EU-Partners Inception Workshop
Access to information on public schemes in backward districts in India
7th February 2014, New Delhi

1.0 Background

The Right to Information Act passed by the Indian Parliament has led to increased transparency and accountability in the government. More and more people are now aware of their rights and entitlements, and this is the pre-requisite to demanding them. Not all people, however, know, what has been set aside for them – and this is particularly true of the poorest people and most remote areas. A European Union funded programme with 14 projects is now assisting Indian organisations to take this message and the information back to as many as 20 million people across the country.

With EU support of €12.2million (Rs.100 crores), this portfolio of 14 projects involves nearly 70 non-government organisations, will reach out directly to people from 20 states, 60 BRGF Backward Region Grant Fund) districts, 100 blocks, 1,000 gram panchayats, 2,500 villages, one million households and 5 million people. Indirectly, it will impact 4 million households and 20 million people.

An inception workshop, co-organised with the Digital Empowerment Foundation (DEF) which is one of the 14 lead partners involved, was held on Friday, 7th February,2014 in New Delhi, for these newly-funded projects dealing with the topical and exciting theme of 'Improving access to information of public schemes in backward districts in India'.

The main objectives of the workshop were to enable project implementing agencies to know each other and find out who works where, with which partners and key stakeholders, and what makes each project unique while, at the same time, promoting synergies among them in terms of operational strategies, systems and tools; exploring the scope for joint learning, research, documentation, advocacy, peer review etc.; organizing same-state(s)/ same sector group discussions; discussing web-based information exchange and storage; and emphasizing the *suo moto* disclosure principle of the RTI Act, which translates in this programme into a supportive and collaborative partnership mode between civil society organisations and local authorities.

All the 14 organisations as well as some of their partners participated in the Inception Workshop. Around 80 participants were present altogether. The agenda, background note of the workshop and the list of participants are enclosed as annex. There were discussions around common - geographies, themes, government schemes and financial & contractual issues. A wide array of information strategies is planned to be developed. The deliberation of the workshop is presented below:

2.0 Salient outcomes of the group discussion

Session 1 – Geography

The participants were divided into five groups based on the geography in which their respective projects are concentrated. This included:

Group	States	Organisation represented
1	North East / South India	ACTED, CESVI and Saathi
2	Bihar	NJKF, DEF, Action Aid, GLRA
3	Orissa	Agragamee, Dan Church Aid,
4	Jharkhand / Chhatisgarh	Find Your Feet, Welthungerhilfe,
5	Madhya Pradesh, Gujarat and Rajasthan	Unnati, AKRSP, Pradan

The groups shared the unique feature of each project, identified organisations working in the same state / district and discussed the ways and means of coordination amongst themselves. The individual one page project fiche of these 14 projects is annexed. The USP of each of these projects is presented below:

USP of each project

- **ACTED**: Engaging multi-stakeholders, adopting multi-sectoral approach, strengthening existing institutions and establish durable systems for improved service delivery
- **Action Aid**: Addressing the gap between community action for rights and entitlements and the ability of the local state to provide an effective response to deliver public services through rights based participatory action.
- **AKRSP and DSC** – Strengthening decentralized participatory planning and implementation by village institutions
- **Agragamee:** Rights based, youth centric, consortium approach ensuring entitlements of public schemes to tribal populations.
- **CESVI:** Mobilize, educate and empower the marginalised communities to ensure the maximum utilization of all centrally sponsored public schemes.
- **DEF** – Soochna Seva - Use of digital tool to reach the last mile through integrated district level public information management framework and develop a citizen engagement and entitlement mechanism ensuring improved local governance.
- **DCA** – Empowering community and strengthening government systems for quality service delivery, monitoring and grievance redressal
- **GLRA** – Empowering People with disabilities to seek and access services, making accessible information packages and strengthening government system to deliver that.
- **FYF**: Adopting rights based framework to empower communities and facilitate interaction between State and civil society actors for transparent and accountable governance
- **Nand and Jeet Khemka Foundation**: Ensuring equitable access to public entitlements by using a participatory community based advocacy, monitoring and accountability model.
- **Pradan** – Improving village level service delivery through empowering women's collectives
- **Saathi:** Ensuring entitlements for AIDS-affected families, sexual/gender minorities, female sex workers and injecting drug users through collective action in multiple states
- **Unnati** - Reaching the last mile community by making information disclosure effective at every level
- **Welthungerhilfe:** Initiative for transparent and accountable governance systems by adopting innovative processes and information communication cycle approach

