

Table 1: Selected demographic, administrative, health service and health indicators of Karnataka State (adapted from TFHFW 2001)

Indicator	Year	Value
Demographic		
Total Population	2001	53 million
Number of inhabited villages	2001	27066
Literacy rate in % of population (% of women)	2001	67(57)
Administrative		
Number of Zillas (Provincial level) Panchayats	2001	27
Number of Taluka (District level) Panchayats	2001	175
Number of Grama (Local level) Panchayats	2001	5692
Health service		
Public Urban Outpatient health care as proportion of total treatments received in public and private facilities	2001	0.30
Public Rural Outpatient health care as proportion of total treatments received in public and private facilities	2001	0.35
Public Urban Inpatient health care as proportion of total treatments received in public and private facilities	2001	0.49
Public Rural Inpatient health care as proportion of total treatments received in public and private facilities	2001	0.58
Private expenditures as proportion of total health care spending	1995/96	0.58
Institutional Deliveries as proportion of total deliveries	1998/99	0.51
Mothers who received Antenatal Care as proportion of total pregnancies	1998/99	0.86
Health		
Life Expectancy at Birth Male/Female	1996-2001	62/65 years
Infant Mortality Rate Total/Urban/Rural per 1000 live births	1999	58/24/69
Maternal Mortality Ratio per 100.000 live births	1998	195

Table 2: History of selected central and state governance initiatives

Year	Level	Topic
1947	Central	Prevention of Corruption Act
1965	State	Mysore State Vigilance Commission
1966	Central	First Administrative Reforms Commission (1966-70) recommends public complaints agency with appointment of Lokpal for central level and Lokayukta for each state
1984	State	Karnataka Lokayukta Act, came into force in January 1986
1985	State	Karnataka Lokayukta Rules
1986	State	Amendment to Karnataka Lokayukta Act in September 1986 with removal of “suo moto” authority of the Lokayukta for senior public servants
1986	Central	Consumer Protection Act
1988	Central	Prevention of Corruption Act (PCA), Repeal of 1947 Act
1990	State	Efficiency Audit and Vigilance Bureau
1993	State	Karnataka Panchayat Raj Act, provides for citizens' participation in the social sector at Grama, Taluka, Zilla level
2000	State	Karnataka Transparency in Public Procurement Act
2006	Central	Right to Information Act

Table 3: Reported poor governance practices and responsibility

<i>Health sector function</i>	<i>Poor governance practice (selected examples)</i>	<i>Responsibility</i>
Medical education and training	Examiners at public and private colleges charge students to pass or “not to fail” examinations regardless of student’s real academic achievement.	Directors and teachers in training institutions, users
Financing	1) Unnecessary operations done for poor people (Below Poverty Line – BPL) in private sector hospitals with reimbursement by government 2) False BPL certification of persons who are above poverty line	Health facility directors, health professionals, politicians, users
Infrastructure development and maintenance	Corrupt tendering processes	Politicians, administrators, health professionals, companies
Material resource management (selection, procurement, distribution)	1) High ranking bureaucrats and politicians organise price fixing with suppliers of dialysis machines and medicines 2) Free government medicines supplied to private pharmacies and sold to patients without prescription 3) Companies set up in third party names but owned by officials and politicians who decide on procurement	Politicians, bureaucrats, directors of health facilities, health professionals, pharmaceutical companies, wholesalers
Oversight	1) Director/Administrative Medical Officer of hospitals does not monitor the budget (not trained in hospital management) 2) Users misinformed and not made aware of their rights	Director/Administrative Medical Officers
Policy and strategic planning	Political influence of Ministers to start training colleges without required conditions such as infrastructure, teaching beds, and teachers	Politicians, Professional Councils, universities
Regulation and inspection	1) Substandard medicines released into/ not removed from market 2) Blood supplied without HIV testing and no action taken 3) Regulatory bodies of medical colleges bribed to approve institution without required norms	Drug Control officer, pharmaceutical companies, Professional Councils, health professionals

Service delivery	<p>1) Health facility staff demanded a payment of Rupees 150 (Girl) or 200 (Boy) to “show the newborn” to the parents or siblings</p> <p>2) Unnecessary operations such as Caesarean sections performed for payment</p> <p>3) ECG machines made non functioning at Government hospitals, so that physician could charge patients for ECG tests in private clinic</p> <p>4) Unjustified referral of patients to colluding pharmacists, blood banks or diagnostic centres.</p>	Health professionals, Private for profit service providers
Service use	<p>1) Illegal sex determination is requested, with sex selective termination of pregnancy</p> <p>2) Orthopaedic surgeons provide false results of disability assessments and get a percentage of benefit claims</p>	Health professionals, users
Workforce management	<p>1) Absenteeism from public sector</p> <p>2) Doctors not respecting requirement to reside in location of health facility</p> <p>3) Transfer, promotion or further education is linked to payment of bribes to senior staff which have to be shared with administrators and politicians</p>	Politicians, senior bureaucrats, directors, health professionals

