

Anti-corruption assessment and possible intervention in one  
health facility setting in NWFP

**Partnership for Transparency Fund Support to Civil Society  
Initiatives for Governance**

Submitted by  
**Heartfile**, Islamabad  
Pakistan

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## I. Background Information

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This project will be conducted in collaboration with the NWFP Government's Health Sector Reform Unit and German Technical Cooperation's Support to the Reform Unit.

Legal Status: Non governmental organization registered in Pakistan since 1999 under the "Societies Registration Act 1860" (Appendix A: Certificate of Registration).

The mission and activities:

Heartfile is a Pakistan-based non-profit, health-sector NGO, recognized for its pioneering contribution in the area of health policy, public health planning, and disease prevention and control. Its *scope of work within Pakistan* involves catalyzing change within the health sector through technical and policy support. Heartfile is contributing to health policy, public health planning and the strengthening of health system within Pakistan. Its efforts are well recognized and offer guidance to other developing countries. Its *Global scope of work* focuses on developing innovations in the health sector; it contributes to knowledge in the areas of health policy and public health planning for resource-constrained settings, and forms the empirical basis for health system reforms within the framework of an integrated approach to the prevention and control of chronic diseases. Heartfile actively participates in and plays a part in sustaining global and local partnerships.

Heartfile also hosts Pakistan's Health Policy Forum – an intellectually independent and neutral health sector *think tank*. The purpose of the Forum is to act as a mechanism of mainstreaming the contributions of the civil society in the decision making and accountability process. The Forum believes that fostering collaborative endeavors between stakeholders – both within and outside of the health sector – is critical to improving health outcomes; and that people, public action and the civil society can play a role in setting priorities, making decisions and planning strategies for improving health and well-being and that they must be encouraged and enabled to contribute their activities to nationally agreed goals. In order to achieve this purpose, the Forum performs analytical, technically supportive, and advocacy roles and performs a watch dog function. Drawing on its capacity to analyze strategic issues, it offers evidence-based, locally feasible consensus-driven policy solutions, in support of which it also takes an advocacy orientation. With a clear grounding in ethics, principles and strategic parameters, the Forum has a clearly articulated structure and an operational plan of action. Currently the membership of the Forum includes 72 institutional and more than 100 individual members.

Heartfile's byelaws give it legal capacity to accept the funding to be provided under the project (Appendix C: Excerpt from the byelaws). It also meets the other financial criteria articulated in the eligibility requirements and its accounts are audited annually by independent public auditors (Appendix D: last audited accounts). Heartfile also has the institutional capacity to implement the initiative as is evidenced by the several earlier

initiatives spearheaded by Heartfile where it took a lead on publishing national documents and bringing about major changes at a policy level as in the case of the Gateway Paper. This is also reflected in the manner in which it is leading to the creation of a new health policy within the country (Details can be accessed at <http://heartfile.org>).

Dr. Sania Nishtar has been providing pro-bono contributions to Heartfile on a full time basis for the last 8 years.

The proposal presented herewith leverages a powerful strategy to collaborate and collectively advocate for change and in doing so it will strengthen the voice of the civil society in the decision making process at a governance and accountability level.

Funding received by Heartfile to date:

- ✍ UNICEF; 2005
- ✍ World Health Organization EMRO office; 2005, 2006
- ✍ German Technical Cooperation; 2005, 2006
- ✍ Department of Cardiovascular Diseases. WHO, Geneva, Switzerland, 2003
- ✍ Department of Non-Communicable Diseases. WHO, Geneva, Switzerland, 2003
- ✍ Department of Cardiovascular Diseases. WHO, Geneva, Switzerland, 2002
- ✍ Global Forum for Health Research, Geneva, Switzerland, 2003
- ✍ Department for International Development (UK), 2001, 2003
- ✍ European Union Mission in Pakistan, 2001
- ✍ Canadian International Development Agency, 1998, 1999, 2000, 2004
- ✍ Pakistan Medical Research Council, 1997