The state wise distribution of projects as well as projects working in common BRGF districts are presented below:

Table 1: State-wise distribution of projects

State	Partners in each State
AP	Saathi
Assam	ACTED
Bihar	**AA, DEF, GLRA, NJKF**
Chhattisgarh	Find your feet
Gujarat	**AKRSP, Unnati and GLRA**
Himachal Pradesh	Action Aid
Jharkhand	**AA, DEF, FYF, Pradan and WHH**
Karnataka	CESVI
Madhya Pradesh	**AA, AKRSP, DEF,GLRA & Pradan**
Maharashtra	Saathi
Manipur	ACTED and Saathi
Meghalaya	ACTED
Mizoram	ACTED
Nagaland	ACTED and Saathi
Orissa	**Agragamee, DCA, GLRA and Saathi**
Rajasthan	**DEF, Unnati and saathi**

Tamil Nadu	Saathi
UP	AA
Uttarakhand	DEF
West Bengal	Saathi

Table 2: **No of projects in each state**

No of projects	STATES
5	Madhya Pradesh and Jharkhand
4	Bihar and Orissa
3	Rajasthan, Gujarat
2	Manipur and Nagaland
1	AP, Assam, Chattisgarh, Himachal Pradesh, Karnataka, Maharashtra, Meghalaya, Mizoram, Tamil Nadu, Uttar Pradesh, Uttarakhand, West Bengal

Table 3: Common BRGF districts

Sl. No	State	District	Partners
1	Bihar	East Champaran	GLRA and Action Aid
2	Gujarat	Sabarkantha	Unnati and AKRSP
3	Jharkhand	Dumka and Pakur	Find your feet and Welthungerhilfe*
4	Madhya Pradesh	Barwani	GLRA and AKRSP
5	Orissa	Bolangir	GLRA and Aggragamee
6	Orissa	Koraput	Aggragamee and Dan Church Aid
7	Rajasthan	Barmer	Unnati and DEF
* - FYF and Welthungerhilfe also has a common partner – **Badlao Foundation** - Similarly **Public Affairs Centre**, Bangalore is identified as a partner in ACTED and as an associate in CESVI project.			

The states highlighted in Green are having 3 or more than 3 projects. The **possibility of state level coordination among these projects is high** and needs to be explored during the course of implementation. Further details of these projects including the names of the BRGF district as well as partners are presented in the attached excel sheet.

The projects' targeting the same BRGF districts needs to be **closely coordinated to avoid duplication** of work as well as to maximise on the synergies of these individual projects. The involvement of **common partners / associates** also needs to be discussed and coordinated among the project holders to avoid any potential misunderstanding.

Session 2 – Themes related to information access

The participants were divided into four broad groups to discuss the prominent themes that are relevant to all the projects and this includes: 1. Use of RTI, 2. Reaching the Unreached, 3. Integrated Service Delivery and 4. Use of ICT.

1. Use of RTI

Issues and Challenges

- Many times officials are not appointed and there are unfilled vacancies which creates extra work pressure on the few appointed officials e.g. in Jharkhand.
- Any department is forced to collect and provide necessary information if an RTI is filed. However it is noticed that the information is not any further publically accessible (pro active disclosure) nor updated. This one-off information provision leads to filing up more number of RTI complaints, leading to rifts with the local administration.
- CSOs and their staff need to constantly update themselves on what the various schemes offer. One participant mentioned that they did not know until recently that, in their state, there was provision for not just one but two meals a day under the mid-day meal scheme. This is critical information for truly poor, excluded or marginalised families with small children.

