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Shirkat Gah
Women's Resource Centre

POLICY BRIEF # 3:

Health Systems Governance Strengthening for Reproductive Health and Rights in Pakistan

BOLSTERING CAPACITY & COMMUNITY PARTICIPATION:
INTERVENTION INSIGHTS AND OUTCOMES

Intervention

BUILDING CITIZENS' CAPACITY ON HEALTH SYSTEMS

Interventions in the Health Systems Governance Strengthening (HSGS) project aimed to enhance citizens' effective participation to strengthen health systems governance from the community to district level. HSGS initial attempt to build capacity by commissioning a consultant with prior experience of running BHUs and an appropriate academic background proved unsuccessful, yielding some key lessons as follows:

- A lecture-based pedagogy and discussions around abstract notions in health systems governance is ineffective;
- Capacity-building must incorporate local experiences and contextual relevance;
- Information cannot be too technical;
- Past experience of running BHUs and academic qualifications can be less important than familiarity with community contexts and a participatory pedagogy for knowledge and skills transfer.

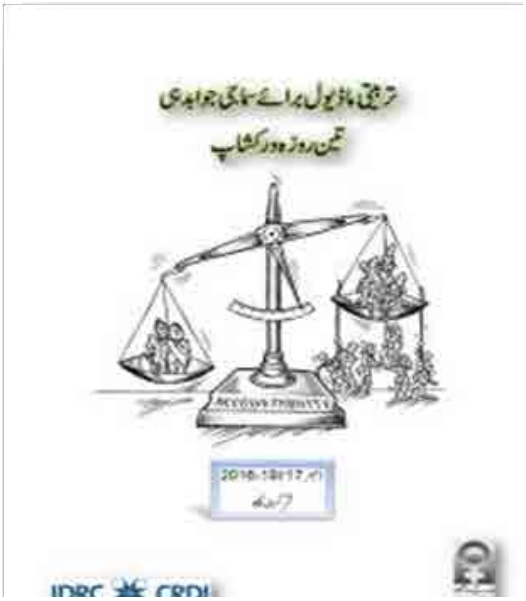
Using this learning, Shirkat Gah devised a 4-part capacity-building initiative rolled out over nine months interspersed with direct actions by participants in their communities. Adopting a more participatory action research approach, the intervention was designed to help people develop the health literacy and inquiry skills necessary to engage with the authorities more effectively.

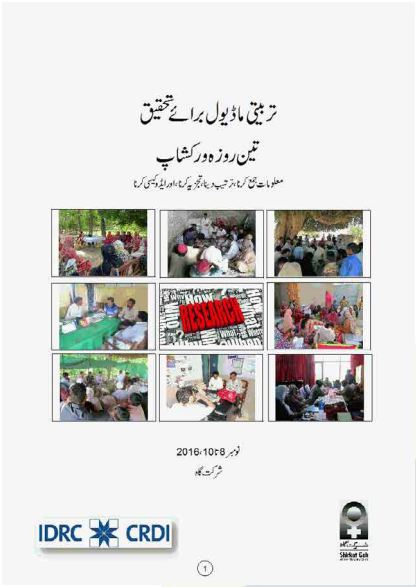
In considering who amongst the community would have the ability and organisational capacity to claim entitlements, and bearing in mind the serious imbalances of power and the silencing of women's voices, CBOs were prioritised as capable of both creating knowledge and undertaking actions to leverage better health system delivery to be the interface between communities and the health system. In each of the six districts, a local Civil Society Organisation (CSO) or Community-based Organisation (CBO) had been engaged by HSGS from the start; all were working on women's issues, and three were women-led.

Focus Group Discussion with men, Mardan, 2014.

State-citizen relationship exercise, Community Accountability workshop with CBOs, Local Government representatives and media, December 2016.