## II. The Proposed Initiative

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### Description

#### Context:

Pakistan with a population of 160 million is amongst the ten most populous countries in the world. The country bears a significant double burden of disease. The current Under 5 Mortality Rate, Infant Mortality Rate and Maternal Mortality Ratio stand at 103, 76 and 340 respectively – these are one of the highest in the south Asian region. The burden of both infectious as well as non-communicable diseases is amongst the highest in the world. The health status of Pakistan's population illustrates that the existence many health systems, several preventive and promotive interventions and one of the largest service delivery infrastructures in the world have been unable to contribute significantly to improving health outcomes. In recent years, many alternative service delivery and financing models have been introduced at various levels, albeit with varying levels of success and a number of new health initiatives have been launched. However one of the critical limitations to the success of these initiatives is poor governance and within that framework corruption is one of the key determinants.

A recent report by Transparency International, entitled *Corruption in South Asia - Insights & Benchmarks from Citizen Feedback Surveys in Five Countries*, has identified high levels of corruption as perceived by citizens attempting to access seven basic public services in Pakistan with 100% of respondents reporting having encountered corruption during the last

one year.<sup>1</sup> The survey results showed that even when public services were meant to be freely available, bribes and delays keep many from receiving them, and it is most often the poorest in society that suffer the most. When asked about the source of corruption, most respondents answered that public servants extorted bribes. Middle and lower level civil servants were identified as the key facilitators of corruption in all sectors probed. Similarly issues of management and governance have also been identified as one of the key impediments to leveraging the potential within Pakistan's extensive health infrastructure by the World Health Organization.<sup>2</sup>

In its capacity as the only health sector think tank in the country, *Heartfile is making important contributions to improving health outcomes within the country* (Appendix E). *Heartfile has delivered many programs and is in the process of delivering others in line with this commitment.* The Heartfile-hosted Health Policy Forum is currently focused on mainstreaming health reforms in Pakistan on a health systems approach; as a preliminary step in this direction "The Gateway Paper" entitled "Health Systems in Pakistan: a Way Forward" has been published and released; the purpose of this document is to articulate the *raison d'être* for health systems reforms in the country, propose a direction for reforms and emphasize the need for an evidence-based approach to reforms.<sup>3</sup> The Health Policy Forum is using its stakeholder leverage to mainstream these reforms within the country. One of the main thematic areas of health systems strengthening is to improve governance and address corruption – an area which necessitates a detailed understanding of several issues and challenges.

One of the strategic partners in the health reform agenda within the Province of NWFP in Pakistan is the Government's Health Sector Reform Unit, which is technically supported by German Technical Cooperation (GTZ). Heartfile is currently working with both to develop a new health policy for the province (Appendix F). Building further on that collaboration to work in the area of corruption would be the logical next step.

*Heartfile is making these contributions to strengthening Pakistan's health systems without jeopardizing its intellectual independence and integrity, which is why Heartfile is selective in accepting funding. The project submitted herewith will fund an important activity to address an institutional and policy issue in the health sector and also to carry forward the good work that has been done in the past.*

#### Objective:

The objective of the project is to carry out an anti-corruption intervention in one health facility setting in NWFP in collaboration with the NWFP Health Reform Unit, drawing on the existing evidence of corruption in the health sector with a view to developing assessment and intervention tools that can later be utilized and institutionalized in other health facilities of the province.

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<sup>1</sup> Transparency International. Corruption in South Asia - *Insights & Benchmarks from Citizen Feedback Surveys in Five Countries*. 2006.

<sup>2</sup> World Health Organization. World Health Report 2000: Health Systems: Improving Performance. World Health Organization 2000, Geneva, Switzerland.

<sup>3</sup> Nishtar S. The Gateway Paper. Health Systems in Pakistan – a Way Forward. Heartfile and Health Policy Forum, 2006 accessible at <http://heartfile.org/pdf/phpf-gw.pdf>

## Envisaged outcomes:

1. Institutional buy-in into an anti-corruption agenda within the health sector in one province in the country.
2. The development of a pilot site, where anti-corruption intervention will enable bringing down the costs of corruption in financial and human terms
3. Agreed Action Plan for the NWFP Government Department of Health on an anticorruption strategy within their jurisdiction of authority
4. Development and institutionalization of anti-corruption assessment and intervention tools.

