

**ALTERNATIVE DELIVERY
MECHANISMS FOR SOCIAL
SERVICES: SOME CASE STUDIES
FROM PAKISTAN**

**ALTERNATIVE DELIVERY MECHANISMS
FOR SOCIAL SERVICES:
SOME CASE STUDIES FROM PAKISTAN**

By

*Zafar H. Ismail
Michael G. McGarry
John Davies
Javed Hasan*

Research Report No.36

June 2000

SOCIAL POLICY AND DEVELOPMENT CENTRE

CONTENTS

Section One: Introduction	1
Section Two: Elementary Education	3
! School Management Committees (SMC) in the Punjab	3
! Balochistan Primary Education Programme (BPEP)	5
! Private Sector Schools	7
! Hira Public Schools of Pakistan	9
! Non-formal Basic Education (NFBE)	10
! Ali Institute of Education (AIE)	12
! Prime Minister's Literacy Commission (PMLC)	13
Section Three: Health, Population Welfare and Nutrition Services	15
! Community Health Management	15
! Lady Health Workers	17
! NGO Umbrellas for Community Based Organizations	19
! Social Marketing	20
Section Four: Water Supply and Sanitation	22
! The LGRDD/UNICEF Community Hand Pump Programme	23
! Household Sanitation by the Private Sector	24
! Mansehra District Council Programme	25
! The PHEDs and Community Management	26
! The Family Hand Pump	28
Section Five: Summary and Conclusions	30
! Involvement and Support of Beneficiaries	30
! Involvement of the Private Sector	31
! Participation	31
! Facilitate a Pluralistic System of Supply	32
! Decentralised Approach	32
! 'Depoliticisation' of the Social Sectors	33
Bibliography	34

ABBREVIATIONS

AIE	Ali Institute of Education
AJK	Azad Jammu and Kashmir
BIAD	Balochistan Integrated Area Development Project
BLCC	Bunad Literacy Community Council
BPEP	Balochistan Primary Education Project
BWASA	Balochistan Water and Sanitation Agency
CBO	Community Based Organisation
DFID	Department for International Development
DoE	Department of Education
DOT	Direct Observation of Therapy
EFF	Extended Fund Facility
ESAF	Enhanced Structural Adjustment Facility
IMF	International Monetary Fund
LGRDD	Local Government and Rural Development Department
LHW	Lady Health Worker
MDDP	Mansehra District Development Plan Programme
NFBE	Non-Formal Basic Education
NATPOW	National Organization for Population Welfare
NGO	Non-governmental Organisation
NGOCC	Non-Governmental Organisation Coordination Council
PDP	Participatory Development Programme
PHED	Public Health Engineering Department
PIHS	Pakistan Integrated Household Survey
PMLC	Prime Minister's Literacy Commission
PTA	Parent Teacher Association
SAL	Structural Adjustment Loan
SAP	Social Action Programme
SAPP	Social Action Program Project
SMC	School Management Committee
SMP	Social Marketing Pakistan
UNESCO	United Nations' Education, Scientific and Cultural Organisation
UNFPA	United Nations' Fund for Population Activities
UNHCR	United Nations' High Commissioner for Refugees
UNICEF	United Nations' Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
VEC	Village Education Committee

Section One

Introduction

The Social Action Programme (SAP) represents a major commitment by the Government of Pakistan and donors to strengthen and extend social services delivery. The objectives are, one, to improve the access to and quality of education, health, population welfare, nutrition and water supply and sanitation services for and by the rural and urban poor, particularly women and children, two, improve the efficiency and cost effectiveness of operations in the departments involved and in the provision of services in the primary social sectors, and third, to improve the participation of the private sector with a view to improve governance and introduce transparency and accountability in day to day operations.

Experience of SAP implementation [SPDC 1997, 1998, 1999; World Bank 1998] indicates that government's performance has been lacking and that the programme may well be in jeopardy. Surveys [FBS 1996, 1997] indicate that in the last seven years of SAP's implementation, government has been retreating from the provision of quality services. This has been accompanied by provision of services by the private sector. There is, therefore, a realisation that government must rethink its role and wherever possible must encourage the private sector, preferably the not-for profit segment represented by the NGOs and CBOs, in taking on greater responsibility, but rather than relinquish its role entirely should concentrate on a core essential programme [SPDC/UNICEF 1999].

With governments unable to generate sufficient resources to provide even basic service levels, there is an urgent need to identify and develop alternatives. Pakistan has, over the years, used several innovative approaches to deliver basic social services through the private/NGO sector or in partnerships between government and NGOs. Some have been successful, others not. Each has, however, provided lessons for the future. A study of these approaches tells us what can be done, what can't; what pitfalls to avoid; what successes can be replicated.

The examples of alternative mechanisms for delivering services in the primary social sectors indicate some common elements which have led to their success. These include the participation of non-

governmental organisations as critical to success, community participation to ensure acceptance and to ensure continuity after the NGO intervention is withdrawn, availability of appropriate staff and quality enhancing inputs, monitoring of performance, control over absenteeism and flexibility in management practices. Further, a number of these examples show that a public-private partnership can be beneficial provided governments are willing to recognise the need for these and adopt a flexibility in their relationships with the private sector. Most importantly, the bureaucracy must adopt innovative approaches and break out of the strait-jacket of centuries old traditions, rules, regulations and *modus operandi* if the objective of cost-effective approaches to delivery of social services is to be achieved.

While these examples appear to be successes, several questions need to be answered. These are:

- Are these experiments cost effective?
- Are these experiments sustainable?
- Can they be replicated? If yes, with what modifications?

Answers to these and related questions can only be obtained from an in-depth evaluation of their operations. These evaluations should be undertaken and the lessons learned should be adopted as best practices. These can then be integrated as part of an overall design for delivery of cost-effective services in the social sectors.