The intervention factored in learning derived from a rapid situation analysis in 2014 revealing persistent challenges on the supply side, (e.g. inadequate infrastructure, missing or dysfunctional equipment, and the lack of human resources) as well as upstream community-based norms impeding access to health services of women and especially girls and in particular for reproductive health (RH) matters (e.g. the dismissal of RH issues as unimportant; the need for a chaperone to visit health facilities, doubling transport expenses; the fear of a health checkup damaging the reputation of girls).





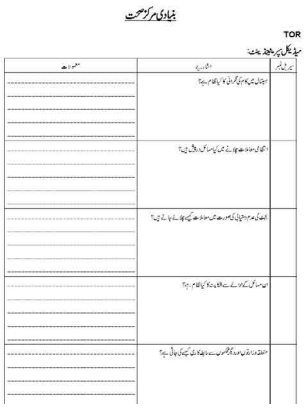
Capacity-building training toolkits on Research and Community Accountability.

Community representatives were consulted in designing capacity- building modules to ensure appropriateness and community ownership. To facilitate the translation of new knowledge and skills into sustainable community-propelled and -led actions, the community accountability module was integrated into a process of capacity-building and knowledge creation.

All sessions **introduced key conceptual elements anchored in participants' experiences.** CBOs were tasked with consulting, further sharing knowledge, research findings and building capacity of community people.

Four additional elements were crucial for reinforcing CSO capacity to generate and use knowledge:

- Sharing the specific mandate and services provided in each primarily accessed facility: Basic Health Unit (BHU), Rural health Centre (RHC), Tehsil Head Quarter (THQ) hospital and District Head Quarter (DHQ) hospital, to overcome citizens' lack of knowledge. This provided community actors with the language and knowledge necessary to engage with duty-bearers, altering the usual dynamics that place citizens or clients at a disadvantage.
- Two workshops held under the project specifically targeted local elected representatives (councilors) and media representatives from each district as potential allies along with CBOs; only the research component workshop was rolled-out exclusively with CBOs.
- The accountability workshop promoted a better understanding of state-citizen relationships so as to reinforce a sense of entitlement to services and participation in the governance process.
- Spread over nine months with regular interactions, capacity-building created closer relationships amongst the participants and between the SG researchers and the community. This laid the basis of **mutual trust** for working together.
- Bringing diverse community actors into a single forum enabled a certain degree of homogeneity to emerge, engendering **a sense of a common purpose** as the basis for subsequent action and laying the groundwork for the district-level multi-stakeholder forums subsequently initiated in 2017.



Quantitative and qualitative facility-specific policy-based checklists used by CBO partners for evidence generation.

Capacity Building as a Four-step Process

1. An initial workshop with CSOs, local councilors and media reporters from project sites shared and sought feedback on the approach, proposed capacity-building plans, the facility-wise checklists for research/ knowledge creation, and the possibility of working with local duty-bearers to improve health systems governance.
   a. The workshop highlighted state responsibilities and citizens' right to inquire into services provided, and the role of local elected representatives and media in such processes;

2. CBOs used project-created checklists around the World Health Organisation's (WHO) Building Blocks and government-proscribed items in each type of facility to assess facilities most frequently accessed by the project villages, gaining first-hand experience of systematic data collection for subsequent evidence-based advocacy;

3. A research workshop using a participatory pedagogy and practical examples of health service delivery issues in each district **built capacity around core research elements and evidence-based advocacy** of CBOs and project village members of pre-existing multi-stakeholder District Advocacy Groups (DAGs) created by and working with Shirkat Gah; and

4. A workshop with CBOs, local councilors and media around accountability and complaint mechanisms.

Workshops shared **Pakistan's progress on Reproductive Health indicators under the Millennium Development Goals,** emphasised socio-cultural barriers for women and girls' access to health, and discussed how government data can be supported or challenged with indicative field data collected by others. **Research & community accountability** were introduced using project examples participants were familiar with, and pooling participants' knowledge and experience of existing accountability mechanisms in their respective districts. Potential province-specific challenges in engaging with public sector health authorities were discussed and factored in, e.g., the bureaucratic maze of approvals required in all sites and threats posed by militants in Balochistan. Participants discussed the role of CSOs, Media and Local Government (LG) representatives. CBOs' rapport was judged to be good enough to enable meaningful engagement with district health systems. This level of engagement is crucial in Punjab and Khyber Pakhtunkhwa where administrative and financial powers for health facilities have been devolved to district governments.