- The features of the schemes changes at regular intervals (scheme provision, eligibility criteria, scheme forms etc) and at times new schemes are replaced with old schemes, making some of the service provision obsolete.
- Information may appear to be available, but it may be false or non genuine. For instance, a list of MNREGA beneficiary may be filled in, but the names of the people may not necessarily exist or may not be BPL persons. Same with ICDS registers: names of children may be filled in but they may be fictitious or not be meeting ICDS criteria;
- Similarly, sometimes information is available at block level (forms filled in/report submitted) but does not correspond to any reality at all at village level. At times officials themselves may not have information especially at the village and block levels.

Possible Strategies

- Engage with local administration (**District Collector** to PRI Head), line departments and RTI officers right from day one and inform them about the project objectives, duration and priority areas for cooperation. Identify and engage with **'key influential officials'** (officials having power to influence or change the system) that will enable to address most of the project challenges.
- Identify and engage with **'local information access champions'** (public officials / departments willing to share information about schemes proactively) and making their work known publically is a way to do "public disclosure of public disclosure", hence promoting both the value of information disclosure and good public-disclosure practitioners.
- It is important to assess in each relevant project location the status of the ***suo moto*** (proactive public information) disclosure principles of the RTI act (from PRI to State level). Checking/mapping the PIOs/APIOs/Nodal RTI officers is part of such assessment. Use of digitization for suo motto disclosure might be effective to track the status. Some states like Assam are doing well vis a vi BPL card and MGNREGS, list of essential drugs written on the wall by the health department in Gujarat all these best practices need to be acknowledged and promoted.
- Identify, track and lobby for **vacant positions** to be filled at district and below district level, which helps to improve the quality of service delivery. PHFI and SWASTI have helped some sates with such human resource mapping tools and this has led to a redistribution of existing staff.
- Prioritization of schemes on which information needs to be given should be done followed up with **consistent updates** on these **schemes** at PRI / last mile level. Clarity should also exist as to the depth of information required about a scheme by a particular group. Different options for dissemination needs to be explored keeping diverse population in mind for example toll free help line, sharing information orally might be relevant and effective to illiterate people.
- Government-supported common service centers are critical; Identify and proactively engage with CSCs in your respective location to ensure sustained access to information relating to all public schemes, services and entitlements.
- It is also important to check whether the government toll-free help lines are working or not, if not find ways to make them work.
- The demand for information disclosure should come from public. The panchayat and people should be empowered to understand their rights and ascertain their entailments by collectively addressing the bottlenecks in the government service provision.

2. Reaching the unreached

Identifying the excluded communities

A list of marginalized communities was presented and this includes:

- Tribals,
- Scheduled castes (dalit),
- Women,
- Persons with Disabilities,
- Minorities,
- Children,
- Brick kiln workers,
- Economically marginalized groups,
- Unorganized sector workers,
- People with HIV,
- Transgender,
- Sex workers,
- Injecting drug users (IDU),
- Migrant workers etc.

It is important for each of the projects to define its target beneficiaries and to ensure that the project action reaches the poorest of the poor through enhanced access to public service entitlements.

Understanding the factors affecting entitlements to public schemes

The following are the factors emerged from the brainstorming session and this includes:

- Lack of awareness
- Fear of authorities/ rude behavior of authorities or service providers
- Lack of physical and financial access
- Geographical remoteness
- PESA not being implemented properly (people not having a say in village development)
- Lack of representation in public bodies/ village forums etc
- Process of accessing any scheme not properly informed in traditional IEC
- Processes are complicated (no. of forms) esp for people with limited or no literacy
- People friendly medium of awareness generation not there
- Caste system related social exclusion
- Political influence
- Lack of accountability towards community
- Stigma with certain categories like female sex workers, HIV affected people
- Lack of basic identity documents/address proof
- Language barrier
- Poor governance system
- Absence of Suo motu disclosure on schemes

Concrete examples of exclusion and discrimination

- Patriarchal structure hindering public participation by women
- Women concerns ignored in platforms like gram sabha
- Invisibility of persons with disabilities
- Tokenistic inclusion where inclusion is only on face value with no real say
- Caste based/gender based discrimination in wages
- Sexual exploitation of women workers
- Tribal/Dalits, women, poor people insulted and dehumanized
- Younger women not allowed to participate
- Disproportionate poor allocation of resources in underserved areas
- Disproportionate controls of resources with middlemen/ bureaucracy
- Quality of services different in urban-rural; public-private sector etc.