The objective of this report is to review the experience with some alternative delivery mechanisms for social services in Pakistan. Section 2 describes some experiments in the area of elementary education. Sections 3 and 4 describe some innovative approaches in the health, population and nutrition, and water supply and sanitation sectors respectively.

Section Two

Elementary Education

The SAP elementary education sector covering the first eight years of schooling is largely in the public sector and is made up of two distinct streams - the primary sections/schools (classes 1 to 5) and the middle section/schools (classes 6 to 8). Within the SAP framework this is concentrated in the villages, peri-urban areas and urban squatter settlements. Even though the public school network is extensive, it cannot meet the demands placed on it at either of these two levels or the areas covered by SAP activities. The gap is, to some extent, being met through various alternate systems of schooling. Examples of such alternatives include:

- beneficiary management which have been instituted through experiments such as the School Management Committees (SMC) in the Punjab and the Parent Teacher Associations (PTA) in the Sindh, the Village Education Committee (VEC) and such parent-teacher bodies in the other provinces to manage basic operations, maintenance and availability teaching inputs in the primary schools established by the Department of Education (DoE),
- the foreign aided projects which have an experimental component built in, such as the Primary Education Development/Middle Schooling Projects,
- the for-profit private sector schools providing a marginally better quality of education in the urban squatter settlements and the larger villages in the peri-urban areas,
- franchise schools such as those operated by the Hira National Education Foundation,
- home-based schools operated by unemployed females in the low-income urban communities and even in villages in the backward areas of the country, and
- non-formal schools being established by the Prime Minister's Literacy Commission to help increase access to primary education in the backward areas.

Some of these experiments are described here to indicate the causes leading to the success of such schools.

School Management Committees (SMC) in the Punjab

One of the major changes advocated for the implementation of SAP was the involvement of beneficiaries in the management of the facilities. In the elementary schools in the Punjab this took the shape of the establishment of the SMCs for 5,100 schools in 11 districts. After some initial hiccups the

experiment has proven to be successful. The causes of success lies in the close involvement of the beneficiaries in the operations and management of their facility.

These SMCs initially had 12 nominated members, the head master/headmistress, 3 teachers, the Learning Coordinator, one elected parent, 3 local influential persons, and 3 retired government officials. After the initial trial period in the first year, the experiment was extended to 48,000 schools. The size of the SMC was increased after the first year to 9 members: 3 each of nominated teachers and local influential persons or social workers and 3 elected parents. Because the nominated persons from outside the school can overwhelm the parents (hailing from the disadvantaged segments of civil society), plans have been approved to change the composition to teachers and parents only. The last category to be elected This will ensure non-interference by the politicians or the influential persons of the area.

The mandate of the SMCs is:

- increasing enrollment
- decreasing and eliminating drop-outs
- improving the quality of education
- checking teacher absenteeism
- purchasing instructional materials
- undertake repairs and maintenance
- constructing buildings for shelter less schools
- purchase of furniture
- raising funds
- managing school affairs including finances
- involvement of the community, particularly parents in school activity, and
- collection of school based data.

Each of the SMCs has its own bank account and receives a grant directly from the Finance Department (previously through the district's Deputy Commissioner). These accounts are operated by the president of the committee and one elected parent. This ensures transparency. The annual grant is made up of Rs. 1,500 for teaching supplies and Rs 1,500 for R&M per classroom. At least 2 members from each of the SMCs has been trained in the maintenance of accounts and has a manual for purchasing standardised furniture and instructional materials. The finance committee reports funds utilisation to the SMC quarterly, thereby ensuring accountability. Local procurement of goods and services ensures least cost and at need availability and Committee supervision of work ensures quality and standards are

maintained. Because teacher attendance and performance is monitored by the SMC, the quality of teaching has improved to some extent. The SMC meet regularly, often monthly, to discuss plans for the future and review operations, thereby ensuring true beneficiary participation. Most SMCs have also been able to raise funds locally for improvements and supplementary reading and teaching materials. The major thrust for the change has been brought about because of the political will to implement the reforms which have been advocated for some time. However, the effort to change is being frustrated by vested interests. Punjab's step to hold elections for membership of SMCs has been challenged in the courts by vested interests (teachers and district officials). Their argument is that the change has no legal precedent, that SMCs will provide an opportunity for political interference and that quality will suffer. However, what is at stake is that SMCs would be responsible for overall management of schools, performance of teachers, sanctioning wages by linking them to absenteeism, ensuring the availability of teaching materials and essential routine maintenance of assets. This change would ensure performance by employees, reduce the chance of moonlighting and ghost employment, and "invisible" purchase of goods and services will now be accounted for.

In the final analysis it would appear that the experiment is successful and must be nurtured to its logical conclusion : the employment of teachers locally by the SMCs, not necessarily restricted to the settlement itself, but from a wider pool, perhaps district-wide or even provincially. The legislative framework needed to ensure effective devolution to the SMC should be framed and approved rapidly.

Balochistan Primary Education Programme (BPEP)

The programme was initiated by the USAID. This was then taken over and extended by the World Bank. Its objectives are similar to such projects in other regions of Pakistan. Firstly, the objectives are to increase access, equity and efficiency, particularly in the more backward areas of the province, and more particularly for girls; secondly, to improve the quality of learning; and thirdly, to improve the organisational framework, planning and management of the delivery process. To ensure that these objectives are met, community participation is used as the delivery mechanism. The overall results of the programme have been mixed. The main failure of the programme has been the political interference in the appointment of teachers and other school staff, site selection, the continued expansion of boys'

schools and the non-establishment of effective PTAs/SMCs. The programme was first suspended for one year and aid has now been withheld because the government has been unable to rectify recruitment and site selection defects even after several warnings. Nevertheless, the results of some of the experiments in alternative delivery mechanisms within the framework of the BPEP have shown some not inconsiderable measure of success. These can be replicated elsewhere within the province.

