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Pakistan's health system

Understanding the politics and institutionalising a culture of accountability

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Culture of accountability

This publication explores the provincial level activities of the Empowerment, Voice and Accountability for Better Health and Nutrition (EVA-BHN) project implemented by Palladium in Pakistan. Begun in 2014, EVA-BHN aims to empower, organise and facilitate citizens and civil society to hold the governments of Punjab and Khyber Pakhtunkhwa (KP) to account for the delivery of quality Reproductive, Maternal, New-born, Child Health and Nutrition services (RMNCH-N). As part of this broad goal, EVA-BHN seeks to create a culture of accountability within Pakistan's health sector by institutionalising mechanisms that provide opportunities for citizens and the state to monitor and engage duty-bearers responsible for the delivery of services. Palladium implements EVA-BHN in partnership with the Centre for Communications Programmes Pakistan; the Centre leads on the work with media and religious leaders within the programme.

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The need to work politically

In a recent paper, several leading analysts argue that progress towards universal healthcare coverage in developing countries with politics dominated by special interests will be frustrating and unpredictable (Kelsall et al. 2016). Indeed, it will be characterised by fits and starts, with 'islands of effectiveness' in some sub-national contexts and the marginalisation of others. In many cases, these dynamics will be sustained by patronage networks, spread across different state institutions, and underpinned by weak impersonal accountability mechanisms that offer few incentives to strengthen or monitor public services.

Nonetheless, the authors temper this gloomy assessment with evidence that reformers can adopt 'best-fit' strategies that account for the reality of power and politics in different contexts. Accordingly, they should play a 'politically savvy' role, helping the more effective parts of the state to connect with the more effective elements of the market and civil society. To do this, they may need to be experimental and adaptive, at the same time as they work to build lasting coalitions that can seize opportunities as they arise.

This advice accords with a growing movement among development practitioners to put political economy analysis (PEA) and problem-driven iterative adaptive (PDIA) approaches at the centre of programmes (Andrews et al., 2012; Booth and Unsworth, 2014; Wild et al. 2015). This way of 'doing development differently' suggests that political insights and first-hand experiences garnered over the course of a programme's lifecycle should be consistently used to test its assumptions, and to identify and reframe problems. Such efforts must be accompanied by a hard-nosed realism as to what may be possible and when, given the way power is spread within each society.

Pakistan's health providers

In many respects, Pakistan's approach to the accountability of its health providers reflects the country's fractious transitional politics (TRF, 2010). For example, since the turn of the century multiple national level bodies and institutions have been charged with uncovering corruption in health services. Many of these, however, have not been given the power to pursue their mandates or have been muzzled when they have targeted influential powerholders. Furthermore, initiatives to connect citizens to the provinces' health departments to improve services and make them more responsive, such as Punjab and Khyber Pakhtunkhwa's (KP) Health Care Commissions, have struggled to stake out their remits, as contests over the shape of Pakistan's devolution efforts continue to play out.

At the same time, numerous advocacy groups have been set-up, often with the help of donor agencies, by government and non-governmental organisations to monitor and engage health providers. Whilst some of these initiatives enjoyed limited successes using mainstream social accountability tools, such as institutional scorecards, many of them have been abandoned as projects' have ended, funding has dried up or priorities have turned elsewhere. In some places, this has left a patch work of demobilised or semi-operational groups at the local level.

Within this context, EVA-BHN seeks to empower, organise and facilitate citizens and civil society to hold duty-bearers in Punjab and KP to account for the delivery of quality RMNCH-N services. Whilst the programme's community level mobilisation efforts and media engagement are detailed elsewhere, this brief examines how it seeks to do this at the provincial level. It will be shown that by cultivating what can be called a 'culture of accountability', the programme has created loose coalitions of citizens, powerholders and duty-bearers that are positioned to seize emerging opportunities to institutionalise accountability at the provincial level.

