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POLICY BRIEF # 9:
PROGRESS & CHALLENGES HEALTH SYSTEMS BUILDING BLOCKS IN SIX DISTRICTS OF PAKISTAN

Shirkat Gah
Women's Resource Centre

WHO Building Block 6: Leadership & Governance

Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability.

- WHO, 2010, *Monitoring the Building Blocks of Health Systems: A handbook of Indicators and their Measurement Strategies*, Geneva.

Monitoring has become more robust and the creation of new oversight bodies, that include elected councillors in Punjab and Khyber Pakhtunkhwa, has significantly strengthened coordination in three provinces; the exception being Sindh. Multistakeholders' forums in 2017 in all districts underlined the need for further collaboration among different departments and the inclusion of civil society organisations in oversight bodies. Measures to strengthen accountability have been instituted across the board, but the results are uneven across provinces and districts. Where citizens and communities are included in the process, this has strengthened accountability; where political patronage holds sway it undermines all aspects of accountability. In terms of system designs, public-private sector partnerships have improved service delivery but also resulted in new challenges.

Monitoring

- With the exception of Sindh, data indicates that monitoring is better than it was in 2014 when insufficient budgets impeded field monitoring visits. Expressing a general concern, the Medical Superintendent (MS) of the Sukkur THQ had stressed that "*The biggest issue in the current monitoring system is that we do not have transportation. You will go somewhere when you have resources and it's important that you have a vehicle or a bike – there are has fuel issues [and] a TA/DA problem.*"[1]

- Generally, the integration of the District Health Information System (DHIS) with monitoring mechanisms and introduction of biometric set-ups is expected to enhance the scope and efficiency of oversight systems. At present, however, the DHIS does not incorporate any qualitative data or feedback from the community/clients for better for health governance.

- Recognition and institutionalisation of **community input into monitoring and decision-making processes** through local government councillors has been institutionalised in Punjab and Khyber Pakhtunkhwa but not in Sindh and Balochistan. Consequently in Sindh, a Citizen Alliance committee (*Shehri Itehad*) was formed to monitor public health facilities. However, while the Alliance visits the Maternal, Neonatal and Child Health (MNCH) centres fortnightly and monitors whether the doctor is present, patients are getting medicines or not, etc., their effectiveness is undermined because the Alliance is not recognised by the government.[2] The benefits of **project created multistakeholder forums** across six districts underscore the importance of the involvement of civil society, both CBOs and media as a watchdog for vibrant monitoring mechanisms.

- In **Mardan**, the resumption of BHU management by the Department of Health (DoH) has resolved the dilemma earlier confronting Lady Health Workers (LHWs) of whether they should report to People's Primary Health Initiative (PPHI) or the DoH. The Lady Health Supervisor (LHS) in District **Muzaffargarh** explained that today monitoring is conducted through various officers including the Deputy District Monitoring Officer (DDMO) and District Health Officer (DHO), as well as committees such as the Technical Working Committee at the district level; **LHWs** are monitored on weekly and monthly basis. The PPHI-instituted District **Program review meeting deemed to be is very effective**, as every official is held accountable for monthly performances. Processes have been streamlined and there is a marked improvement in management and services since the establishment of the **District Health Authority (DHA)**, for instance, a district blood transfer officer is tasked with regular monitoring.[3]

Leadership & Governance

[1] Rapid Situational Analysis, In-depth Interview with Medical Superintendent THQ, Pano Aqil, 2014.

[2]

[3] Facilities' checklist data, Blood Technician, DHQ, Muzaffargarh, 2016

- Drug inspection is still not systemised, however, especially in Sindh and Balochistan. Sukkur still has *"no specified mechanism in place but there are health inspectors in place who make sure that sale of substandard medicine is dealt with strictly."*[4]

Coordination mechanisms

- In 2014, coordination amongst and between departments and programmes was a serious challenge; problems persist in some places. The lack of coordination led to a duplication of efforts, for example, the DoH and Population Welfare Department (PWD) were collecting the same data about the same patients and there was a marked rivalry between the two.[5,6] Coordination was also affected by the fact that post-devolution protocols had not been spelt out in 2014 leaving district officials unclear on the administrative arrangement.[7] Officials also underlined the pronounced lack of effective communication **within the different tiers** of the Health Department.[8]

- Today there is a marked **improvement in coordination in three provinces**. Departmental coordination has dramatically improved in **Jaffarabad** thanks to a very active **District Health Management Team (DHMT)** that is also ensuring civil society participation; the decisions are consultative and follow up is ensured. The project multi-stakeholder forum noted, however, the need to address resource constraints and ensure a consistency of policy processes in Balochistan. In **Punjab** the introduction of **District Technical Committees (DTC)** headed by the CEOs for health under the **DHA** have reinforced coordination. The integration of **elected representatives** in the technical committees is expected to further improve information integration, coordination, and monitoring across departments and programs in Punjab.