The most successful experiment in alternative delivery mechanism under the BPEP is the home based schools. Nearly 300 home based schools were established in the coastal districts of Balochistan and have been successful in improving access to girls. Some of the factors for their success have been

- the selection of local girls to be employed for the local school. Selection is made by a team from the DoE from among girls who are willing to establish and operate home schools in the village for girls which boys are allowed to attend,
- the lowering of entry level requirements for these teachers. The candidates must have passed at least the eighth class,
- the pre-service and continuous in-service training in holding multi-grade classes. The pre-service training is a 3 to 6 week course. In-service training is after each term for another week or two,
- the establishment of a school in a room to be nominated for that purpose by the villagers. This is a major deviation to the “*donation*” of land by the village which was linked to the appointment of one donee-nominated “*chowkidar*” and in some instances the teacher herself,
- the agreement of the villagers to pay a fee for each child enrolled in the school, and
- the agreement of the villagers to finance the full cost of the school operations incrementally over the first three years and totally thereafter.

A somewhat similar approach has been used by the Orangi Pilot Project to establish home based schools in Orangi. Orangi is a squatter settlement in Karachi. This is being replicated in the rural areas of the Sindh through the Sindh Primary Education Development Project and in NWFP also. The philosophy of home based schools has apparently been accepted by the NGOs operating in the education sector and experiments to establish these through a self-help approach are beginning to sprout all over Pakistan. A mechanism needs to be devised to integrate the output from such schools into the formal schools at the middle school level. This has been tried in the Punjab in the context of the output from the Non-Formal Basic Education Schools through a system of entrance examinations. A similar effort could well prove beneficial in Balochistan.

The experience gained through the home schools programme would tend to indicate that these have been successful principally as a result of a flexible approach to solving the issues, the continuous improvement in teaching skills, the active participation of the teacher and the community in school operations and the gradual shift to full cost recovery. Another major factor for their success is the denial of interference by politicians in the selection, recruitment and operations process. The testimonial to their success is the adoption of the technique by NGOs generally in establishing home based schools and their replication in a hybrid form by the Prime Minister's Literacy Commission. In addition, the concept is also being implemented by the Sindh Education Foundation and is being considered by the NWFP's Department of Education. These efforts need to be encouraged and become part of standard operating procedures. Perhaps the best vehicle available for this is the Participatory Development Programme within the framework of SAP.

Private Sector Schools

Private sector schools have been in operation for over the last century and a half throughout Pakistan. The bulk of the schools have mushroomed since a ban on their existence was lifted in 1979. These schools offer a quality of service which ranges from a level marginally higher than government schools to that comparable to the best available abroad. Fees range from a minimum of about Rs 50 per month in the poorest of the urban squatter settlements to a maximum of about Rs 5,000 per month for day scholars in the areas occupied by the privileged segments of society.

The reasons for the mushroom growth of private schools has been cited in the 1996 Systems report [1996]. After surveying 2,500 households in Lahore and 5 other districts of the Punjab, the Report concludes that:

- there is a strong social demand for education,
- none of the expected impeding factors, namely, income of the household, occupation and education status of the head of the household, gender of the child, spatial location (urban or rural), seriously affect the demand for schooling,
- there is a general perception that private schools offer a measure of quality education, in spite of their minimal facilities, meagre resources and inadequately qualified teachers,
- there is a preference for boys to be educated in private schools,

- as many as half the children of the lowest income group in urban areas were sending their children to private schools. In the rural areas where the presence of schools is only beginning to be felt, 10 percent of the children were enrolled in private schools, and
- expenditure on private schooling was about 50 percent higher than for government schooling (6.7 percent compared to 4.8 percent). The difference was due to the school fees charged - less than Rs 80 per month in an overwhelming proportion of surveyed households.

Discussions with officials of the DoE of all provincial governments, NGOs, private sector educators and the results from a follow-up survey of schools (the 1997 Systems Report) lead to the conclusion that the success of private schools hinges on the following factors :

- co-education (mixed gender) in overwhelming majority of private schools compared to gender specific government schools,
- teaching by female teachers irrespective of gender of the child compared to gender sensitive teachers in government schools,
- low to minimal absenteeism in private schools compared to about 50 percent absenteeism in government schools,
- student teacher ratios of about 17 in private schools compared to 34 in government schools,
- single class teaching in private schools compared to multiple class teaching in government schools,
- the teachers invariably have better academic qualifications in the more expensive private schools than in the government schools, and
- availability of furniture, fans and toilets in private schools compared to their absence in most government schools.

While it would appear that the private schools are performing yeoman services in bridging the widening gap between the demand for and supply of educational services, a large part of these are motivated by profit-making with only lip service to quality and standards. Moreover, the extra-curricular activities (considered to be an essential ingredient for an all-round education) are as conspicuous by their absence as in the public schools. Each of the schools has been encouraged in the past to seek registration with the provincial DoE. Ever since April 2000 this has been made mandatory. The objective being to ensure standards. However, the procedures are cumbersome and the regulatory interference erratic and without criteria. There is, therefore, a need to introduce some form of self-regulation and accreditation which would ensure a minimum level of quality and standard.

Hira Public Schools of Pakistan

Hira Public Schools are being run by the not-for-profit Hira National Education Foundation established in 1991 by the Teachers Association of Pakistan. The Foundation encourages private entrepreneurs to establish Hira schools and colleges in urban and rural areas as a franchise. There are over 300 Hira schools operating throughout the country. They charge fees according to the ability of the parents to pay, normally ranging from Rs. 60 to Rs. 300 per month per child. The Foundation charges a fee of Rs. 3/- per student per month and in return provides the curriculum, teaching methods, examinations and teacher training.