Participants gained knowledge about the Right to Information Acts and Local Government Acts of all four provinces, and how these can be used effectively. Workshops introduced different frameworks for assessing health services: **WHO's Building Blocks** (BBs) and **social determinants of health,** and normative standards regarding **'accessibility'** elaborated by the UN Committee on Economic, Social and Cultural Rights (CESCR).[1] (See Policy Brief 2 Frameworks for Good Governance) These were mapped onto a tree diagram using the district health system to illustrate how these could be applied and to show the inter-linkages. Simplified translations of the WHO BBs were distributed and their linkages with national policy provisions explained. Exercises assessing district-specific health systems in light of the BBs using information gathered through checklists brought forth how each block is interconnected and how together they make a health system efficient and responsive. Participants noted that **BBs do not offer much with respect to the cultural or societal categories of determinants impacting health,** i.e., customs, gender inequities, education, etc.

The capacity-building process concluded with participants drawing up **actions** to improve health systems governance and **evidence-based advocacy plans.**

A merged framework of health systems assessment: WHO Building Blocks, WHO Social Determinants of Health; and UNCESCR Access model used during Research Training, 2016.

[1] CESCR, general comment 2; CRPD/C/GC/2 Available at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G14/033/13/PDF/G1403313.df?OpenElement

Virtual Multi-stakeholder Platforms & Community Accountability Initiatives

The success of Shirkat Gah's participatory capacity-building model is reflected in the concrete actions subsequently taken by workshop participants including local elected representatives and media as well as CBOs. Several local initiatives have **succeeded in bringing about improvements in the health system governance in their districts in a remarkably short time.**

Virtual multi-stakeholder platforms enabling district level collective reflection and action have been created, including elected and executive duty-bearers but relying to a large extent on the ownership and initiative of CBOs' reinforced skills and knowledge. Shirkat Gah first created a central virtual hub of CBO partners from all six districts using WhatsApp; then CBOs formed six multi-stakeholder WhatsApp platforms featuring district-level duty-bearers, CBOs, and media representatives. The **presence of both state and non-state actors bridged the gap amongst stakeholders** observed throughout the course of the project.

WhatsApp group initiated by CBOs as part of advocacy strategy.

The Virtual CBO hub shares knowledge and resources and learns from successful and not-so-successful interventions across districts. The **district platforms table key topics, catalyse responses from duty-bearers and accelerate follow-up for accountability at the district level.**

KEY INSIGHTS INTO IMPROVING HEALTH SYSTEMS GOVERNANCE

Project interventions provide the following insights:

- **Capacity-building** process **can catalyse actions to improve health system governance,** but **ensuring momentum requires continuous interaction** for at least a couple of years.
- The value of a **virtual group is most effective if it is attached to an offline group**. Instead of duplicating efforts, health interventions should **avoid setting up a new platform and instead look for pre-existing groups willing to add health concerns** to their agenda.
- Project-strengthened citizens have initiated a variety of actions to spread awareness and multiply voices around health systems governance and women's reproductive health, enhance participation in decision-making forums, and strengthen responsiveness to improve health services.

Published articles written by CBO partners based on data collected through checklists for each facility.

Actions to **spread awareness** include:

i. **Evidence-based articles** on Health Systems Governance (HSG): Within six months, a first stream of six district-specific articles by June 2017 had been published in local/ provincial/ national newspapers on different health system issues from infrastructure, equipment, medicine, and shortage of human resources to broader issues of privatisation and critique of governmental programs, such as the injustice of limiting the *"Sehat ka Insaaf"* (health justice) cards to Peshawar and discriminating against inhabitants of smaller towns. Some had editorial support from SG. Within three months (August-October), three partners had published a second stream of articles focusing on concrete district-specific recommendations for governance reforms.

ii. **Radio campaigns:** CBOs secured airtime on local FM stations to raise awareness, sensitise communities on key reproductive health issues, and expand voices for accountability.

