

# GAVI support for civil society organisations in Pakistan

## Background on Pakistan

Pakistan is a Southern Asian country with a population of approximately 161 million inhabitants. WHO ranks Pakistan's health system in 122nd place in its list of 190 countries. Its infant mortality rate in 2007 was 78 deaths per 1,000 births. The proportion of deliveries assisted by skilled birth attendants was 30% in 2006.<sup>1</sup>

Although the private sector plays a large role in the provision of health care, preventive health services are almost exclusively provided by the public sector. In 2001, there were 541 rural health centres, 879 maternity and child health centres, and 907 hospitals.<sup>2</sup> Government spending on health is only 2% of total government expenditures. As of 2008, 73% of infants had received the DTP3 vaccination (diphtheria, tetanus, pertussis).

## CSOs are strong in Pakistan

A 2001 survey in Pakistan reported that there are up to 12,000 active and registered non-governmental organisations (NGOs) in the country. Civil society organisations (CSOs) comprise a variety of institutions, including political parties, NGOs, academia, professional associations, trade unions, traditional and non-traditional faith-based organisations (FBOs), and savings groups.<sup>3</sup> The survey also noted that "...civil society at large, [is] playing a very significant role in promoting individual welfare

and collective development through a variety of interventions."<sup>4</sup> Although the state appreciates the work CSOs carry out, they can also be perceived as a competitor for donor funding, and they have limited ability to make, change or implement policy because of the political situation in which they operate.

The private sector, inclusive of CSOs, provides a large proportion of community health care in Pakistan. They work in communities where public sector facilities such as the Basic Health Unit and the Rural Health Centre are not available. CSOs have gained the trust of the people in remote and very poor communities where the government has not been able to provide care. Because

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*Lady Health Workers delivering immunisation services to one of the hard-to-reach communities in Chitral, North West Frontier Province (NWFP) of Pakistan*

<sup>1</sup>HSS Summary report.

<sup>2</sup>Expanded Programme on Immunization Financial Stability Plan.

<sup>3</sup>Baig, Adnan Sattar Rabia. Civil Society in Pakistan: A Preliminary Report on the Civicus Index on Civil Society Project in Pakistan. Civicus Index on Civil Society Occasional Paper Series. Vol. 1, no. 11, Aug. 2001.

<sup>4</sup>Ibid.

of historically weak coordination between the government and CSOs, the latter have not been able to generate more demand for health services. Nor have they been able to collaborate with the public sector in order to link up with the public sector's referral and counter referral system for clients, particularly for immunisation services.

### **GAVI's support to CSOs**

In November 2006, the GAVI Alliance, under its health system strengthening (HSS) window, had launched a new type of funding to support civil society organisations. Overall, GAVI's health system strengthening support to Pakistan is US\$ 23,525,000 for 2008 to 2009, and CSO support amounts to US\$ 4,587,000 over a two-year period from 2009 to 2010.

The GAVI CSO grant provides an opportunity to improve the partnership between CSOs and the government of Pakistan. CSOs have traditionally worked with the government on an ad hoc basis, with weak linkages and coordination between the two sectors at both the central and lower levels.

In emergency situations through natural disasters or displacement of refugees, frequent in Pakistan, both national and international CSOs play a major role in providing services. In these cases, the government and CSOs work together in the affected regions. Information on immunisation has been exchanged during these times of crisis. Unfortunately, this model had not been replicated in the routine provision of health care until the new GAVI Alliance CSO funding became available in 2007.

### **Establishing a real partnership**

A new partnership between the Ministry of Health (MoH) and CSOs was accomplished through a number of activities, including workshops and meetings for creative problem-solving and the formation of a new national CSO consortium. As part of the GAVI Alliance support to CSOs, in 2007 an introductory workshop was held.

This workshop brought together 23 CSOs working in the Pakistani health sector representing international and local NGOs, MoH officials and managers, UNICEF and the

*Resident of Mehallah Kashrote Gilgit, NWFP, Mr. Sudheer says, "My daughter, Sunena, will be saved from deadly diseases through immunisation."*





*A child getting his regular medical check-up at the clinic in Aliyabad, Sindh*

World Health Organization (WHO). For the first time, the focus was on how CSOs could support the government and it turned out to be catalytic. Ideas were exchanged on how to extend access to health services through the work of CSOs. For many of them, it was a first introduction to GAVI. All the workshops brought together the MoH and the CSO community to discuss the strengths of the CSOs and to outline how they could best contribute to improving the health system.

The application process for GAVI's CSO support helped further to break down barriers between the government and CSOs because for the first time the latter were actively participating from the outset, helping to decide the proposal process, next steps, deadlines, and formation of clusters. The CSOs appreciated the incorporation of their ideas by the government during the planning process. For instance, it were the CSOs who suggested forming three CSO cluster groups based on geography to create a more manageable structure under the consortium, and to have a cluster head coordinator for each group. This organisational structure was approved and validated by the government. This marked the formation of a CSO consortium that would then work together to develop and submit proposals to the CSO coordinator. This consortium is intended to become a long-term network that will maintain its existence beyond the life of the GAVI CSO grant period.

To assist with the proposal preparation process, the MoH provided the CSOs with background material, including health system strengthening plans and the Maternal Neonatal and Child Health Strategic Framework, which the CSOs did not previously have. The sharing of the HSS proposal helped CSOs to prepare their own proposals.

### **Key role for coordinator**

The CSO coordinator played a key role in facilitating work with individual CSOs to prepare application proposals and in relationship building between the staff of the Expanded Programme on Immunization (EPI) and CSOs through technical exchanges. Throughout this process, which took six months, trust was built between the CSOs and the government. The proposal was developed in an interactive and participatory manner, so that the government became familiar with the different competencies of CSOs. In reviewing the proposals, the CSOs discovered clear areas of geographic overlap between them and decided to resolve this.

The CSO coordinator worked closely with larger international CSOs such as Save the Children/UK and the National Rural Support Programme (NRSP) to shift their activities to the harder-to-reach areas not already covered by other smaller local CSOs. The rationale behind this was the fact that the larger CSOs have greater capacity and are therefore more flexible than some of the smaller, less-established local CSOs. The final selection of CSOs is a good mix of research institutions, service delivery organisations, advocacy and community mobilisation groups, and organisations that focus on women. International and local organisations operating at all levels of the country (district, provincial and central) are represented.

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## First outcomes

*One year after this initial partnership was developed there are a number of concrete results to be seen beyond the CSO grant:*

- **the relationship between the CSOs and the government has extended beyond the scope of the CSO grant application process,**
- **the EPI department included a recent MoH request for CSO support in other activities, including polio eradication campaigns and the development of a number of Training of Trainers manuals,**
- **CSOs designed interactive illustrative materials for these teams,**
- **CSOs have already been asked to help with other future trainings of the MoH,**
- **CSOs are now even participating in planning for MoH activities related to tuberculosis and hepatitis.**

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All this demonstrates the real partnership between the government and CSOs that began with the initiation of the GAVI CSO grant funding opportunity.

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