## Process:

### 1. Assessment phase:

The partners will draw on the existing evidence on corruption in the health sector. For this purpose they will review National/International surveys on corruption in the health sector and review newspapers for scientific content analysis. They will also conduct interviews with public servants and healthcare providers and the general public. To the extent possible given the time frames, Heartfile will use qualitative research methodologies for its literature review and for eliciting feedback from the aforementioned stakeholders. A simple validated instrument will be used to collect and compile information. In doing so Heartfile will try to segregate the nature, scope and causes of corruption. Heartfile will also try to bring this into sharper focus by determining the perceptions of a cross-section of Pakistanis on the issue. The analytical phase will also include the assessment of corruption from the following perspectives. In one facility setting in NWFP, these include:

- ? Payment of illegal fees demanded by doctors.
- ? Stealing medical supplies and equipment.
- ? Irregularities in procurement practices and over invoicing.
- ? Corruption in award and supervision of contracts at an administrative level.
- ? Avenues for graft in food procurement
- ? Clever book keeping.
- ? Badly managed supply rooms and lack of proper mechanisms to compel accountability.
- ? Enabling mechanism for staff to pilfer with impunity.
- ? Accounting for missing supplies by inflating the number of destitute patients.
- ? Misuse of institutional property.
- ? Outright theft of supplies.
- ? Shortage of supplies (probably paid for but not delivered or delivered but pilfered).
- ? Petty corruption such as staff collecting over out allowance when they do not stay the night or petrol allowances even when they ride in institutional vehicles.

### 2. Intervention Phase:

The partners will select a few issues for their intervention. Instruments will be developed to enable transparent monitoring and garner accountability for monitoring administrative practices and lack of transparency and accountability. This will include strengthening existing

laid down procedures that can check corruption and establishing new monitoring frameworks that reinforce them.

The intervention phase will also include the development of TORs for procurement, monitoring and accountability that will garner transparency and accountability but the application of which is outside the scope of the current project.

### 3. Dissemination Phase:

A participatory, consultative approach will be used in the discussion of results. The Health Policy Forum will advocate for collective action against the menace of corruption in health through its stakeholder-convening role and disseminate results to the media, the three levels of government and research agencies. A seminar and media activity will also be held at this stage.

### 4. Institutionalization:

A train the trainer's workshop will be held for concerned officers in the Health Reform Unit and the Departments of Health, Planning and Finance of the Government of NWFP and other monitoring agencies in order to institutionalize the tools developed.

**Innovation:** this project has many innovative dimensions to it. Firstly, Heartfile is capitalizing on its existing linkages with a Reform Unit of a Provincial Government to address the issue of corruption. In doing so it is going beyond a civil society's traditional advocacy role and its research function, which provides evidence and recommendations and is assisting in mainstreaming and institutionalizing anti-corruption changes. Secondly, Heartfile will leverage its strong civil society coalition to lend a voice to this effort. Thirdly, through Heartfile's linkages with the media, the project will sensitize the public and therefore also make a contribution to creating a demand for transparency in the public domain.

**Sustainability:** the Health Policy Forum's scope of work around health systems spotlights Governance and anti-corruption activities in the health as of the key areas around which the PHPF has worked in the past and it will continue to remain engaged in the area regardless of the status of finding through the present request since Governance is integral and critical to health policy and planning. In addition, the evaluation provided will give useful insights which will serve as a basis for anti-corruption governance strengthening interventions, which Heartfile and the Health Policy Forum will support.

### Support and participation of local agencies

The project will be conducted in collaboration with the NWFP Government's Health Sector Reform Unit (HSRU) and the German Technical Cooperation, which technically supports the former.

In addition, Pakistan Health Policy Forum consist of the following members, who would be part of the deliberative process at various stages as articulated in the Plan of Action herewith; the private sector agencies in the coalition in particular will be partners in collective advocacy and perform the watch dog function on a long term sustainable basis.