- The Deputy District Health Officer in **Mardan** emphasised the effectiveness of cross-sectoral coordination exemplified by the Nutrition, MNCH, and LHW programmes, and Extended Programme on Immunisation all working under one umbrella. The establishment of a working group of the **DoH** and **PWD** ensures information is shared regularly.

- In contrast, in **Sukkur** and **Shahdadkot** there still appears to be no coordination between the DoH and PPHI. Discussions at the Sukkur Multi-stakeholder Forum in 2017 revealed that the Health Committee is neither functional, nor representative; neither the PPHI nor the local government's health committee chairs have ever been invited to attend. An interesting new development is that a **session judge** in **Sukkur** has recently started questioning the officials of the DoH, PWD, and PPHI on health systems' performance. The governance arrangement in **Shahdadkot** where the department of health has different public-private partnerships (PPHI and Interactive Health Solutions) encourages competition for better service delivery standards, but also presents challenges for integration and coordination among stakeholders.

- Multi-stakeholder forums in 2017 across the six districts **emphasised the need to enhance collaboration** among different departments and to include civil society organisations to strengthen health systems' governance.

- In 2017, a major concern emerging in districts **Muzaffargarh** and **Vehari** was the latest **public-private partnership arrangement** with the Punjab Health Facility Management Company (PHFMC). The decision to hand over management of facilities to the private company has met with serious resistance in both districts where the Employees Association has taken the matter to court and obtained a stay order in its favour from the Multan High Court. A representative of the Association stressed that the "*A sense of job security is all that a government employee relies on. People are being made to believe that the choice they made [of government employment] was wrong after 15-20 years in service. They are destroying our identity and the future of our children.*"[9] While top officials of the Health Department feel the matter needs to be resolved by the previous private sector partner Punjab Rural Support Programme (PRSP) and PHFMC, the situation can create several challenges for Punjab's health systems governance.

[4] Rapid Situational Analysis, In-depth Interview with Deputy District Health Officer, Shahdadkot, 2014.
[5] Jaffarabad, Multistakeholder Forum, 2017.
[6] Sukkur, Multistakeholder Forum, 2017.
[7] Jaffarabad, Multistakeholder Forum, 2017 .
[8] Jaffarabad, Multistakeholder Forum, 2017.
[9] Muzaffargarh, Multistakeholder Forum, 2017.
[10] District Health Officer, Multistakeholder Forum, Vehari, 2017.
[11] According to local civil society actors, the facility was apparently approved by the previous government of another political party and the current government seems reluctant to own the project.

Accountability

- The performance of accountability mechanisms is **far from uniform** across districts and provinces. In 2014, officials in Sindh and Balochistan highlighted that budgetary constraints impede effective monitoring.[10] **Punjab** already had more robust monitoring mechanisms such as a multi-sectoral monitoring authority; direct oversight by the Chief Minister's office;[11] an e-monitoring system in **Muzaffargarh** at THQs, DHQs, and BHUs to keep relevant authorities informed of any shortage or malfunctioning of equipment, etc. Officials were provided mobiles with software to monitor locations through a Global Positioning System (GPS) tracker to ascertain whether the ambulance is on the road or not; and authorities to ensure that officials have carried out the requisite number of monitoring visits assigned (15 visits for EDO-H and 20 for DHO are mandatory).[12] In **Vehari** better monitoring **involved community participation:** a PRSP-instituted support group assessed various aspects including staff attitudes through patients' feedback. **Stricter monitoring** with respect to the **behaviour of doctors** and their level of professionalism has had a positive result. In 2016, **women reported** that whereas previously "*The doctor at BHU was very rude with patients prior to the accountability [mechanism]. Now due to governmental pressure on them they properly check and treat patients.*"[13]

- In **Mardan**, district level **complaint cells** for use by citizens, complement internal accountability mechanisms of departments. The Pakistan Tehreek-e-Insaaf (PTI) led provincial government initiated the *Sehat ka Insaaf* (health justice) program with **citizen volunteers** but restricted this to PTI workers, specifically excluding CSOs. For example, one active citizen reported that he "*met the commissioner to become part of the process and serve as a health volunteer. The commissioner responded that we have strict directives from the government to keep the NGOs away from this.*"[14]

- Data from **2017 shows improvements across districts** although the disparity amongst provinces and districts persists. Private practice is severely met with action in **Mardan**. For example, a CSO reported that when a Lady Health Visitor (LHV) was caught running her private clinic, the District Health Officer (DHO) not only shut it down but also fined her Rs. 30,000.