Umme Kalsoom (center) gives an interview on a local FM station to highlights gaps in health systems governance in Muzaffargarh.

A **woman member** of the **local partner in Jaffarabad** used a local FM station to share information and highlight issues impacting women's reproductive health. She stressed the importance of breaking the silence around reproductive health that impedes awareness about women's healthcare needs, and advocated increasing awareness to prevent maternal mortality in Balochistan. Sharing problems identified in the HSGS research regarding the Cattle Farm and Gandakha Union Councils, she attributed the inability of local facilities to cater to community healthcare to inefficient accountability processes and budgetary constraints. She recommended policy reforms, equitable financing, and activation of accountability mechanisms to increase responsiveness and efficiency in healthcare.

Vice-Chairman, District Council, Muzaffargarh, addresses a multi-stakeholder forum in 2017.

Illustrating how radio programs that bring together diverse actors become a **temporary multi-stakeholder forum**, a woman member of the local **Muzaffargarh** partner featured in a live local FM station program. Aiming to sensitise communities of the negative impact of early age marriages, especially in terms of the reproductive health of the girl-bride, she emphasised that women should **prioritise public health facilities,** as did the DJ. When the District's Chief Executive Officer (CEO) for health joined via telephone she shared governance related challenges identified in the HSGS project.

The **CEO welcomed CSO participation in strengthening governance** and encouraged an exchange of information for enhanced accountability. An official of the Population Welfare Department (PWD) stressed the importance of birth spacing and shared useful information on the district centres for family planning services.

Finally, Shirkat Gah has mobilised a woman FM station DJ in Mardan running FM programs around reproductive health issues to also take up governance issues. In Vehari, a male DJ has been mobilised to take up issues from the HSGS research findings in his programs.

After intense training in participatory action research and SRHR, a CBO member replicates an accountability session with community men, Pano Aqil, Sukkur, 2017.

iii. CBO partners have **replicated the Research and Community Accountability modules** with their staff; they are subsequently rolling these out with community members to increase awareness about different accountability mechanisms and placing banners with key (largely pictorial) information at strategic locations (BHUs, THQs, District Councils, etc.) to encourage people to lodge complaints.

iv. Partners are providing communities with **information facilitating access to reproductive health.** In Muzaffargarh, the HSGS Partner is spreading information in project villages regarding access to cheaper services for normal delivery and C-section at the Family Planning Association of Pakistan, a key strategic partner of the government. In Jaffarabad, the Partner is spreading information about the Helping Hands hospital where normal deliveries are free and C-sections done just for Rs.5000.

INSTITUTIONALISED PARTICIPATION IN OVERSIGHT AND DECISION-MAKING FORUMS

CBO partners' membership in Union Council Health Committees

CBO partners are now members of UC level health committees, and able to contribute meaningfully due to greater familiarity with health systems governance issues. Partners are continuously consulting officials to secure a say in formal governance processes at the district level but leveraging **entry into district health committees is hard** for smaller organisations as preference is accorded to service delivery NGOs/ INGOs.