Regular inspections of all Hira schools are carried out by Regional Directors for quality control and adherence to the standard curriculum. Even the timetables are controlled, a particular section of a given subject is taught at the same time on the same day throughout a given region. Likewise, examinations are also standardized.

The Foundation has a separate training wing at the national level responsible for providing teacher training to all Hira schools. Teacher training is mandatory for every school and is provided once a year during summer vacations through mobile teams. Hira schools offer salaries equivalent to government scales (without fringe benefits) to trained teachers. These are comparatively higher than most other schools in the private sector. This is one of the reasons that Hira schools attract better quality teachers. Nursery, Kindergarten and Class-I are taught by female teachers whereas both male and female teachers teach the higher classes.

Each Hira class has a maximum of 30 students. Only local teachers are hired. There are no teacher transfers unless mutually agreed to by both the teacher and the Foundation. The Quran is taught in all grades up to the college level (from simple recitation to translation and *Hifz*). The Foundation is, however, independent and has no corporate association with any of the Islamic groups or parties.

All Hira schools have a Parents Teachers Committee which meets twice a year and provides feedback to the Foundation. In addition, the Foundation conducts an annual survey whereby questionnaires are sent to all the parents for their suggestions. The results of this survey are computerized at the national

level and used by the Foundation in its annual planning. To improve learning, new ideas and methods are pilot tested in a few schools and if found successful, are replicated throughout the Hira schooling system.

It would appear that the concept of franchising has proven to be a success. The control mechanisms used ensure that standards are maintained through monitoring by both parents and management, teaching skills are continuously upgraded, curricula are constantly kept abreast of new development, innovative teaching and learning concepts are tested for replicability. The possibility of such franchising arrangements being extended to public schools should be tested on a pilot basis. This could be done initially in the urban/peri-urban areas and then extended to the rural areas.

Non-formal Basic Education (NFBE)

In an environment of constraints of both human and financial resources, and the need to attain the goals of Universal Primary Education, educationists in most developing countries feel that using non-formal mechanisms may be one of the most feasible options. Such experiments have been tried in Pakistan both by the private and the public sector. It is estimated that there are nearly 300 NGOs and CBOs who are either operating NFBEs or are interested in establishing them. A large part of the non-profit private sector operates these schools as a chain not necessarily restricted to any one region or district either on its own initiative or as a result of funds being made available by the government or donors. What distinguishes these schools from the home based schools is the curriculum. The NFBE schools follow the curriculum specified for the formal schools with some additions. There is flexibility in school hours. The basic methodology adopted by such schools in the private sector is child centred learning with a focus of developing skills and initiative.

One such experiment is operated by the Bunyad Literacy Community Council (BLCC) working out of Lahore. BLCC operates a network of “*ILM*” schools. Starting with 20 schools in Hafizabad District in 1992, today BLCC operates in 9 districts of Punjab where schools have been set up and operated in collaboration with other NGOs and CBOs. BLCC is operating 700 schools where about 21,000 girls are enrolled. Each of the schools is funded through a donor grant and is operated by BLCC and

its partners for the period of the grant. The communities are encouraged to take over the schools after this period. Most have done so. The curriculum includes health and hygiene education and the students are encouraged to read the additional reading materials which are provided by BLCC. The intake of children is from ages 5 to 9 and the primary level education is completed in 30 months. There are only two breaks of one month each in the schooling cycle which are linked to the sowing and harvesting of crops. The output from the schools compete with the output from the formal schools for admission to the formal middle schools. Nearly 50% of BLCC learners continue with their education after having successfully competed in the entrance examinations by the DoE. Another measure of success is the continued availability of funding which has enabled BLCC to expand its programme for NFBE schools.

In addition to operating the NFBEs, BLCC also operates a non-formal teachers training programme. The programme takes on girls who have successfully completed 10 years of schooling (matriculation [school leaving] certificate exams) and provides a one week basic exposure to teaching and the course materials for class 1 to 3. The progress of the teacher is monitored every month on pay-day and wherever necessary the teacher attends a two-day refresher course designed to hone her/his deficiencies. This ensures that teaching skills are up to standards and that continuous in-service training is provided.

The success of such schools is the result of a number of factors. These include, the flexible approach to teaching adopted and in the teaching calendar, the integration of the non-formal stream of students into the formal stream at later stages through an entrance examination, the use of locally recruited teachers, continuous monitoring of performance and constant up-grading of teaching skills. Other factors accounting for the success of such schools are the adequate funding by donors and the subsequent adoption of these schools by most of the communities themselves.

Ali Institute of Education (AIE)

The AIE was established in 1993 with two primary goals : one, to meet the demand for primary teachers, and two, to produce teachers who recognise that activity based teaching and child centred learning will produce the best results. Most AIE trainees come in as graduates, receive a one year pre-service training with a follow up monitored internship programme over the next year. Graduates of AIE readily find jobs with the private sector schools catering to middle- to upper-middle income groups. Latterly AIE has opened its doors to in-service training for both private and government school teachers. Problems faced in the classroom, identified by in-service trainees, are then used to modify the training syllabus of the pre-service teachers. There is, therefore, a continuous increase in the quality of the syllabus and the training provided. The AIE recognises the social demand for English as a medium of instruction. Each trainee, where required, goes through a 3 month English Language Improvement Programme which focuses on grammar and diction.

AIE has collaborated with DoE, Punjab to establish an outreach programme for in-service training. This is provided through the Divisional/District Public School as the focal point. These focal points act as the Teachers Resource Centres and are equipped with satellite communication through computers. A selection of government teachers is identified to be master trainers. These are trained in both training other teachers and in maintaining records, monitoring the progress of trainees and developing individually tailored remedial follow-up in-service training courses. However, since each master trainer is paid an allowance through donor funds, the concept is not self-sustaining as the government has not integrated this activity as part of its budgeting process. DoE officials and teachers all agree that the programme is sound and should be integrated.