**1. Government Agencies:** Ministry of Health; National Health Policy Unit; Planning Commission; National Program for Family Planning and Primary Health Care; Pakistan Medical research council; Institute of Psychiatry; National Institute of Health; Department of

Health; Govt. of NWFP; University of Health Sciences, Lahore; Rescue 1122; National Institute of Cardiovascular Diseases

**2. NGOs:** Save the Children; The Network; SPARC; Thardeep; Marie Adelaide; Marie Stopes; Shirkat Gah; HANDS; Rural Support Program Network; People Health Movement, Sightsavers.

**3. Private Medical Academia and Service Delivery:** The Aga Khan University; Shaukat Khanum Hospital; SAHARA for Life Trust

Baqai Medical University; Frontier Medical College; Shifa International Hospital

**4. Health Allied Organizations:** Human Development Centre; Population Association of Pakistan; Pakistan Centre for Philanthropy; ORACLE; MSCL; Population Council; Sustainable development Policy Institute; Centre for Research on Poverty Reduction and Income Distribution; Pakistan Institute of Legislative Development and Transparency

**5. Development Partners:** World Health Organization; The World Bank, UNICEF; ADB; UNAIDS; USAID; GTZ; DFID; CIDA; UNFPA; Packard Foundation, John Snow International; The Asia Foundation; TAMA

**6. Professional Associations:** Pakistan Medical Association; Pakistan Nursing Council; Pakistan Society of family Physicians; Diabetic Association of Pakistan; Pakistan Association of Pharmaceutical Physicians; Pharma Bureau; Pakistan Pharmaceutical Manufacturers Association; National Council for Homoeopathy; Pakistan Tibbi Pharmaceutical Manufacturers Association, Pakistan Pharmacists Association.

Plan of Action:

Phase	Activity	Deliverable	Time-frame
Assessment	<p>A generic review of existing data and evidence; literature search and key informant interviews and focus group discussions using a validated instrument</p> <p>Development of indicators</p>	<p>Contemporary assessment of corruption in health service delivery documented in an international per review format</p> <p>Indicators to track corruption in health service delivery developed</p>	01 Month
Intervention	<p>Site selection</p> <p>Site specific assessment of corruption in procurements, contracting, book keeping, supply chain, accounts, theft, misuse, pilferage and other petty corruption.</p> <p>Intervention phase: strategizing interventions and the development and application of tools. Precise details about this cannot be given as this will be dependent on what is selected as a substrate for intervention by the partners. Heartfile and the Health Sector Reform Unit of NWFP will jointly decide on the facility to be selected based on where there would be maximum benefit in terms of intervening on corrupt practices.</p> <p>Development of an Agreed Action Plan for the NWFP Government Department of Health on an anticorruption strategy within their jurisdiction of authority</p>	<p>Site visits</p> <p>Documented on-site review</p> <p>Activities will be determined later</p> <p>Action Plan</p>	04 Months
Dissemination	<p>Results will be shared with members of the Health Policy Forum and other broad based groups of public health professional, health-policy makers, media, community groups, international experts, agencies involved in civil services reform such as the National Commission on Government Reform, with which Heartfile has collaborative linkages.</p>	<p>Publication and launch of the report</p> <p>Posting through Heartfiles website (<a href="http://heartfile.org">http://heartfile.org</a>)</p>	01 Month
Institutionalization	<p>A train the trainer's workshop will be held for concerned officers in the health reform unit in collaboration with the National Accountability Bureau and other monitoring agencies in order to institutionalize the tools developed.</p>		01 month

## Implementation Plan

Activities and outputs	Months					
	1	2	3	4	5	6
<b>1. Assessment Phase</b>	*					
Review of existing literature	*					
Key informant interviews and focus group discussions	*					
Development of indicators	*					
<b>2. Intervention Phase</b>	*					
Site selection		*				
Site specific assessment		*				
Development of tools		*	*			
Application of tools and interventions		*	*	*	*	
Evaluating impact					*	
<b>3. Dissemination phase</b>						
Publication of the report						*
Report launch (seminar)						*
Consultations with NCGR and NRB						*
<b>4. Phase of institutionalization</b>						
Train the trainer's workshop						*