An **enhanced knowledge base resulted in a partner CBO being invited into higher-level decision-making forums, enabling it to play a more effective role as an advocate**. NISA Development Organisation's use of the Building Blocks framework in their evidence-based advocacy with district health officials on governance lacunae so impressed the District Health Officer that he invited NISA onto **the District Health Management Team,** a key government oversight mechanism. **Positive changes NISA has contributed** to, as reported by them, against the WHO Building Blocks, include the following:

- **Building Block 1 (Service Delivery):** **Improved service delivery** due to enhanced coordination and follow-up among district-level programs and stakeholders; a **suggestion box installed** at the THQ hospital.
- **Building Block 2 (Health Workforce):** Regular meetings and consultations with the District Health Management Team (DHMT) led to 32 new LHW positions for which recruitment started in 2017.
- **Building Block 3 (Health Information Systems):** **Project's District WhatsApp group led to the Deputy Commissioner, District Health Information System Coordinator** and other staff **regularly sharing updates and information** about different campaigns and activities. Sharing the **evidence-based article on health facility** on social media catalysed a lively discussion, and social media activity **led district officials to take notice** and commit to addressing issues.
- **Building Block 4 (Medical Products, Vaccines and Technologies):** The **district's quota of medicines was enhanced** after NISA shared reports of shortages across facilities in DHMT meetings leading to the Deputy Commissioner forwarding the matter to the Secretary Health.
- **Building Block 5 (Financing):** Two local MPAs **released funds from the provincial budget** to repair two BHUs, one THQ, and an ambulance **after reports of the dire consequences of budgetary constraints** across facilities in Jaffarabad, were **repeatedly presented to DHMT**, persuading the DC to take action.
- **Building Block 6 (Leadership/Governance):** **DHMT meets regularly and ensures participation of different stakeholders in decision-making** and accountability; the DC and District Health Officer then conduct regular meetings at different tiers to follow-up on issues raised.

CBO partner NISA, Jaffarabad becomes member of the District Health Management Committee.

Handing-over ceremony of ambulance to THQ Usta Mohammad, Jaffarabad, 2017.

Local Government Member mobilises PKR 9.4 million for BHUs in Mardan

This powerful example of improved health system governance is a direct result of the project intervention, and underscores the **significance of including local elected representatives**. Mr. Naresh Kumar, a District Council member, **used his new knowledge** from the Community Accountability workshop around **Local Government structures, rules, regulations, budgets process**, and the Council's administrative and financial authority over local health facilities to move a resolution at the District Assembly Mardan[2] to improve health services in his constituency's BHUs, having mobilised the support of several district councilors. Assembly members unanimously endorsed the resolution and, as BHUs in their own constituencies confront similar issues, asked the Nazim (head of the District government) to allocate funds for all BHUs. After an assessment committee reviewed the issues of BHUs identified by local councilors in their constituencies, the **Assembly allocated PKR 9.4 million for 47 BHUs from the district funds** (PKR 200,000/- per BHU). SG had requested district council, Mardan, to consult facility level MOs/MSs for their specific needs/priorities so that the process is inclusive and the LG health committee chair committed to do so in 2017, prior to allocating funds for the facilities.

Newly installed solar panel for electricity backup at BHU Khazana Deri, 2017.

[2] Councils in other districts

This is highly significant because **to date, no specific allocation from District funds had ever been made for local health facilities**, despite the upkeep and administration of these facilities being the remit of the District Government. New funds have ensured the installation of solar panels to address frequent electricity blackouts; the construction of separate toilets for women and girls, the lack of which was a disincentive; clean drinking water for patients, and the repair of waiting rooms, boundary walls, electricity fittings, and the hospital's access road. The repair of electrical wiring and construction of a separate female toilet were in Khazana Deri, the main accessed health facility in one HSGS project village. Additional funds were released to install a solar panel at the facility for back up in case of electricity shortfall.

CBO member from Mardan, meets with District Nazim, for the allocation of funds for an anaesthesia machine for DHQ, Mardan. Meeting results in acceptance of demand and allocation of Rs 120,000.

Indicating institutionalisation and improved governance, the District Assembly has decided to include at least this amount, as approved from the District funds for each BHU, in every future budget. The Assembly is also introducing an E-health program through which all BHUs across the district will be regularly monitored. Additionally a monitoring committee was established to oversee the work; it found the original entity unsatisfactory, cancelled their contract and reissued the tender.