AIE has also developed teaching materials and learning aids more suited to the rural environment in the Punjab. This has been adopted by UNESCO and is being distributed by them. In addition, AIE has helped umbrella NGOs such as the Catholic Board of Education and the Aga Khan Education Services to prepare and deliver courses for school principals and administrators.

The success of AIE is measured best by the success of its trainees in obtaining teaching positions throughout Pakistan and the admission of trainees from a number of countries, even from as far off as Europe. Its acceptance as a major resource centre for teacher training in English in the Punjab, using case studies from actual class-room experiences of difficulties in teaching and the remedies adopted to overcome these, its ability to develop new teaching methods and its monitoring of in-training and post-training progress of its trainees. Since the government has started to use its facilities for in-service training of its teachers, a specific budgetary provision, not dependent on donor grants, must be allocated for this purpose to ensure the sustainability of AIE's programme.

Prime Minister's Literacy Commission (PMLC)

The PMLC and its predecessors have been in existence for nearly three decades with the objectives of improving the level of literacy in the country. Various experiments have been tried ranging from adult literacy programmes to non-formal education. Each has been able to contribute only minutely to raising literacy. The latest experiment in literacy started in December 1995 with the intent of establishing 10,000 NFBE schools. A proposal has been made to expand this to a network of 82,000 NFBE schools, but is being held back pending a formal appraisal of the existing NFBE schools established by the PMLC.

The PMLC methodology is:

- establish home based schools with the help of NGOs and CBOs. PMLC argues that this approach is cost effective as, one, government agencies are unable to work at the community level particularly in inhospitable areas, and two, it would need to establish a vast bureaucracy which would be inefficient, untrained, insensitive to needs, inflexible in its approach and, last but not least, extremely costly and a permanent liability,
- use teachers from within the community who have a lower academic qualification than government teachers, but who are trained on activity based teaching and child centred learning techniques,
- have a flexible school calendar which allows for holidays only local festivals and major activities requiring family help, such as at sowing and harvesting times,
- pay a stipend (allowance) of Rs. 1,000 per month to the teacher,
- use the government recommended curriculum and text books,
- allow intake of children from the 5 to 14 years age group in class 1 only, rather than the formal school entrance age of 5 years only,

- compress the 5 year course to 40 months, and
- operate a single-shift single class school. This means that only one cohort of children are taught for the 40 month period before the next intake. This is contrary to its intention of training teachers in operating multi-grade classes.

An initial rapid evaluation of the first batch of 10,000 schools was undertaken by UNESCO through a 10 percent sample. The evaluation results indicated that :

- nearly 35 percent of the schools either did not exist or were non-operational,
- nearly two-thirds of the schools were more than 2 kilometres away from the settlements they were serving. This distance is more distant than that specified for the formal schools of the DoE,
- the drop-out rate was 12 percent from class 1 to class 2, compared to nearly a third of the intake in the formal schooling system,
- teacher absenteeism was observed in only 16 percent of classes, which is substantially lower than in government schools,
- there was greater parent participation in the schools,
- the motivation of teachers was very high as a fair proportion had not received the allowance for over 4 months, yet the schools continued to operate,
- electricity, fans, drinking water and latrines were available to the bulk of the schools, and
- the schools were catering to the needs of the disadvantaged segments of society, the bulk with incomes less than Rs 3,000 per month.

The success of the programme hinges on its ability to start multi-grade teaching, ensure better siting of schools and selection of NGOs and CBOs as partner organisations. Problems faced by the programme include the non-timely release of funds for salaries, teaching equipment and supplies and the selection of the partnering NGOs and CBOs. While the philosophy of the programme calls for a second intake after completion by each cohort, there are no plans to provide funding for subsequent intakes, nor is there any plan to mobilise communities in taking over operations after the first cohort completes its education. This is perhaps due to the design itself which inhibits the continuation of the schools. However, this needs to be studied further. It is, therefore, recommended that an evaluation of the programme should be undertaken. In the interim stage, for the programme to be successful it must emulate the NFBE programmes of the NGOs.

Section Three

Health, Population Welfare and Nutrition Services

Three out of four Pakistanis obtain their health services from civil society, not from the government. However, the quality of private health care is often low and needs improvement. SAP II could easily capitalise on private sector resources by strengthening and drawing on health service providers.

This Section provides a few examples of public-private partnerships for health that SAP can build upon quickly to meet its aims of providing better health, family planning and nutrition services for poor women and children. Most of the examples are already evident in Pakistan. Some are developed, while others are in the embryonic stage. Importantly, all can be proliferated and strengthened quickly if the will exists. Success with these public-private partnerships will contribute a great deal to the government's efforts to reformulate the health care system.

Community Health Management

Health Department officials are working with beneficiaries, helping them form Community Health Committees, especially in villages. The Committees provide volunteers and small amounts of money. The government's Family Health Projects provide officials who develop the capacity of the Committees to manage their own health services. The Family Health Projects, which are funded by donors, also match funds raised by the Committees. The Committees use the funds to repair government health facilities and to purchase medical equipment and supplies. Committee members also monitor attendance of government medical personnel at the health facilities.

The Community Health Committee concept appears promising because it places some responsibility and *authority* in the hands of intended beneficiaries. But the system is still young and immature. As it matures, major questions will be asked about sustainability: Will the Committees continue to function adequately after donor money is reduced? Will government health officials continue to work with the Committees after the Family Health Projects end? Will the government continue to provide finances needed by the Committees?. Will the system result in sustained delivery of adequate health care? The

Health Departments should work to ensure the answers to these questions are yes. It should then continue to support the system by building matching grants and technical assistance into provincial and district budgets.