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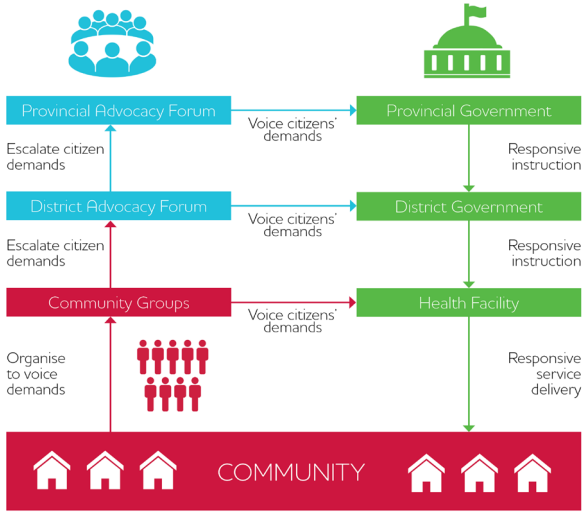
EVA-BHN's accountability model

EVA-BHN's provisional level advocacy and engagement team describe their role as 'finding and tapping opportunities to strengthen the institutional responses to citizen generated demands facilitated by EVA.[1] The World Bank's popular understanding of accountability relationships describes such efforts as focussed on the 'long-route' to accountability (WB, 2004). This is suggestive of both the distance of policymakers with the power to institutionalise accountability mechanisms from citizens and the time-frames required to realise such a goal.

Keenly aware of this, EVA-BHN views its provincial level work as a way of connecting and prompting the programme's multiple citizen and community based initiatives to senior duty-bearers. This is achieved through two main mechanisms: Firstly, the Provisional Advocacy Forums (PAFs) that represent the top tier of the programme's social mobilisation efforts; and, secondly, ad-hoc meetings and interactions between programme staff and policymakers that build relationships and coalitions which citizen groups affiliated with the project can take advantage of when trying to increase the responsiveness of the government.[2] To further explore this, the brief now turns to the PAFs.



The Provisional Advocacy Forums

Twice a year, EVA-BHN's PAFs bring community representatives, influential civil society members, and programme staff into contact with provincial level bureaucrats, healthcare contractors, and politicians. Their basic function is to provide civic spaces in which issues that cannot be resolved at the level of Basic Health Units (BHUs) or through the project's District Advocacy Forums' (DAFs) can be raised and new policy directions or implementation directives for service providers discussed.

1 Interview with team members.
2 EVA-BHN works in the background, mobilizing, facilitating, and empowering citizens to raise their voices to demand improved health services.

Thus, PAFs engage officials and politicians in semi-structured interactions that allow citizens' problems to be voiced and solutions brainstormed.

For example, the Punjab's PAF recently raised the issue of a half-built medical college in Sahiwal district with the Chief Minister's (CM) Health Advisor. Upon learning of this he promised to finish the college and assured PAF members of its functionality within two months. The presence of influential journalists and advocates was argued to be instrumental to this swift response. However, as mentioned, PAFs also raise citizens' demands for the implementation of existing or new policies or practices with powerholders. An example of this can be seen in KP where the EVA project team is currently working with the Right to Services Commission to have childbirth included in the definition of 'emergency' healthcare situations.

The programme staff and civil society members that attend the PAFs also provide a 'technical backstopping' or, put more simply, empowering and mentoring role for EVA-BHN's district and local level community groups. In practice this means they support them to formulate advocacy strategies, to identify demands that relate to improving RMNCH-N services, and issues that accord with provincial priorities. Furthermore, PAF members with experience of engaging duty-bearers help community groups with basic tasks such as the drafting of letters to officials or by accompanying them to meetings. This is particularly important for groups whose members often have low levels of education, and for those that have traditionally been prevented from directly approaching powerholders due to cultural constraints, hidden dependencies and social hierarchies.[3]

Yet mentoring community groups and raising their voices is far from the PAFs only function. Indeed, they serve three broader purposes:

Firstly, they give officials and politicians a sense of the 'pubic pulse' around health provision and support informed decision making. This is achieved through the presentation of the top-line BHU community monitoring data (a process facilitated by the project) and the collated analyses of demands raised by community groups. Secondly, they allow the project to elicit the support of senior officials and politicians for other EVA-BHN supported, citizen based activities, such as securing the attendance of district officials at DAFs or the identification of opportunities for EVA-BHN to support citizens to engage emerging accountability institutions. Lastly, they provide a platform upon which to build wider coalitions among stakeholders that rarely meet, those that often work at cross-purposes or, in some cases, have fractious relations.