## Monitoring plan

	Period covered	Date of reporting	Means	Reports
1 <sup>st</sup> M and E	Months 1-3	End of month 3	Reporting on progress and financial update	Summary report
2 <sup>nd</sup> M and E	Months 4-6	End of month 6	Reporting on progress and financial update	Summary report
3 <sup>rd</sup> M and E	Last month	End of month 7	Reporting on progress and financial update	Summary report

## Logical Framework Analysis

Narrative Summary	Performance Indicator	Means of Verification	Risks and Assumptions
<b>GOAL</b>			
Achieving better health by reducing corruption in healthcare delivery systems in Pakistan	Reduced financial and human costs; improved efficiency of health systems and improved satisfaction of health service user.	Published reports and feedback from the media and health systems channels	<p><i>Assumption:</i> major policy shifts are required in the developing world to effectively address the issue of corruption in health sector.</p> <p><i>Risk:</i> medium</p> <p><i>Mitigates:</i> global efforts are helping to prioritize systems approach in health systems and improve governance in health systems; anticorruption activities is a major component of this effort.</p>
<b>PURPOSE</b>			
The objective of the present project is to carry out an anti-corruption intervention in one health facility setting in NWFP in collaboration with the NWFP Health Reform Unit, drawing on the existing evidence of corruption in the health sector with a view to developing assessment and intervention tools that can later be utilized and institutionalized in other health facilities of the province.	Corruption in health sector is mainstreamed into health systems debate and action is initiated to address the issue.	<p>Reports, active monitoring of changes at different levels of the health system, initiatives taken at the government level and media coverage.</p> <p>Seminar proceedings and published report.</p>	<p><i>Assumptions:</i> political will needs to be fostered to make a policy change.</p> <p><i>Risks:</i> Medium</p> <p><i>Mitigates:</i> Government is willing to make a policy change; the civil service reforms initiative is one example of the efforts to improve the governance in public sector.</p>
<b>OUTPUTS</b>			
<p>Indicators to monitor corruption</p> <p>An anticorruption pilot site</p> <p>Anti-corruption assessment and intervention tools.</p> <p>Publication of a report on corruption in health</p> <p>Advocacy drive through media and seminar</p> <p>Train the trainer's workshop</p>	Launching of the anti-corruption intervention through the support of TF in Pakistan.	<p>Launch of the project</p> <p>Report</p> <p>Consultations with NCGR</p>	<p><i>Assumptions:</i> There would be resistance from the public sector departments</p> <p><i>Risks:</i> Medium</p> <p><i>Mitigates:</i> Involving the key policy makers and clarifying them the need and importance of the initiative</p>

## ACTIVITIES

Review of existing literature  
Key informant interviews and focus group discussions  
Development of indicators  
Site specific assessment  
Development of tools  
Application of tools in interventions  
Impact evaluation  
Publication of the report  
Launch of the report (national seminar on corruption in the health sector)  
Posting through Heartfile's web-portal

Resources:  
-Consultations:  
-Field analysts/consultant negotiators/ HR Consultants/  
-Central and regional committees consisting of all the stakeholders related to health systems from the private and public sector  
- Documenter  
- FGD Facilitator  
-Logistic support  
-Meeting venues/refreshments  
-Editor/writer

Costs:  
-Office supplies for project  
- Personnel remunerations  
- Printing  
-Trainings  
-Travel costs

Assumptions:  
-Stakeholders from the public and private sectors will provide useful inputs  
-Local capacity exists to synthesize information into a utilizable Action Plan  
-Heartfile has good relationships with the Ministry of Health

Risk: low

### III. Representation

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Name and official position of person submitting application:

Dr. Sania Nishtar  
Founder President, Heartfile and Pakistan Health Policy Forum Pakistan

In collaboration with:

Dr. Berndt Appelt  
Heath Advisor; GTZ Support to the Health Sector Reform Unit of the Government of NWFP; and

Dr Mohammad Javaid  
Technical Advisor  
Support to the Health Sector Reform Unit of the Government of NWFP

Date of Application: November 6, 2006