The sustainability of these Community Health Committees can be ensured by adopting a mechanism for transfer and management of funds as has been adopted for the School Management Committees. This ensures that these beneficiary communities not only have the responsibility, but also the authority for specific activities and the composition of the committee ensures that they are also accountable. Another activity which could be entrusted to these Community Health Committees is the establishment, operation and management of a Revolving Drug Fund. Examples of these can be found in several countries.

Revolving Drug Funds ensure that essential drugs are available at affordable prices in primary health care facilities. Setting up a Revolving Drug Fund is as simple as starting up a chemist shop, or a chain of chemist shops, except that the facility stocks and sells only a small number of essential, generic drugs needed to provide primary health care. The only public input required is training government doctors or NGOs who are familiar with published Essential Drug Lists, drug storage and record keeping can train volunteers from Community Health Committees and Community Based Organizations to start-up and operate their own Revolving Drug Funds. The Fund manager requires a small amount of cash to purchase start-up stocks of the essential drugs from the nearest private distributor. The facility then sells the drugs at slightly more than cost, to ensure that money is available to replenish stocks, and to provide drugs at subsidised prices to indigent patients.

Pooled procurement is an additional option; it is used to obtain lower prices and special delivery services from drug manufacturers and distributors. Pooled procurement by NGOs is being developed in Bangladesh where the NGO head office collects an order from each of its health facilities every month, then sends the pooled orders to drug manufacturers who deliver the drugs directly to each facility.

The utility and benefits of locally managed Revolving Drug Funds are substantial, specially where the public sector supply system is inadequate. Everybody wins. Most important, health care for rural people, and for the urban poor, is improved because the drugs are a vital part of the health system. When local people are properly trained, they can help ensure that compliance with drug usage is improved; in Bangladesh, for example, local villagers trained in direct observation of therapy (DOT) ensure that tuberculosis patients swallow the correct regimen of essential anti-TB drugs every day. And, while ensuring a continuing supply of essential drugs, community-based Revolving Drug Funds reduce the financial burden on the public sector.

In conclusion, there is no disputing the benefits to be gained from beneficiary participation in the management of the public delivery system in health. However, the experiments to date are nascent and need to be nurtured to ensure success. For this governments would need to change existing standard operating procedures well ahead of the formal handing over of responsibility and authority to Community Health Committees. The experience gained in handing over schools to beneficiary committees should be studied so that the major elements which ensure success are replicated in the health sector also. Side-by-side, the government should also start establishing community managed drug funds and examine the possibility of bulk purchase supervised by a committee, the majority of whose members are appointed from outside government.

Lady Health Workers.

Female health providers are in great demand in Pakistan. The Prime Minister's Programme is a federal initiative that began in 1992. It is based on the concept that village women can be trained as Lady Health Workers (LHWs) who will provide door-to-door health, family planning and nutrition services in their own community. They visit mothers who are often restricted to their own households to provide advice, dispensing a range of essential medicines and refer clients to medical services, when required. The concept is a good one because the Lady Health Workers assist their own community and because they take health services directly to the people who are most in need – immobile, impoverished rural mothers.

The Programme has employed and trained about 40,000 LHWs as well as female supervisors who monitor the work of the LHWs and provide them with medical supplies. Questions revolve around efficiency and value for money invested: Does the supervisor provide support regularly? How many mothers does a worker visit each month? Does the LHW dispense medications correctly? As a result of the domestic visits is there significant improvement in the mothers' knowledge and behaviour? For example, do mothers use the medicines correctly? Does the mother learn that she should eat more when pregnant? Does her family take her to a doctor when she needs emergency obstetric care? Does she use contraceptives to space the next pregnancy? Does she give her children oral re-hydration fluid when they have diarrhea? It is important to answer these questions because the Programme is expensive. It uses about Rs. xxx of public funds each year. After answering those questions, and others, it should be possible to develop ways of improving the Programme's cost-efficiency and cost-effectiveness.

One potentially effective aspect of the Programme is the opportunity to provide health, family planning and nutrition education to the mothers, because the information can lead to large improvements in health status. But any programme that depends upon personally delivered education services in the home will be costly. Therefore, the government should experiment with alternatives such as using trained LHWs to convene neighbourhood (*mohalla*) meetings such as those used in Bangladesh.

The government should also experiment with different sources of financial support including cost recovery from the communities being served, for example, integrating the Lady Health Workers' services with the Village Health Committees described above. The LHWs could also develop Revolving Drug Funds, as described earlier. The key to developing the LHW system is operations research, where variations are tested through experiments in different parts of the country. The results of operations research will lead to better health services for women and children at lower cost to the public purse.

In summary, the LHW Programme offers a unique opportunity for providing health and hygiene education, door-to-door delivery of population planning tools and information. Its success hinges on

the ability of governments to integrate the programme as part of the public sector delivery of health services or alternatively to provide a livelihood to these workers through an incentive to help manage the propose drug funds and as outlets for the population programme activities or the EPI activities. For the latter two, additional training to the LHWs would be needed.

NGO Umbrellas for Community Based Organizations

Health NGOs in Pakistan generally have good reputations. But their outreach can be limited. They need to greatly extend and strengthen their outreach. This can be done by developing the capacity of smaller NGOs, including Community Based Organizations. One very useful mechanism is the NGO umbrella.

Umbrella projects have succeeded in enhancing family planning delivery in Pakistan. The question is: Why are they not proliferating under SAP II (SAPP II Aide Memoire, 1998)? The answer is lack of appropriate funding mechanisms. The umbrella concept is simple and efficient: the donor contracts with a well-managed NGO (the “umbrella” NGO) that will then subcontract with several NGOs and/or Community Based Organizations that specialize in service delivery. The umbrella NGO provides technical assistance while monitoring the services delivered in the field. From 1990 to 1994 the government and USAID jointly sponsored the NGO Coordinating Committee as an umbrella for NGOs; results included rapid and substantial increases in use of contraception in Sindh province. After USAID withdrew from Pakistan, the government nationalised NGOCC, transforming it into the National Organization for Population Welfare (NATPOW). But NATPOW has not realised its potential and consequently is in danger of collapsing.