The factors and the examples listed above are extremely important to understand the bottlenecks in the service delivery. It is suggested that each project analyze these factors in their respective project context and devise strategies to effectively address the same.

Building community partnership and way forward

- Ensuring identity of the people to access entitlements at individual, household and community level (BPL, Aadhar, National Population Register, disabled, caste, transgender, old age etc). Some examples to consider - Adhar card to include 'other' category for transgenders in Rajasthan, modified eligibility criteria – widows regardless of age can access pension in Rajasthan
- Recognizing to work with already existing CBOs and strengthening the CBO / network to collectively lobby for their entitlements (eg. Brick kiln workers, manual scavengers, Positive Women network, disability network, federation of slum dwellers, waste pickers, dalit muslins mohalla committees etc)
- Multi-stakeholder consultation involving Bureaucracy (district administration) and Community is needed for better transparency and accountability in governance.
- Strengthening PRI / PESA to ensure minority voices are heard (challenging proxy grama sabha, proxy sarpanch, administrative control etc)
- Use of rights based approaches wherever necessary (RTI, PIL, social audit, citizen report etc)

3. Integrated service delivery

The group presented a menu of integration possibilities which each project should explore and are:

- **Policy Integration:** Integration in planning and programme formulation levels are must to get better outcomes in public schemes information delivery, access and final gains in entitlements. Possibility of advocating for policy integration should be explored at state and national level.
- **Institutional Integration:** Need focus on integration of services delivery at institutional level – Panchayat, Block, District and State level which will reduce duplicity of efforts and focus and save time and resources

- **Sectoral Integration:** There is need for convergence and connection among the various mega scheme based programmes – Sarva Shiksha Abhiyan (SSA), Integrated Child Development Services (ICDS), NREGA, NRLM and NRHM. For instance, there is commonality between health services delivery under NRHM & nutrition services as in ICDS. Further, agriculture schemes and forestry schemes are interrelated. There is need to tap commonalities and points of convergence in these to deliver services.
- **HR Integration:** Much can be achieved through integration of human resources under various programmes in delivery of services at community level. For instance, the ASHA worker could be useful to deliver other front end services like ICDS, NREGA.
- **Method Integration:** Monitoring, evaluation, data sharing, supervision, committee level integration in delivery of schemes could be productive.
- **Platform Integration:** Existing platforms / forums at different levels can be connected for better outcome. For instance, convergence at programme steering level in a PPP mode can provide a holistic approach to deliver information services and better entitlements.
- **Input – Output Integration:** There is needed to find ways to integrate Government inputs with outputs (Civil Society Organisations / others).
- **Information Dissemination Integration:** Information is highly scattered. Thus difficult to apply. There is need for mechanisms for integration of information basket for effective delivery.
- **Structural Integration:** There is needed to strengthen structural integration in delivery of information / entitlements and access. For instance, the Rajiv Gandhi Seva Kendra can be good integration platforms for basket of services delivery and access.
- **ICT integration:** In today's context, convergence and integration of various ICT tools and devices like mobile, Call, SMS, helpline, Community Radio, Internet can be taken support of to deliver services. For instance, in West Bengal and Andhra Pradesh, the toll free call facilities are turning effective to deliver info services.
- **Supply Integration:** This is essential for rational utilization of infrastructure and channels of delivery at community level.
- **Grievance Redressal Integration:** Citizen – grievance meetings at Panchayat, Block or District level could be effective to deal with citizen needs.
- **Planning, Delivery and access Integration:** This leads to think on whether the District could be the real integration point in delivery and access of public schemes information services and entitlements.
- **People's priority as the core integration point:** This can be the overall necessity for all stakeholders to converge and integrate efforts for sustained mechanisms for delivery and access of public schemes information and ensuring final entitlements.