Other than these concrete changes, **a number of commitments were secured**. These include:

- A female MPA in **Vehari**, who serves on the provincial assembly's women's caucus and the SDGs taskforce working on the implementation framework, has promised to share key HSGS findings linked to Sustainable Development Goal 3 related to health for policy uptake.
- In **Muzaffargarh**, the CEO, Health is encouraging the involvement f local councilors CSOs, and media to improve accountability, strengthen governance and has asked the CBO Partner to take this forward. The District Council Chairman has committed to nominate their most vigilant people for District Technical Committees being constituted under the new District Health Authorities in Punjab.
- The District Complaint cell in **Mardan** committed to collaborating with the local Partner to enhance responsiveness to community complaints regarding health facilities.
- In **Jaffarabad**, SG has helped to connect the local Partner with a donor that it convinced to replace equipment damaged beyond repair in the floods; a proposal is awaited. A commitment has been secured from a local organisation to meet the medicines shortfall in project facilities as identified by the local Partner. The District Council chairman committed to broach the subject of specific allocations for health in district budgets as is the case in Punjab and Khyber Pakhtunkhwa at the provincial level to complement Shirkat Gah's policy advocacy efforts for recognition of health as a primary function of local government.

Newly constructed toilet for female patients at BHU Khazana Deri, Mardan, 2017, based CBO-led advocacy

MPA, Shamila Farooqui (front-centre), attends multi-stakeholder forum in Vehari, 2017

- In **Shahdadkot**, the recommendation of Shirkat Gah to include councilors and CBOs in District Technical Committees has been endorsed by all stakeholders.

These examples of successful interventions in improving health system governance at the district level, confirm the **viability of a bottom-up intervention** to **build the capacity of local actors to undertake research and community accountability**. These changes and current commitments indicate that **given the right levers, duty-bearers are responsive and willing to take steps to improve health governance systems**, including by increasing the channels for people's participation in the process.

This depends, however on **effectively empowering local actors to act and engage with the authorities** through an **expanded knowledge-base**, the **power to create their own knowledge and use it**, and **networking links to support each other.**

Installation of life-size banners detailing accountability mechanisms in Mardan, and how to register complaints

Installation of banner detailing accountability mechanisms in BHU, Haji Chachar, Pano Aqil, Sukkur

About the Project

The "Strengthening Governance in Health Systems for Reproductive Health and Rights (RHR) in Pakistan: An Intervention Case Study" was implemented by Shirkat Gah with the support of the International Development Research Centre (IDRC). The project was executed in six districts across four provinces of Pakistan, including Districts Shahdadkot and Sukkur (Sindh), District Mardan (Khyber Pakhtunkhwa); Districts Vehari and Muzaffargarh (Punjab), and District Jaffarabad (Balochistan), from 2014 to 2017.

This pilot study aimed to propose a model or pathway for a larger intervention on participatory governance and policy implementation for reproductive health and rights (RHR) in Pakistan. It is grounded in the key principles of equity, non-discrimination, participation and accountability, with particular attention to the promotion of gender equality and the realisation of the vision for the highest attainable standards of sexual and reproductive health and rights for all, particularly women and girls.

About Shirkat Gah

Shirkat Gah - Women's Resource Centre (SG) was initiated as a small voluntary women's collective in Pakistan in 1975, and has evolved into a leading women's rights organisation that operates out of offices in Karachi, Peshawar, Lahore, and four field stations across all four provinces.

SG's core strategies in its work with grassroots organisations in more than 20 districts, include research to generate evidence for capacity building and advocacy in the areas of sexual and reproductive health and rights (SRHR); personal status rights and laws; promoting a gendered perspective in sustainable development, and promotion of peace, with violence against women traversing the four focus areas.

Nationally, SG has contributed significantly to the overall policy and legal framework and works with elected representatives and government functionaries to bolster an environment conducive for women to claim rights and to facilitate accountability. SG also engages regularly with international development organisations, agencies and UN processes both for setting norms and standards as well as ensuring accountability on Pakistan's international obligations.

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