This last function is illustrated by their emerging role in closing communication gaps and power inequalities within provincial governments. This was demonstrated during the second meeting of the Punjab's PAF in late 2015 when five Members of the Provincial Assembly (MPAs) from the project's intervention districts were put on the same platform as the CM's Health Advisor. The MPAs took this opportunity to raise the common, yet unsubstantiated, belief that funding for their constituencies' BHUs is routinely delayed because they were from opposition parties or were not in the close circles of the CM. In response, the CM's Health Advisor declared he would ask the Health Department to work with its relevant district representatives to resolve the issues in the MPAs' districts.

It is in this sense that EVA-BHN's senior staff view the PAFs as providing a 'third model of accountability', able to exploit opportunities created by Pakistan's ongoing democratic transition and the tentative revival of its civil society.[4]

3 These factors are explored in another brief focussed on EVA-BHN's social mobilisation efforts at the local and district levels.

4 Interview with team members. Among Pakistan's NGO community and development workers, the idea that civil society is currently enjoying a tentative revival often arises from contrasts between now, and the restrictions and co-optations beneath military governments.

This description also refers to the team's sense that the country's traditional accountability mechanisms – scrutiny by an independent media, and watchdogs such as Ombudsman, the National Accountability Bureau (NAB), and, for some, even elections – have been discredited in recent years.[5] In contrast, the PAFs are described as a 'new idea' that carefully places pressure on those responsible for service provision and cultivates a 'culture' of accountable and collaborative governance between citizens and the state, and among powerholders within the state itself.

Relationships and coalition-building

To forge productive coalitions between the programme, citizens and the state, the project has sought lessons from the DFID-funded State Accountability and Voice Initiative (SAVI) in Nigeria (Booth and Chambers, 2014).[6] SAVI highlighted how personal, often one-to-one, relationships with key powerholders and duty-bearers enabled it to move beyond a long history of adversarial state-society (especially in the form of NGOs) interactions, and to seize windows of opportunity for change.

Accordingly, EVA-BHN's senior advocacy and engagement team represent a carefully chosen mix of personnel with experience of working in provincial health departments and on large donor led initiatives. They point to the importance of speaking the language of duty-bearers, and to acknowledging the incentives and challenges facing those they engage with; that some EVA-BHN staff have previously worked alongside many of these actors also helps.

Nonetheless, Pakistan's continued devolution efforts and fluid party politics means programme staff must pay close attention to subtle shifts in where de facto power lies. For example, until recently, power in the Punjab was largely centralised in the office of the CM who takes a keen interest in the Health Department and its policies. Acknowledging that they were unlikely to secure regular access to him, EVA-BHN staff concentrated on building a relationship with the Minister's Special Advisor for Health. This strategy paid off during the first and second project years in the form of the Advisor's attendance at PAFs and the aforementioned opportunities this allowed.

However, following the indictment of several high ranking officials, a newly appointed Secretary Health usurped much of the power enjoyed by the Advisor. Although the Punjab team is now focussed on the delicate task of building trust with the Secretary, the sudden shift in the balance of power from the Advisor to the Department of Health illustrates the difficulty of building productive relationships amidst the unpredictability of Pakistan's fluid politics. An unavoidable reality which costs the project considerable resource time to navigate and stay on top of.

To stay abreast of such developments, EVA-BHN project staff conduct regular political economy analyses (PEA) of the political opportunities and incentive structures in the provinces they work in. This aids them to adapt the project to the changing environment and to take advantage of opportunities as they emerge.