4. Use of ICT

This group identified the opportunities for the use of ICT in order to optimise, scale and replicate the project impacts. Some of the ideas emerged include:

- Take stock of existing ICT interventions by partners / others - All NGOs are looking to create / already have and are looking to publish a lot of content - some of these are replicating efforts and could save resources through creating a pool of resources.
- Need for a common portal with a long term vision for sharing, networking, disseminating, advocating, lobbying and replicating successful initiatives of partners (and others)
- Dynamic (contextually modifiable) ICT tools seemed a common need for all partners (common schemes, survey tool, IEC materials, mobile app etc)
- Each project to explore the ICT opportunity in their respective context – appropriate use of content (video, voice, text, graphical, pictorial etc) and appropriate medium (radio, community radio, CSC, mobile, videos, wall paintings, brochure, traditional art etc) of dissemination.
- Special Requirements for content: e.g. Braille needed for entitlement delivery for disabled, voice based content delivery for illiterates, child friendly animated content etc.
- Some of the salient ICT based intervention under the current portfolio includes:
    - Pradan - accountability tool for budgets and advocacy that can be explored and scaled
    - ACTED - concept of **citizen journalist** & involve them to outreach the best information.
    - DSC - use of Mobile tool as well as traditional methods like theatre and Radio programs.
    - Unnati - Information Resource Centre' and use of video films

- Nand & Khemka foundation - use of Puppet, Wall writing, Kisan Call centres, Mobile app etc.
- DEC – entire project is on ICT enabled information service delivery
- Action Aid – 99 panchayat level info centers, ELBAG – budget tracking tool

Session 3 – Schemes

The participants were divided into four broad groups to discuss the prominent schemes that are relevant to all the projects and this includes: 1. Education, 2. Health, 3. Social Security and 4. Skills & Livelihoods.

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Education

Schemes: SSA, RMSA, ICDS, MDM, Scholarship to backward communities, KGBV, VET etc.

The group broadly agreed to first look at the range of issues and themes which was being covered or will be covered by the organizations in the group. Key areas and issues identified in the course of the discussion were:

- Pre-school/ ICDS (Anganwadi Program)
- Right to Education which will cover elementary education(Sarva Shiksha Abhiyan)
    - Gap in school infrastructure
    - Pupil teacher Ratio (PTR)
    - Mid-day meal
    - School management committee and school development plan
    - (issues of current capacity gap were discussed)
- 25% reserved seats in Private schools for economically weaker section (EWS) children.
- Secondary and senior secondary education under Rastriyay Madhyamik Shiksha Parishad (RMSA)
- Scholarships for children under different schemes and departments dealing with special groups such as tribal children or minority children. The group also agreed to look at scholarships provided by corporate under their CSR programs.
- Hostels for specially disadvantaged groups such as girls coming from backward communities (Kasturba Gandhi Balika Vidyalaya), tribal children, scheduled caste children. There was a debate around issues such as alienation under such arrangements and required inclusiveness or mainstream strategies.
- Schemes to ensure retention of children at the secondary and senior secondary stages (specially for girls) such as cash incentives or By-cycle schemes etc.
- Skill and vocational education
- National Institute of Open Schooling (NIOS)
- Madarsa under the Madarsa Board
- Non formal education, bridge schools for migrant workers, context specific linguistic curriculum for tribals

Each of these could not be discussed at length for lack of time, but broadly the organizations represented on the table agreed to look at cover and explore them in their respective projects.

Health

Schemes: NRHM, JSY, Immunisation programs, state specific health schemes, RSBY, PDS, ICDS, MDS, National Maternity Benefit Scheme; National Family Benefit Scheme; GKS, JSSK, NBA, Drinking water etc. Baseline should focus:

- Baseline should collect disaggregated data of the health related ailments of the target population. It should specifically focus on health service delivery of the specific target groups - infant children (boys and girls), women (adolescent, pregnant, lactating mothers and old women), disabled people, minorities (SC/ST, muslim, transgender etc) and adolescent boys and men in the

community. Adopting a life cycle approach for specific gender (male, female and transgender) would throw lights on the health status of the community.