- **Punjab** has introduced sound monitoring mechanisms under DHAs and District Technical Committees, ensuring **elected representatives**' participation in the process to further improve transparency and enhance service delivery standards in districts **Muzaffargarh** and **Vehari**.

- Despite dramatic improvements in district **Jaffarabad** brought about by the proactive District Health Management Team, accountability processes are so affected by **political interference** that ensuring accountability of even janitorial staff sometimes becomes a challenge. **Shahdadkot** reflects a similar pattern: the DHO reports that his efforts to ensure staff accountability are met by threats of having him fired. In **Sukkur**, the government even consulted the army to ensure accountability in the THQ Pano Aqil.

- In addition to the various district-level coordination committees mentioned above, **all provinces established health committees at the Union Council (UC)** level as a means of bringing in the voice of communities, including women. Indeed, in some places to overcome the possible reluctance of women to sit in the same group as men, there are two committees: one for women, the other for men. In 2014, the impact of these committees was nil in the project villages and community members were unaware of their existence. Today, in **PPHI managed** areas, these have been renamed **Community Support Groups and are active**. However, it is too soon to gauge impact.

- While monitoring and accountability mechanisms have been strengthened, and include councillors in two provinces, the **participation of citizens' groups** (CSOs and CBOs) **remains restricted** across provinces. CSOs in Sukkur stressed that political will needs to be mobilised around primary healthcare to improve standards. At the same time, an official recommended that as there is a lot of work being done in some areas and none in others, "... it is important for NGOs to contact the Secretary Health and DG Health, and ask them where work needs to be done. This would reduce duplication."[15]

[12] Rapid Situational Analysis, In-depth Interview with District Health Officer, Muzaffargarh, 2014
[13] Focus Group Discussion with married women, village 569/EB, Vehari, 2016
[14] Focus Group Discussion with CBOs, Mardan, 2014
[15] Rapid Situational Analysis, In-depth Interview with Maternal, Neonatal, and Child Health Programme Coordinator, Mardan, 2014

Attention to System Design

- There is an increasing tendency to enter into public-private partnerships to improve service delivery and governance, but little assessment of the outcome in terms of sustainability. As mentioned above, the governance arrangement in **Shahdadkot** includes partnerships with diverse private sector partners. While the presence of multiple actors may help to improve service delivery standards due to the competition amongst them, it presents challenges for integration and coordination among the different stakeholders.

- The disastrous ending of the public-private partnership in **KP** where hundreds of facilities were suspended between the partner (PPHI) and Department of Health, severely impacted services negatively including in the project-facility in **Mardan**. This underscores the importance of a clearly articulated exit-strategy of such arrangements as mutually agreed upon beforehand.

- In **Punjab,** the recent decision to engage a new private sector partner has been resisted by employees in both **Muzaffargarh** and Vehari who have taken the matter to court. This is a serious issue and it is well to note that the return of management to the health department in **Khyber Pakhtunkhwa** also followed a ruling of the Peshawar High Court. Partnerships that entail the loss of job security can result in a loss of experienced health human resources in the public sector. This should be avoided.

- It remains unclear how such public-partnerships improve **the public sector health governance systems on a sustainable basis**. Such partnerships may provide relief and improved services in the short term but are not long-term solutions to endemic issues of governance. More often than not, the exact terms of such partnerships are unknown, rendering it difficult for citizens and civil society actors to ensure accountability.

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 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 aims 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.

Shirkat Gah – Women's Resource Centre
8-B, South Seaview Avenue,
DHA, Phase II, Karachi, Pakistan
Telephone: (92) 21-34322130-32
Fax: (92) 21-35802047
Website: shirkatgah.org
Facebook: www.facebook.com/shirkatgahdotorg/
Twitter: @Shirkat_Gah

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