A recent umbrella project funded by the United Nations’ Fund for Population Activities (UNFPA) has succeeded: UNFPA contracted with Pathfinder International to be the umbrella over six NGOs. Again, the result was a rapid and substantial increase in contraceptive use. Although the Participatory Development Programme (PDP) could, in theory, fund NGO umbrella projects, there is a simpler and faster alternative: SAP donors can earmark funds for umbrella projects, then identify a well-qualified NGO to be the umbrella in each province.

The umbrella concept could also be used to provide training. An experienced training organisation could strengthen the technical and management capacity of large numbers of small NGOs and community based organisations. SAP donors could fund Umbrella Projects directly or channel funds through the SAP Impress Accounts for Technical Assistance.

The use of NGOs as an umbrella provides an alternative mechanism of intervention which is both cost effective and efficient as it augments the capacity of government to deliver far-reaching programmes through a network arrangement which is beyond the capability of government agencies which are rigidly bound by inflexible rules. These umbrella organisations can be used for a variety of purposes, but have so far proven to be successful only with a single-item agenda. Experiments should be started to introduce the concept in a multi-faceted approach - this was an essential, but now forgotten, purpose of the Participatory Development Programme of SAP.

Social Marketing

Non-profit social marketing organisations provide more than 20% of contraceptives, most of the iodised salt and most of the in-service training of private health providers. Key Social Marketing provides female contraceptives with funding from Britain's Department for International Development (DFID), while Social Marketing Pakistan (SMP) provides female contraceptives and condoms – more than 100 million condoms were sold through 30,000 shops last year – with funding from the German government. To ensure services of a high quality, SMP developed its own Training Division: it has trained more than 1,600 female doctors who operate private Green Star Clinics, plus several thousand male doctors, lady health visitors and chemists. An assessment by the Johns Hopkins University lauded the high quality of SMP's competency-based training.

SMP is an example of an NGO that was born out of the need to develop a public-private partnership for health that could serve as a management bridge between the government and donors on the one hand and private sector providers and firms on the other hand. The result is a system that greatly improves access to health services. At a minimum, the government should use SMP's Training Division

to give in-service training to doctors and paramedics who provide health care to women and children under SAP.

The concept of the umbrella NGO needs to be extended further to other activities of the public health delivery services, particularly in the prevention of diseases. Such NGOS should not be dependent on the largesse and munificence of donors, but must be integrated as part of the process of building public-private partnerships. The technical assistance funds available within the framework of SAP funds could be used for developing the concept further and in nurturing the growth of umbrella NGOs.

SMP provides an insight into how innovative ideas in the delivery of a service which runs counter to social norms can be introduced with the partnering of key professional and grass-root level workers. Such examples need to be nurtured and made part of the mainstream budget independent of donor largesse.

Section Four

Water Supply and Sanitation

Drinking water is a basic necessity of life, but owing to the political interference in the delivery of this basic service largely remains an elusive and highly sought-after commodity. Government policy appears to be unclear. On the one hand, through political patronage it provides free water to some rural communities, while on the other hand the Uniform Policy adopted as part of the SAP strategy requires others to pay for this service. Moreover, government is faced with mounting operations and maintenance costs which are not being recovered from the users of older schemes not covered by the Uniform Policy. By not demanding that the community initially plan and pay for and subsequently manage its own water supply system, the government has introduced a lack of accountability resulting in expensive designs, poor quality construction and major leakage of funds. The typical Public Health Engineering Department (PHED) scheme is at least twice as expensive as it needs to be and is not maintainable by local communities because of the type of equipment used. Thus communities remain dependant on the provincial governments. But governments can no longer afford to provide free services. Existing systems are falling into disrepair and rural water coverage through public schemes has fallen behind population growth. The water supply sector is, in fact, regressing.

The rural sanitation sector fares even worse. No government department is willing to take the responsibility for expanding access to sanitation facilities. Sanitation is a household level facility, and, therefore, does not have the same attraction which will involve public sector engineers in propagating a programme for expansion.

Even though the sectors perform poorly in the public domain, examples exist in Pakistan where stray efforts have been successful, even though they are limited to only small areas. Some of these are described in this Section.

The LGRDD/UNICEF Community Handpump Programme

Over the past decade, the United Nations' Children's Fund (UNICEF) has been providing advice and funding to the provincial Local Government and Rural Development Departments (LGRDDs) in a low profile but sizeable programme providing community based water supply through community-based hand pumps. Although methodology varies somewhat from province to province, the basic approach and technology are the same. Communities wanting a hand pump approach LGRDD and once approved, the committee undergoes training focused on the village caretaker who is trained in basic maintenance. The pump is provided free but the community provides the drilling and installation and all subsequent maintenance and repair. The LGRDDs have trained mechanics in the districts who inspect and ensure quality control. If there is enough demand for spare parts, the hardware shops in the district towns stock spare parts. Otherwise spares are available at the LGRDD offices.

In total, the programme has installed over 25,000 community hand pumps. It has benefited from hand pump technology developed by UNICEF and the UNDP/World Bank Programme during the 70's and 80's. Known as the Afridev, the pump is robust and very easy to maintain. In fact, under normal use (30 families drawing water from up to 150 feet depth) it will function well for up to 2 to 3 years without maintenance. The Afridev pump is now manufactured in Lahore, Karachi and Peshawar. The total cost of a 100 foot deep pump installation is in the order of Rs. 20,000. That's Rs. 100 per person when serving 30 families.