- Baseline should document on existing health service delivery mechanism (primary health centre, public and private hospital / clinic, traditional health service etc) – functionality of such centres, existing services offered, quality of services, accessibility, health schemes implemented etc.
- Root cause of health related problems should be documented (for eg. health impacts due to lack of vaccination, lack of sanitation facilitates, poor nutrition, poor water quality etc) to effectively address the problem rather than mere treating the symptoms.
- Need to document the levels of awareness of community on health related problems (hygiene, nutrition, contraception etc)
- Need to document at household level on the expenditure that a family spends on health care.
- Primary source of data – family members (in particular women), ASHA workers, ANMs, PDS staff, PHC staff, village elders, local health department officials, PRIs.

Social Protection

Schemes: MGNREGA, PDS (Annapurna & Antyodaya), Widow Pension, Old age pension, Indira Awaas Yojana, ICDS, MDM, unorganized / informal social sector schemes, RPLDA (Right of People Living with Disabilities Act), state specific social protection schemes etc. Baseline should focus:

- Baseline should take stock of the implementation of the existing social protection schemes
- Identify gaps in the implementation (families missed out or certain schemes not implemented in the target village) of the existing provisions
- Identify the problems in the implementation of these schemes (identity issue, lack of funds / underutilization of funds, poor accountability, lack of awareness at village / PRI level etc)

Skills / Livelihoods

Schemes related to skills and livelihoods: MGNREGA, NRLM, Agriculture, Horticulture, Fishery & Forestry schemes based on the local context, financial inclusion (grants / loans to SHGs, youth, farmers, disabled etc), watershed / NRM programmes, skills related schemes under district administration (DRDA, DIC, Banks, NABARD etc).

Required Information for Baseline Survey:

- Secondary review of policy benchmarking of the flagship livelihood schemes
- Analysis of the available information and data to understand the local skills and livelihoods
- Ascertaining the awareness level of the entitlements related to livelihoods programme on all the relevant schemes – capturing quantitative and qualitative information, service delivery mechanism of different schemes like MGNREGS, NRLM, Agriculture and Horticulture
- People's participation in Palli Sabha and Gram sabha, participatory process and decision making of the marginalised families through qualitative study
- Understanding quantum of demand of the prospective labours, the time of their demand and the nature of works in which the labours are interested to work (skilled, unskilled and migrant workers) and seasonality calendar on MGNREGS to identify the lean period in a year,
- Identify the left out families or forgotten people to help in updating the database of MGNREGS job card holder
- Current system of grievances on the livelihoods programmes
- Status of employment for the disability people and the percentage of women engaged under MGNREGFS, NRLM, Agriculture and Horticulture
- Allocation of amount and actual budget utilisation under the various public schemes on the livelihood sector, benchmark of the appropriation of programmes and transparency and accountability, No of the social audit and public hearing conducted in the Gram Panchayat
- Money spending and expenditure analysis/money spending for liquor shop