For example, in contrast to Punjab, the government of KP's anti-corruption drive and backing of the local government act is slowly creating a more decentralised power structure. This includes a number of newly instigated provincial level initiatives, such as the Right to Public Services (RTS) Commission and the Independent Monitoring Unit (IMU), charged with ensuring accountable service delivery. Accordingly, the programme team have focussed their efforts

5 The notion that the media has also been discredited as a mechanism for accountability and what is being done to address this by the project is explored further in a brief focused on EVA-BHN's work with the sector.
6 SAVI was also implemented by Palladium.

Tackling poor governance and the need to improve citizens' confidence in state institutions are both key to securing a lasting peace.

on forming partnerships with these young institutions, including inviting their staff to PAFs. EVA-BHN argues that these efforts benefit from pre-existing relationships between senior team members and the heads of the new institutions as well as the identification of the opportunities themselves through ongoing PEA. As explored further below, these bodies have given rise to a number of opportunities to institutionalise the programme's 'third model' of accountability.

Institutionalising accountability in KP

The importance of citizens' perceptions of public services was acknowledged by domestic policymakers and international observers following the insurgency that gripped KP's Malakand Division from 2007-9. In its wake, the 2010 Post Crisis Needs Assessment (PCNA) identified poor governance and the need to improve citizens' confidence in state institutions as key to securing a lasting peace. It suggested that a central way to achieve this is to increase the ability of citizens to have oversight of the delivery of public services.

As part of the response to this report, KP's RTS Commission was established in 2014. At present, it monitors the provision of 15 essential public services, and gathers information and complaints on poor delivery from citizens. It has the power to penalise providers when these services are not delivered within stipulated timeframes. Perhaps unsurprisingly, therefore, it is viewed by KP's CM as one of his government's flagship reform initiatives.

Nonetheless, the Commission's head argues that there remains a pressing need to spread awareness about citizens' rights and entitlements and the Commission's purpose.[7] One way in which EVA-BHN is helping to do this is by including its representatives in PAFs and district advocacy forums. This not only affords the Commission an opportunity to spread awareness of citizens' rights and to meet officials from other governmental departments, it also allows them to gather data on the provision of health services from project forums which they may use for their decision making. The Commission is also drawing upon EVA-BHN's knowledge of how to reach and educate citizens' as to their rights, and its in-house media

7 Interview with RTS head.

expertise, to develop an informational video (with the help of a local law firm) to communities. This collaborative partnership gave rise to the aforementioned conversation around the definition of what constitutes 'emergencies' in the Commission's list of 15 essential services.

Another emerging relationship with the potential to institutionalise citizens' participation in accountability processes involves KP's IMU. Established in 2015, the IMU consists of 175 staff that monitor the provision of health (and other) services across the province, at all levels, and construct bi-monthly action plans to address deficiencies. Utilising mobile phone based applications and an online public data portal, the initiative is part of the KP government's wider drive to harness technology for anti-corruption and accountability.

Whilst in and of themselves the IMU's data collection efforts are impressive, they are being bolstered by the EVA-BHN project feeding its own citizen generated monitoring data into the IMU's reports. Furthermore, staff from each organisation attend one another's meetings with stakeholders, such as EVA-BHN's DAFs and PAFs, and the IMU's 'Stocktake' presentations with KP's Minister of Health. This collaboration allows IMU staff to hear everyday stories of the impact of poor health services, something which otherwise could be easily lost in their otherwise data heavy reports

More broadly, the IMU's Project Director has suggested that EVA-BHN's community members and pool of supported journalists could be trained by the IMU to utilise its publically available data in their advocacy efforts and reporting. Furthermore, they could use it to point to the political determinants of trends in inequitable service delivery within and between districts; something which a quasi-governmental organisation such as the IMU cannot do itself.

The EVA-BHN team in KP is also working closely with the Chief Minister's Initiative (CMI) to improve the uptake of financial support packages for the poor and marginalised and expecting mothers. Here the team uses insights from its research around and experiences of

EVA-BHN's community members and pool of supported journalists could be trained by the IMU to utilise its publically available data in their advocacy efforts and reporting.

the social, cultural and economic barriers to increasing the uptake of RMNCH-N services.[8] The project is also devising ways to regularly collect local information on the ease of access to feed up to the CMI. Viewed together, these collaborations position EVA-BHN as a non-adversarial project, willing to support the provincial government's ongoing reform efforts.

Institutionalising accountability in the Punjab

Although Punjab arguably presents a more challenging context within which to work than KP, EVA-BHN is beginning to find ways to institutionalise accountability relationships there too. For example, in March 2016 the provincial government announced that Working Groups (WGs) tasked with resolving citizens' health based demands are to be established. Through discussions in its PAFs, EVA-BHN has facilitated the province's Policy and Strategy Planning Unit to develop the WGs remit. It states that representatives from the Health Department, PSPU, provincial nutrition programme and EVA-BHN will meet bi-annually to generate reports based on progress towards resolving demands raised by EVA-BHN's community groups. Crucially, this includes district based health officials reviewing issues raised at EVA-BHN's DAFs.

One of the oft heard criticisms of citizen-led voice and accountability initiatives is that they lack the 'teeth' to sanction unresponsive powerholders. Whilst it runs against traditional ways of using aid, to address this some practitioners are beginning to suggest that leveraging donors' wider financial support packages to host governments can provide a way to change senior duty-bearers' incentive structures (World Bank, 2016). Specifically, it can encourage them to put the reform and responsiveness of front-line service providers at the top of their priorities.

EVA-BHN's Punjab team have identified just such an opportunity to connect the project's focus on voicing citizens' demands to those responsible for the delivery of health services. The project explored the possibility of securing the Department of Health's buy-in for a change in the conditions under which the UK government releases its regular bi-lateral non-budgetary support to the provincial government. The change would have committed the Department to addressing a portion of the demands and issues raise by EVA-BHN's community groups in order to fulfil their Disbursement Linked Indicators (DLIs). This inexpensive adjustment could incentivise the Department to build its capacity to monitor the implementation of its own health strategies and improve the responsiveness of front-line service providers. Disappointingly, however, the Punjab government have not accepted these proposed DLIs in its annual list.

Nonetheless, working closely with DFID, EVA-BHN has recently persuaded the government of KP to include the resolution of 40% of the demands raised by the project's community groups within the provinces' DLIs. Combined with the devolution of funding to local government bodies, this development represents an important step towards the institutionalisation of responsive governance in KP's health system. It also demonstrates how, given the opportunity, EVA-BHN's PAFs can leverage their political capital and strong working relationships with DFID to institute accountable and responsive governance.

8 The team conducted research on the very successful DFID-funded Poorest Areas Civil Society Programme in India to learn from best practice of supporting the very poor and marginalised to claim their rights to social protection programmes.

Looking ahead

This brief exploration of EVA-BHN suggests its provincial level advocacy and engagement teams find themselves on the cusp of several opportunities to institutionalise a culture of accountability in Pakistan's health services. However, at this stage, it is important to take stock of what got them to this point and the potential obstacles they still face.

Most notably, the team has built relationships with established powerholders and emerging institutions that legitimise its activities and contribute towards its aims. Two factors have been crucial to this: Firstly, the ability of EVA-BHN's provincial level teams and civil society representatives to draw upon the programme's wider activities and networks in their advocacy efforts, including the ability to point to demands and issues identified by citizens, as opposed to outsiders. Secondly, through regular PEAs, the team have stayed reactive to the fast changing political context, pursuing opportunities for collaborations and building coalitions when and where they have presented themselves.

The recent modification of KP's DLIs is illustrative of this approach. Indeed, it marks EVA-BHN out as a project that seeks to use its assets to work with the grain of Pakistan's politics, rather than ignoring its reality, and as a project willing to test innovative approaches to institutue accountability. Nonetheless, for those familiar with Pakistan, there is a tacit understanding that predicting when such opportunities may arise is a difficult task. Thus, those that can quickly call on relationships and coalitions that bridge state-society divides and are supported by citizens' voices are likely to be well placed to seize them when they do.

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