 170 million are not representative data gathered systematically.
- ❖ The case studies were also identified from a very limited area where NGO partners worked. But the sustainability of the project lies in the fact that it has created the cadres of people who will keep the process of monitoring ongoing in the state.

3. Discussion

Reflecting upon the experiences of evaluation that emerged from the project, it is interesting to speculate on what would have happened if HealthWatch UP-Bihar had not done the monitoring and evaluation at all. The government of Uttar Pradesh and the key donor involved, the USAID, had formulated the policy and were implementing a programme which was in contravention of international agreements and treaties, apart from going against the national level policies. This approach to the Family Welfare Programme has the potential to negatively affect the health and lives of millions of women and men in the state, due to the apathy towards their human rights and their development rights including the right to adequate healthcare services. The absence of accountability as far as quality of care is concerned also meant that there was no forum of redressal for those whose health had been affected or lives lost. The absence of a gender component in the programme meant that women are constantly being targeted for the sterilisation operations (the last few years' figures show the percentage of operations done upon women to be increasing from 95.5% to 99.5% according to state data). This is in violation of the CEDAW

treaty as well as the Cairo and Beijing Agreements. The two laws which had been drafted by the state to implement its policy were in complete contravention of the Constitutional guarantees.

The question arises as to why internal checks and balances were not in operation to prevent this. Evaluations have certainly been conducted for the USAID project over the last several years, yet this aspect was not considered or redressed. Impact assessment has omitted the impact on the target group while assessing perhaps only quantitative results. The Central Government of India is also supposed to review the performance of the states every year, and yet Uttar Pradesh was implementing a policy with a completely different approach. It remained for a vigilant civil society to highlight the inconsistencies in policy formulation and the gaps in the implementation approach. The campaigns of the HealthWatch group stopped the unconstitutional bills from being tabled in the legislature. The fortuitous presence of an informed and capable group of NGOs was able to proactively play this role. The voices of the affected population were directly heard which made this an authentic evaluation. This unconventional process of evaluation has gathered a momentum that continues to this day.

The role of the media is significant in the entire effort. The media first brought to public notice the cases of gross medical negligence and violation of reproductive rights. The regional media attended the workshops in the districts and gave coverage to the issue. The state level media attended the press briefing the day before the Public Hearing, when the results of the Opinion Poll were shared with them. As a result there was considerable press coverage of the issue on the day of the Public Hearing. The personal testimonies of the victims of state medical negligence also got wide coverage in the media the day after the event. Since then, the media itself has been vigilant on covering issues of health and rights in the state, and has highlighted several other incidents of negligence. It has become an active ally with HealthWatch UP-Bihar on the issue.

4. Recommendation

In conclusion it is clear that development aid has to directly involve civil society and the community even while negotiating with governments. In order that the international agreements and treaties are honoured, transparency and accountability towards the target group have to be increased. All stakeholders must be kept informed of resource allocation and its purpose. It is therefore recommended that development aid evaluation be strengthened by the following components:

- ❖ Allocate resources for building civil society capacities to monitor and evaluate
- ❖ Informing civil society about the objectives of aid and the expected outcome
- ❖ Stating the principles of international agreements and treaties that are the basis for this aid
- ❖ Relating it to the government's own policies
- ❖ Inviting civil society actors¹⁰ and media to be part of the monitoring and evaluation process
- ❖ Informing the target group or community about the expected impact of the aid, and forming community monitoring mechanisms for local feedback on impact assessment.
- ❖ Ensuring transparency and the Right to Information for all concerned citizens

¹⁰ Not only NGOs who are involved in implementing projects funded by this aid, as they may hesitate in providing honest feedback