General pointers for baseline studies

- **Purpose of baselines**: (i) **inform** operational strategies (overall project approach; localised interventions and adaptations); (ii) **engage** various stakeholders into the intervention, including government and communities; (iii) **take stock** and enable to **measure** project progress over time;
- **Collect first-hand information** relating to core access issues in areas of intervention: (i) what users tell us; (ii) what providers tell us: (iii) what intermediaries and collectives tell us. And then: (i) what are the gaps, problems or **barriers to access**, including the marginalised or discriminated population groups; (ii) what are the **enablers to access**.
- **Do not reinvent the wheel**: (i) use existing data, as much and as far as possible; (ii) discuss and check with other EU-supported project partners (a) what information they already have; (b) what type of information they intend to check or assess, where; (c) what methods they intend to use; as far as possible **restrict to ONE baseline assessment for ALL** the public schemes rather than having multiple formats for multiple schemes.
- **Evidence-based information and data triangulation**: data / information should be backed with evidence - recording faithful and validated data from identified source. Triangulating or cross-checking information from different sources –government, research institution, private, NGO, community, media- is critical in order to better analyse actual situations and to avoid being too subjective.
- **Important to assess various levels or dimensions of access to information & entitlements**: (i) levels of awareness of communities about most relevant schemes; (ii) availability or non availability of schemes; (iii) facility/service centre/service provider mapping, at various levels (village, block, district), at various levels of functionality (from non-existent to satisfactorily functioning); (iv) access to facilities and schemes, or barriers; (v) disaggregated data by gender, age, castes, community and so on (a "community PRA" exercise would have to be attention to community variations, meanings levels of (in)access for communities within communities (there is not really such a thing as "a" community); (vi) levels of satisfaction of individuals and communities relating to priority schemes; (vii) means of communication used to inform citizens, at various levels.
- **Survey methods**: various baseline study methods were mentioned, like: door-to-door survey; citizen's knowledge and (service-specific) client satisfaction survey; line-listing sampling; stratified sampling; PRA survey; international-standard, nutrition status rapid appraisal'; comparison between available government and community data; PPS methodology; facility mapping.

Session 4 – Finance

Attached as a separate document – annex 7

Session 5 – UN WOMEN Presentation on Health & Education in the 12th Five Year Plan

Full presentation is attached. Here are a few pointers.

The **12th Plan** is about **faster and more inclusive growth**. Issues of **Access, Equity and Quality** therefore matter. Improving "access to information" must therefore keep "equity" and "quality" in mind. That means tracking who accesses and who does not (equitable access?), to what extent (quality benefit or service?). That means, for instance, **measuring persisting gender gap**s in education (at enrolment, retention and knowledge acquisition levels), or gender gaps in health among marginalised population groups (health seeking behaviour; availability of and distance to services; health provider behaviour, health outcomes). Ultimately, one needs to track and understand whether **public health and education schemes** are **transforming or reinforcing gender inequalities.**

One **paradox** of the 12th plan when looking at health and education:

- **Education** = **comprehensive**, life-cycle approach
- **Health** = **narrow**, maternal and child health approach

The bigger picture = **limited fiscal space** for social sectors in India (lower than Brazil and South Africa). Hence, resources will not be available to fulfil the education and health missions. In other

words, even if all planned resources were to be used, goals of good health and education for all could not be achieved because there are too few resources for too many people. **Advocating for higher % of GDP to be invested in health and education** is therefore critical. At the same time, however, this needs to be matched by quality spending for better education and health outcomes.

Besides, actual expenditure is even lower, and tends to be biased towards the last quarter of the year. Therefore, **tracking the money flow** (where and when does it get blocked?) **and the quality of spending** (are resources used effectively?) are critical, too.

It is also important to identify and **understand where the money gets blocked**, not just within a sector (like health) but with a programme component (like adolescent health, or staff, or medicines...). That can help understand whether the blockage is **institutional or political** (e.g. ideological resistance to a particular programme component) or whether it is **individual** (one individual in the system blocking the money, for whatever reason), and then try and see if the money lies unspent or is untraceable. **The devil lies in the details**. Hence detailed work at **district, block and village levels** is required.

Also important to keep **PPPs** in mind when it comes to health and education budget, expenditure and outcomes tracking. Should only government be accountable to the services it provides to Indian citizens? What about the **private companies** which have set up and expanded services with significant amounts of **public money** and which, by virtue of PPP principles, are bound to make some of its services accessible to all, including the poorest and most marginalised. These **should be held accountable, too**.

Use **existing articles, reports and websites** like, for instance, Economic and Political Weekly (EPW) and CBGA

3.0 Overall Portfolio Follow up

Networking with other EU funded projects under this portfolio is considered as a voluntary act and this is not a contractual obligation. However considering the commonality of the theme that these projects intend to address and the expertise of the individual partner organisation / personnel involved in the implementation, the overall portfolio offers an enormous scope for exploiting synergies through networking, collective action (wherever possible), shared learning and for optimising the overall impacts (better value for money) of all these 14 projects. Hence it is suggested to explore the possibility working with other project partners wherever possible, in whichever informal, semi-formal or formal ways.