Table 4: Reported complaints, activities and results of the KLA between 2001 and 2005

Period	Complaints under KLA Act with affidavit (written declaration made upon oath)					Cases referred by government					Complaints received without affidavit			Cases investigated by police wing of KLA				Manner of disposal of police wing cases			Court convictions	
	A	B	C	D	E	A	B	C	D	E	B	C	E	A	B	C	E	F	G	H	I	J
2001 to 2002	907	1958	880	124	1985	25	24	22	7	27	3085	788	2986	426	241	231	436	10	125	96	18	1
2002 to 2003	1854	7256	4928	115	4182	32	32	24	13	27	8185	7233	3938	441	173	245	369	2	168	75	10	0
2003 to 2004	4271	7732	4461	92	7450	30	38	15	6	47	7913	7842	1931	369	109	195	283	4	145	46	19	0
2004 to 2005	7450	7096	4712	56	9778	47	27	32	2	40	6988	7965	954	283	105	158	230	12	123	23	41	1

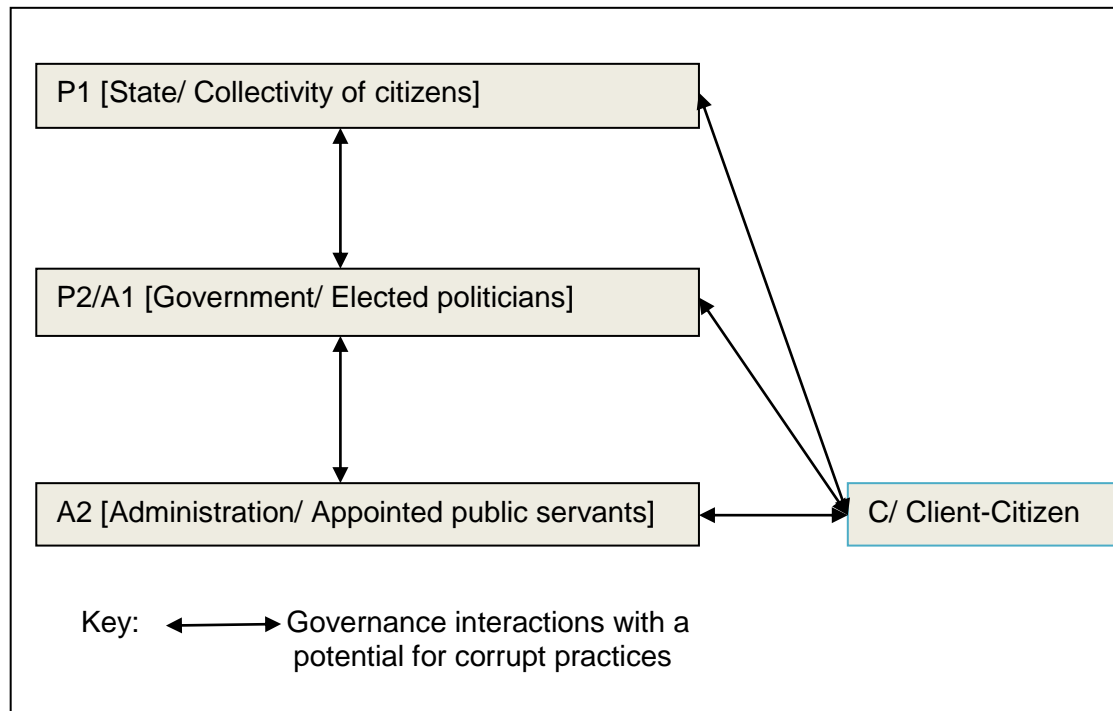
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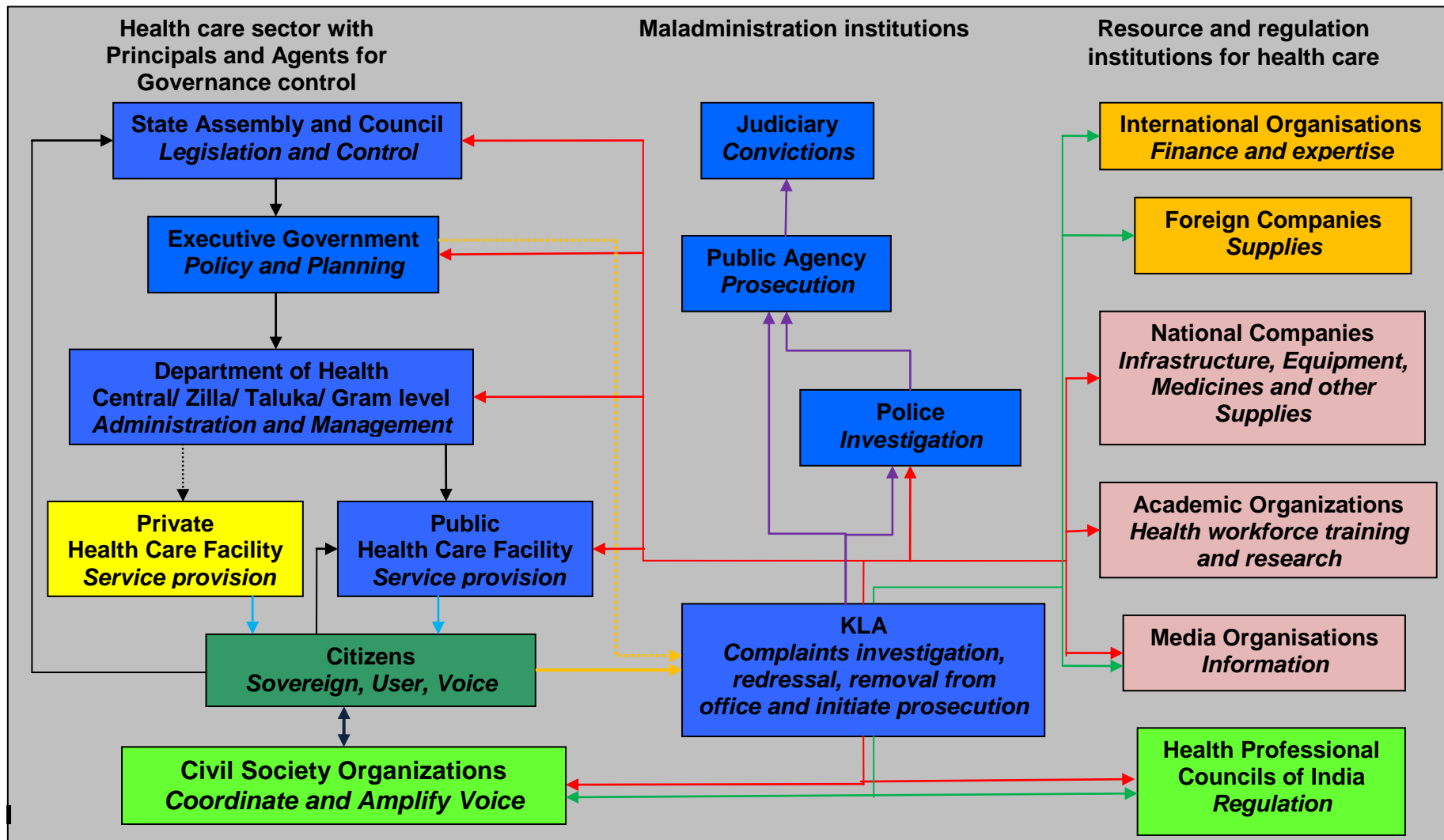
A: Cases pending at start of period	F: Departmental enquiry recommended but no prosecution
B: Cases received during period	G: Prosecution launched
C: Cases disposed during period on enquiry/investigation	H: Cases closed
D: Action on cases recommended to competent authority	I: All court convictions
E: Cases pending at end of period	J: Convictions linked to health sector

Table 5: Positive and negative factors affecting governance at the public health provider level

Level	Governance Factors	
	Positive	Negative
Individual government agent	Management training	Financial problems
	Passion and commitment to management	Perception of weak sanctions
	Same moral standards for all citizens reporting governance problems	Low salary
	Perception of enforcement of procedures	
Organisation	Honest leadership committed to the common good	Leaders without adequate management and corruption prevention training
	Organisational transparency	Inadequate financing
	Accountability	Lack of autonomy
	Adherence to procedures	Vague procedures
	Complexity reduction	Large space for discretion
	Effective board of citizens	Poor education of citizens
Society	Effective and well resourced anticorruption agency	Weak representation of citizens
	Functional government institutions such as fair process for election and changes in power	Government policies favouring particular groups such as private sector
	Government transparency	Inadequate vetting of political candidates
	Independent media	Inadequate public financing of election process

Figure 1: Two-level Principal-Agent-Client model (modified from Galtung (1998))





Key:

