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# Policy and Advocacy Dialogue on Health, Local Governance and Women Empowerment – 2019



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# Introduction

As part of the European Union (EU) funded 'Sindh Union Council and Community Economic Strengthening Support' (SUCCESS) programme, a number of research studies have been planned. The main focus of the research studies has been to provide an in-depth analysis of the causes of chronic poverty, with a particular focus on gender empowerment, community leadership and the effectiveness of different programme interventions.

In order to provide evidence-based policy solutions and recommendations that can serve as a tool for advocacy with relevant stakeholders, in the last two years the SUCCESS programme carried out studies on micro health insurance, women empowerment and local governance respectively. The dissemination of the studies was carried out in a **Policy and Advocacy Dialogue on Health, Local Governance and Women Empowerment** on **August 07, 2019**, in **Karachi, Pakistan**. Over 150 participants from development organisations, academia, civil society, media, the Federal Government and the Government of Sindh deliberated and reflected upon the lessons and experience that could be useful at the policy level pertaining to the three research topics.

Experts and policy-makers such as Dr. Sonia Riaz (Deputy Director, *Sehat Sahulat* Programme), Ms. Syeda Shehla Raza (Sindh Minister for Women Development) and Dr. Shereen Mustafa Narejo (Secretary, Planning and Development Department, Sindh) championed policy recommendations from the studies and shared further insight. These recommendations included integrating health insurance coverage in all on-going poverty reduction programmes in Sindh; identifying ways to sustain SUCCESS activities post-2021; providing safe spaces and public transport to increase mobility of rural women; deliberating upon amendments in the Rules of Business and processes of the public development process at the district level to include needs identified by community institutions.

# Micro Health Insurance

**“Leave no one behind” - Dr. Sonia Riaz**

Pakistan’s aims to achieve the Sustainable Development Goal (SDG 3) of good health and wellbeing through providing universal health coverage. The Federal Government has moved in the right direction with the *Sehat Insaaf Cards*, a health insurance scheme for the poor. However, the task of ensuring universal health coverage is too immense to be accomplished by the government alone. Initiatives taken by the SUCCESS programme to provide Micro Health Insurance (MHI) to its beneficiaries in its eight programme districts should be used a supplement to the *Sehat Insaaf Cards* scheme in order to reach the poorest households. The Dialogue offered a space for an understanding of the government scheme and SUCCESS programme’s supported micro health insurance to poorest households. This resulted in an exchange of challenges faced and recommendations of moving forward between research experts, health insurance companies, local and national governments, and other stakeholders.

## Micro Health Insurance under SUCCESS

MHI is offered as part of the SUCCESS programme with a specific budget of EUR 4 million out of the total grant of EUR 82.13 million to provide hospitalisation coverage to 131,000 households of up to PKR 25,000/- per annum for each household member. The main findings of the study “Availability does not mean utilisation: Challenges and enablers to the utilisation of Micro-Health Insurance in SUCCESS programme” can be found below:



## Main Findings

- Households that utilised the MHI cards reported to have saved on critical assets such as livestock and from high-cost (both economic and social) borrowing from landlords and money lenders.
- Beneficiaries were able to access qualified doctors in hospitals and rely less on local fraudulent medical practitioners (quacks).
- The MHI cards biggest receipts have been women and young children. More than 60 percent of MHI card have been used for cases related to gynaecology like delivery cases and around 30 percent in the cases of serious viral infections like diarrhoea in children.
- Overall 2,817 patients (0.42 utilisation rate) were treated with PKR 40 million (29% claim to

premium ratio), demonstrating a low utilisation rate. However, the utilisation rate significantly varied between and within districts.

- Amongst the eight districts Jamshoro had the highest usage of MHI cards signifying that accessibility (reduced distances and availability of panel hospitals) is a key enabler for utilisation. Consequently, transportation cost was a major deterrent towards utilisation.
- There is a lack of awareness amongst beneficiaries towards the usage of the MHI cards, as they struggle with low literacy, superstitious misnomer and fallacy of cash cards.
- Additionally, MHI cards were undelivered to certain households due to seasonal migration and unavailability of Computerised National Identity Cards (CNIC).



## Health Insurance under the Federal Government

An analysis of Prime Minister's National Health Program (PMNHP) demonstrated the challenges faced with health insurance at larger national level. Dr. Sonia Riaz, Deputy Director, Prime Minister's National Health Programme as an expert on universal health coverage elaborated on the challenges faced and the way forward.

### Coverage

The *Sehat Sahulat* programme provides access to free indoor health care services through 268 panel hospitals in 68 districts in Pakistan. The programme has achieved an enrolment of 3.6 million families, reporting 653,470 families that have visited hospitals.

### Challenges

- There is limited supply of health services included in the insurance, especially Outpatient Department Services (OPD), which was cited as essential by beneficiaries. Dr. Shehla Zaidi suggested that OPD should at least be provided at the Union Council (UC) level.
- Similar to the SUCCESS MHI component, beneficiaries struggled to establish adequate information about the programme and its service utilisation.
- There is a lack of mechanisms to measure quality of clinical and management processes/treatment protocols effecting the quality of health care provided.
- Complaint registration at empaneled facilities have been reported as a point of conflict.
- The programme suffers from delays in claim payments which reduces

satisfaction and further utilisation of beneficiaries.

- Cases of additional charges applied by hospitals or fraudulent claims made have been reported.
- Universal health coverage cannot be achieved without prevention and promotion of health, which this programme does not cover.
- The programme has identified a lack of human resource and capacity issues in providing universal health coverage in the country.

### Increasing health coverage

The SUCCESS research team and the Ministry of National Health Services were joined by other experts in the provision health insurance including Dr. Shehla Zaidi (Director, Health Policy & Management Section, Aga Khan University); Saima Zafar (Jubilee General Insurance); Dr.Faisal Abbas (Research Fellow, Gottingen University, Germany).

The robust panel discussion and audience feedback that ensued resulted in three major recommendations. Firstly, at both the federal and provincial level, the design of insurance needs to be considered to remove misalignments of supply insurance. Secondly, the Government needs to deliberate on the quality of health facilities. Thirdly, the sustainability of health insurance needs to be considered, which cannot be achieved through donors (such as in the case of SUCCESS) only.

Pakistan's health care delivery system is complex because it includes both healthcare subsystems by federal government and provincial governments competing with formal and informal private sector healthcare system. Dr. Shehla Zaidi reiterated that there is disconnect between the national and provincial health policies, which needs to be aligned. Rafiq Chandio (Director General - Research and Training

Wing, Planning and Development Department, Sindh) from the audience, specifically declared that the national level programme lacked alignment with the Sindh provincial health programme. He emphasised, "Insurance means nothing if there are no services. It is the constitutional right of the people to get health services at their doorstep." The federal government should take on board the provincial government while implementing the *Sehat Sahulat* programme.



Dr. Sonia Riaz from the panel addressed the lack of federal government's consideration of provincial policies and governments by stating "Sindh was invited into the national programme but for three years they refused to pay the premium to insurance companies. They were asked again to join the government with less premium to pay but this time they didn't sign the contract. The prime minister decided to cover Tharparkar District in Sindh from

federal funds, but unfortunately the funds are not sufficient enough to cover the whole province, which needs to be taken up by the provincial government". Dr. Shehla Zaidi concluded the particular discussion by stating that the "design of insurance" needs to address the misalignments between national and provincial levels. She also recommended that insurance pools utilised at the federal could also be carried out at the provincial level as well.

The quality of health services provided in the country was a recurring challenge faced by such insurance programmes. Dr. Shehla Zaidi claimed "Even countries like South Korea struggle with quality with increased health coverage. In our neighbouring countries, insurance coverage increases chances of procedures (such as C-sections). The quality of medicine also decreases". According to Dr. Shehla a possible solution to issues with health insurance could be achieved by "considering both insurance and community level health as 60% of health issues can be solved at the community level". Dr. Faisal

Abbas speaking on culture, said that it could function as behavioural determinant towards health insurance. He elaborated "Studies have shown that those that renew MHI cards, never used the cards, those that did not renew the cards had bad experiences in the hospitals." This sentiment was reiterated in the audience by Irum Wahid (president of Local Support Organisation from District Sujawal), "MHI has provided benefits to the locals, however, doctors tend to be untrained, reducing the overall quality of health care provided".

The panel also concluded that sustainability of health insurance schemes needs to be considered. Dr. Shehla Zaidi and Fazal Ali Saadi explained that programmes cannot be purely sustained through donors (such as in the case of SUCCESS programme). Saima Zafar explained "a single organisation cannot provide national level health insurance. If the aim is to reach all households, we need multiple organisations, government and private sector to be involved." Providing an example of Jubilee General Insurance she





says “when insurance was provided in Thar, at the time there wasn’t a single female doctor or a private hospital, but soon because of insurance programme, a private hospital was made”. Sustainability is closely related with the accountability which Aijaz Ali Khawaja from Poverty Eradication Initiative (PEI) in the audience explains “There needs to be accountability through participation. The world is moving from charity to participation but we are moving the other way around”. Even media personnel chimed in the debate, as Amir Hussain from The News International said “The framework of accountability of service-providers is missing”. Clearly, lessons could be learnt from such programmes as Dr. Shehla Zaidi said “Currently, only the low-income households are included in these programmes but by combining different pools of people including middle-class and upper middle-class at the national level, it will be more beneficial in terms of cross subsidising the poor”.



## Policy Recommendations

The study and the panel discussion proposes further recommendations for RSPs and the Government:

- RSPs and RSPN need to increase targeted awareness which can be achieved through a media campaign.
- Linkages or partnerships with government institutions such as National Database & Registration Authority (NADRA) need to be established by the RSPs to avoid the lack of CNICs
- Insurance companies (in this case Jubilee General Insurance) need to devise a clear mechanism for payment of transportation costs.
- Jubilee General Insurance needs to increase the coverage of panel hospitals (at least one in each *taluka*) to increase access for beneficiaries.
- Governments need to develop partnerships with wider civil society to integrate health coverage in the ongoing poverty reduction programmes.
- Governments should also encourage private sector hospitals to function in rural areas, establishing a new market.
- The Government’s own health coverage campaigns should cover transportation costs and include an awareness raising component.

# Women Empowerment

***“Woman are not only a means of reproduction but should be a part of the production process as well” – Durreshawar Mahmood***

Pakistan cannot achieve economic growth and prosperity when nearly half (49%) of its population is left out of sustainable development processes. The SUCCESS team had Enclude carry out a qualitative research study that addressed the impact on female empowerment through SUCCESS interventions. The provincial Government of Sindh remains committed to female empowerment with a dedicated ministry and commission which addresses social, economic and political empowerment of women in the province. The findings and recommendations of the study was shared with the government panel and audience.



## Pathways to social and economic empowerment of rural women through SUCCESS programme

Durreshawar Mahmood had worked as a Co-Investigator with Enclude presented the study that assessed three aspects of women's empowerment, namely, social empowerment, economic empowerment and politico-legal empowerment. This was achieved by examining several indicators qualitatively at three levels – household (personal), relational (community) and societal (broader) across all the community institutions of SUCCESS.

### Findings

- The social mobilisation approach of the RSPs has shown evidence of improved power relations, women's mobility and reduced restrictions on girls' education in Sindh.
- These woman-led institutions have been developed through a bottom-up approach, i.e. from individual, to household, to community and overall society level which insures inclusion.
- Community governance tiers under SUCCESS, all owned and managed by women, are serving as a bridge between grassroots communities and line departments responsible for effective public service delivery.
- A number of line departments are already routing their services through these well-structured community institutions, e.g. CNIC

registration, polio vaccination, livestock immunisation, tree plantation and reopening of schools and health centres.

## An example of SUCCESS

To corroborate and expand on the case studies provided in the analysis of the “Pathways to social and economic empowerment of rural women through SUCCESS programme”, a community activist from the region shared her experiences. Ms. Shahida, General Secretary Local Support Organisation, Sehikh Bhurkio in Tando Muhammad Khan, expressed the importance of SUCCESS in her UC and the changes it has brought to her personal life. One of her biggest achievement was opening of a closed school that subsequently enrolled 220 children. In her personal life, the impact has been tremendous as she explains “I previously did not know my own importance, but now I have come out of my house. Now I think about my village and the future of my children”.



## Impacting women empowerment

Similar to universal health care, Pakistan has committed towards SDGs that calls for gender equality (SDG 5). A call for women empowerment, development and representation would require dislodging power structures that subjugate them, and demand radical institutional and policy reforms.

Ms. Dureeshawar Mahmood and Ms. Shahida were joined by government officials such as Sindh Minister for Women Development Syeda Shehla Raza and Nuzhat Shirin (Chairperson, Sindh Commission on the Status of Women) along with gender research expert Dr. Asma Hyder (Associate Professor, Institute of Business Administration) to discuss ways of ensuring women empowerment specifically in Sindh.

It was clear from Dr. Asma Hyder’s comments that in order for programmes such as SUCCESS to achieve their goals they needed to involve women throughout the process. “The inclusion of women should be at every level in the process of a project”. In her opinion women perceive risk more than men which impacts decision-making in society. Therefore, an index which considers this difference should be developed. However, the participation of women in such programmes has not been easy. This can be seen in the case of Ms. Shahida who was asked by Ms. Syeda Sherbano Qazmi (a journalist from The News International) about the reaction of people when she first starting participating in social mobilisation. Shahida replied “Previously, when a woman came out, people would point fingers at her, especially if she was not accompanied with a man. However, with the social mobilisation process, people in the community have

become used to women coming out from every household.”

Following the earlier discussion on regional based policies, Ms. Asma Hyder reiterated that women have different experiences in the provinces. For example, in Sindh women tend to work more in agriculture compared to other provinces. Therefore, policies need to keep that in consideration. Ms. Nuzhat Shirin expanded, “Women empowerment should be carried at the grass-root level and should not come from the top.”



The government has taken initiatives to promote women empowerment. Ms. Nuzhat Shirin explained the role of the Sindh Commission on the Status of Women in the province. “The role of the commission is focussed on monitoring and evaluation. The Commission creates a link between civil society, the government and the people”.

According to the Minister of Women Development, Ms. Shehla Raza there have been multiple initiatives taken by the government, however, there is a lack of awareness within the government of their projects especially through the RSPs. “Even something as basic as cleanliness, Sindh Rural Support Organisation [SRSO] provided basic training to women in rural

regions. SRSO linked these women with livestock department and health department. Even my department has provided legal awareness to these women about their rights in the country. However, people are not aware of the programmes for women carried out by the Government of Sindh.”

Minister Shehla Raza announced forming a group of all female MPAs of Sindh Assembly to pick a district in Sindh to oversee all human development programmes being implemented and report on progress. This would bring in ownership of elected representatives in pacing up the results and ensure that innovative ideas are replicated across.



## Policy Recommendations

The study and the panel discussion proposes further recommendations found below:

- RSPs need to link women of the community to resources available with other private entities and government departments.
- RSPs should consider adding topics related to gender based violence, conflict management, information and communication technologies (ICT) in Community Awareness Toolkit (CAT) sessions. These CAT sessions could also include an adult literacy classes for greater transparency and good governance.
- One of the important learning from the study is that the community institutions must survive beyond the project period of SUCCESS, which must be considered by the government.
- The government needs to invest in safe transport to foster women mobility as the non-availability of public transport infrastructure has been a major impediment to women's social and economic empowerment.
- For the Government of Sindh, the SUCCESS programme is a scalable, replicable and transformable model to women's economic empowerment.



# Local Governance

***“It was unbelievable for us to sit alongside high officials such as Deputy and Assistant Commissioners. This made us realise that we have gained power”- JDC member***

Local governments, closest to their communities, are meant to translate aspirations of their locale into development by providing opportunities for decent employment and promoting entrepreneurship. However, there remains disconnect between peoples’ wants and government’s provision leading to poor economic development, particularly in rural areas. To achieve inclusive and citizen-driven local development objectives, there is a deliberate effort under the SUCCESS programme to increase the voice of the neglected groups to the ears of the local government. This is proposed to be achieved by establishing Joint Development Committees (JDCs). This citizen-driven governance in Sindh is supported by the GoS through the Poverty Reduction Strategy (PRS) which will now include Rural Growth Centres (RGC) and urban clusters to reduce poverty.

## Challenges to Citizen-Driven Local Governance: Local Governance under SUCCESS

The aim of JDCs is to create synergies between community institutions, local administration/departments and externally supported development investment in the programme districts. The research team at SUCCESS designed the qualitative study to offer a critical perspective on the potential of JDCs in promoting citizen-driven economic development, improving inclusion and access to public services.

## Findings and challenges

- Setting up JDCs have allowed for a symbolic empowerment to rural communities as 123 rural women interact with district line departments and civil administration. However, women representatives of LSOs, who are mostly not literate and belong to poor households, find it challenging to assert the communities’ needs and demands in the powerful male dominated committees.
- For the RSPs, the JDC meetings have led to more recognition of RSPs and community institutions with the government line departments. However, there is a need for continuous orientation of the frequently changing government officials about the concept of JDCs.
- A structural issue is that the district and *taluka* heads of line departments that are responsible for service delivery do not report to administrative officials who are a part of JDCs. The departments take up one-off activities selectively, based on departmental priorities and resources rather than carryout activities according to the plans prepared by the community institutions.
- The sustainability of JDCs beyond the programmes’ life is undetermined. As SUCCESS funding ends, the government will need to fulfil its commitment to

strengthen the Community-Driven Local Development (CDLD) policy in the province.

## Poverty Reduction Strategy for Sindh



To address the future of citizen-driven governance in Sindh, the Poverty Reduction Strategy (PRS) was discussed by Dr. Kaiser Bengali (Ernst and Young) from the Technical Assistance (TA) team of SUCCESS. The Government of Sindh (GoS) has been implementing the Peoples Poverty Reduction Program since 2008 (PPRP) and is now expanding to six more districts. GoS has also now identified five districts to pilot the Rural Growth Centres (RGC) concept, with implementation commencing in Sujawal. RGCs along with urban clusters should reduce the dispersal of resources and obtain economies of scale through consolidation and agglomeration.

These RGCs will include village improvement (such as housing with amenities, paved walkways and drinking water); commercial facilities (such as sheds/yards for trading/marketing of grain or livestock, small cold storage, bus stop); and school facilities (high school, vocational training centre and rural health centre).

He also suggested urban enterprise clusters that called for the GoS to formally adopt cluster development as a policy. The promotion of clusters require the development of 'Ahatas' which are flexible plot sizes that provides facilities such as micro-finance counter(s) to provide working capital, common service centre(s), skill(s) training units, ICT support and marketing support. The rationale behind these was simple for Dr. Kaiser Bengali as he stated "You can make products, but without markets how will you sell them?"

## Strengthening citizen-driven local governance

The panel for the session on local governance included Dr. Shereen Mustafa Narejo (Secretary, Planning and Development Department, Sindh), Mr.Arshad Rashid (Development Advisor for Local Governance to Delegation of the European Union to Pakistan), Dr. Kaiser Bengali (Ernst & Young) and Dr. Abid Mehmood (Research Fellow, Sustainable Places Research Institute, School of Social Sciences, Cardiff University).

The concept of JDC is not particularly new, with other countries and provinces experimenting with devolution to bring disadvantaged communities in the mainstream. Dr. Abid Mehmood explained the experience of Wales with Pakistan where it took the government 10 years and 3 million pounds to get their disadvantaged communities involved in policy-level discussion. Arshad Rashid further detailed the EU experience in Khyber Pakhtunkhwa which was replicated in Sindh. "The EU wanted the involvement of the state. The idea was to have the government provide the fiscal space for community driven development, forming a model where demand and supply could converge. Giving rise to the formation of JDC in Sindh".



Despite being implemented in various forms in Pakistan, local governance has not produced the required results. Dr. Shereen Narejo elaborated “We need continuity in policy and advocacy. We make new programmes and achieve targets but it is not carried out in a meaningful manner.” This is demonstrated by the fact that overall data on social indicators (such as nutrition) has not improved. Dr. Narejo felt that the JDCs could achieve its objectives by improving the quality of dialogues in the sessions. Clearly, the institutionalisation of local governance structures has not been an issue but the impact has been limited.

### Policy Recommendations

To further compliment the discussion on local governance, the following policy recommendations were suggested by the panel and the study:

- On the demand side the RSPs could arrange regular orientation, training and exposure visits for JDC members to enhance their understanding of CDLD and its potential.
- The RSPs need a programme for building the capacity of VOs and LSOs in advocating and articulating their plans and priorities at JDCs and with individual line departments.

- The RSPs should develop a mechanism for digitalising the village and union council development plans and updating them annually.
- On the supply side amendments in the Rules of Business and/or departmental policies and procedures should be made to provide supplies and services of line departments through the community institutions.
- Amendments in the district budget making rules and processes are required to include needs identified by community institutions through Village Development Plans and Union Council Development Plans.
- The chairpersons (deputy commissioners and assistant commissioners) may allow the JDCs to meet on their own on a regular basis, select a moderator for each meeting and provide the minutes of the meeting for vetting and formal approval by the chairperson.
- On a longer term basis, provision should be made in for hiring and maintenance of minimum RSP field staff needed in each district for facilitating linkages with government departments after the closure of SUCCESS.







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