Table 4: Follow up to ensure effective coordination:

Sl. No	Suggestive actions	Role of each project	EU
1	**State level project coordination**	Refer table no 1 and 2. The possibility of state level coordination exists in Madhya Pradesh, Jharkhand, Bihar, Orissa, Rajasthan and Gujarat, where 3 or more than 3 projects are operational. Partners are advised to initiate and lead discussion with others to explore common ways of working together.	Please keep EU informed about such initiatives.
2	**Common BRGF district coordination**	Refer table no 3: As there are only two organisations are working in these common	Please keep EU informed about such initiatives.

		BRGF districts, it is suggested to discuss mutually between these 2 projects to explore common ways of working together.	
3	**Common web portal**	DEF is planning to organise a workshop during second half (post-election) of this year to discuss the ways forward. This event may also identify the common ICT opportunities, data sharing, content development and the need for a CSO network. All partners are encouraged to participate in the event and contribute.	EU will also participate in the event and facilitate this collective initiative.
4	**Common e-group** The common e-group is meant only for sharing of thematic information related to the project. It is not meant for discussing / sharing any contract related issues, which should be dealt individually with the respective EU counterparts.	All projects are advised to provide us with a list of people with their email address who would like to join the e-group.	EU will create this e-group once all the projects share the email id of staff willing to associate and receive emails. The moderating this e-group will be transferred to partners on a rotational basis.
5	**Sharing of information –** IEC materials, tool kits (eg. ELBAG) & formats (baseline), research studies, publication, training manual, relevant literature, thematic articles, government notification (eg. disability schemes) etc.	Every project, partner, individuals are encouraged to share all relevant information that are already available to benefit the network members.	Once the e-group is ready, it would be easier for everyone to share relevant information to all others.
6	**Identifying opportunities for common interventions for eg** - compilation of schemes in a particular state - organising a workshop or advocacy initiative jointly - identifying common training programme for staffs / beneficiaries on certain themes (RTI, social audit, data monitoring etc) - sharing of organisation expertise with others	As these common opportunities are exploratory in nature and not specifically identified in the respective projects, it is suggested to discuss among project partners, understand the relevance and budget implication and consult EU for necessary approvals.	We encourage receiving such common initiatives, however it should be within the limitations of the grant conditions of the project. It is advised to discuss such initiatives with EU counterpart and get necessary approvals.
7	**Annual review workshop, Exposure visits**	Exposure visits amongst projects are encouraged for a shared learning, if already identified under your respective projects.	EU will try to facilitate annual review cum exposure visit to projects during the course of next 5 years.
8	**Individual Project Management --Operational and Finance Issues** - approvals, addendums, no cost extension, procurement, HR, internal control system, audit etc.	Each project beneficiary is advised to liaise with respective project and finance manager of EU to address the contract management issues.	**Anasuya Gupta** and **Shailender Mathur** are responsible for managing the following grant contracts: AKRSP, Agragamee, DCA, DWH, FYF, GLRA, Pradan and SAATHI

			Subramanian Pattabiraman and **Girish Ahuja** are responsible for managing the following grant contract: ACTED, Action Aid, CESVI, DEF, NJKF and Unnati. Overall coordination: **Laurent Le Danois** and **Melanie Kengen** Please note that EU will communicate only with main beneficiary on contract related issues.

4.0 Attachments

1. Background note
2. Agenda of the workshop
3. Methodology
4. List of participants
5. Key contact person from each project for networking
6. Project Fiches
7. Finance session note
8. UNWOMEN Presentation
9. Zip documents related to overall portfolio – Schemes and RTI, sources of information, targeting, population groups, schemes, local partners and stakeholders, results and methods etc
10. Mission reports of Laurent to Chennai and Patna
11. Visibility and Communication Reference Documents