While successful overall, the programme has some failings. Perhaps the most debilitating is its politicisation; but this is common to all government programmes. As a consequence over half the installations serve less than the stipulated 30 households, and about 20% are located inside family compounds and unavailable to the public. But, these are small deficiencies in comparison to the fact that it has succeeded in providing low cost, reliable, clean water supply to over 2,500,000 rural people 24-hours a day. In addition it uses locally produced, energy efficient technology.... and it is sustainable without long term dependence on government. The most important lesson it teaches is the use of appropriate technology which is maintainable and affordable by the community. The use of community

hand-pumps in the smaller villages of the sweat water zones should be made a standard option for installation the PHEDs.

It is suggested that in the future implementation of the programme the interface with politicians should be limited to the extent possible. Perhaps, the use of NGOs in the delivery of the programme which is the cornerstone of the uniform policy adopted for the sector should be pursued more aggressively. The programme experience clearly shows that affordable and learnable technology can transform the quality of life of the people.

Household Sanitation by the Private Sector

There have been many attempts by government to introduce latrines at the household level, and nearly as many have proved unsustainable once funding and technical support stopped. UNICEF has been an important proponent of sanitation in Pakistan. Its projects include the Balochistan Integrated Area Development Project (BIAD) in Balochistan, the Baldia soak-pit project in Karachi, LGRDD in the rural Punjab, and the Balochistan Water and Sanitation Agency (BWASA) in Quetta. Combined, these represent a tremendous effort and have provided opportunities for learning from which two important lessons have emerged.

The first lesson learned from this activity is that subsidy for latrines facilitates the entrée into the community and provides a jump start to the project. But, in the long term it is detrimental. The selection of who gets the latrines becomes politicised, expectations are raised and the project's success becomes dependent on subsidy. The successful projects have gone through a process of change as funding was withdrawn and the trained mistris became more self reliant and motivated by profit. As a consequence of its experience in Pakistan and abroad, UNICEF no longer supports sanitation projects which rely on subsidy.

The second lesson is that the private sector is a viable institution for sanitation promotion, and the profit motive an effective and acceptable incentive. This is an obvious conclusion in that the private sector has been active in sanitation long before UNICEF existed or governments started to work in this sector.

Indeed, there must be tens of millions of latrines and toilets successfully installed and maintained by the private sector without any support from either government or the UN! The key question now is... How can the private sector be supported so that its standards are improved and its market expanded to include the low income populations in the urban periphery and rural areas?

Mansehra District Council Programme

The Mansehra District Development Plan implemented by the District Council focussed on village water supply in response to surveys which had revealed that over three quarters of the rural population had still to rely on streams and springs for their supplies. 132 million Rupees were made available from District revenues (Rs.72m), Government Grants (Rs.50m) and UNICEF (Rs. 10m).

Any village wanting a water supply scheme could submit an application to the District Council. The Council would assist in forming a Project Committee of two villagers and a Council member and submit a formal plan. The Council staff and Project Committee would then do a site visit and prepare feasibility report, cost estimates and design guidelines. On approval the community was given cash and construction materials in four tranches each depending on satisfactory completion of the previous one. Emphasis was on community self help and cost reduction. It is estimated that up to 1986 the average village contribution to construction was 50-60% in capital and labour costs. Technical standards were lacking. The District engineering staff could not cope with the demand and most schemes (nearly all gravity piped schemes) were built using the Water Committee's designs prepared on site. The Committees purchased needed materials from local shops, and hired local plumbers and masons. Pipelines from springs were ½ to 1 ½ inch GI pipe but laid over ground. Each community had to operate and maintain its own water supply system for which it usually hired its own operator/chowkidar. Maintenance remains on an as-needed basis.

The Mansehra District Development Plan Programme (MDDP) was very popular. Although it envisaged 1552 schemes, over 3639 were built... 2000 more than planned! Many of the schemes are still in operation today, fifteen years after construction, but most now require rehabilitation and expansion.

The MDDP represents an important example of community management and local initiative led by the District. It successfully reduced costs, provided a quantum leap in coverage and drew on community resources. It is a successful full-scale example of community management carried out by Government but at the local level. It also represents a successful experiment in effective local self government based on a partnership between the delivering agencies (Mansehra District Council) and the beneficiaries (the communities served with water supply).

The PHEDs and Community Management

SAP has introduced community participation as its most important policy initiative. It is the single thread which is common to all SAP sectors, and one which is meant to ensure that the services provided are relevant and sustainable. It is also meant to make the line departments more accountable to the user groups. The water sector has gone further than others and is attempting to “hand over” long term responsibility for its schemes (including all operating costs) to the community. There are several examples and some of these are described below.

The most successful programme began in Azad Jammu and Kashmir (AJK) a decade before SAP began. The idea was brought to AJK by the then Director of LGRDD on returning from training in Thailand. The *modus operandi* is similar to that adopted by the Nasehra District Development Programme. Communities identify the need, take part in planning, assist and partially pay (in kind) for construction and subsequently maintain and operate these schemes. Nearly all piped LGRDD water schemes now come under community management.

In 1995, the United Nations’ High Commissioner for Refugees (UNHCR) undertook to transfer responsibility for its tubewell schemes to the refugee communities in the camps in Balochistan and NWFP. Working through the private sector, it was able to introduce community management to over 70 schemes. The programme was so successful that it won an international award. However, over time, UNHCR reduced its monitoring support to the committees which have consequently found it difficult to collect fees and manage the schemes.

Faced with the exorbitant cost of running over 8000 schemes, the four provincial PHEDs adopted “Uniform Policies” for community management during SAP I. Policy is one thing, implementation is quite another. At least half of these schemes need repair or rehabilitation before being transferred to community control. The PHEDs have used a variety of methods to hand over the schemes. The first was notification of water committees, which failed as may be expected. Next came attempts to train and use their field staff, but they had vested interests in the status quo. PHEDs are now hiring new staff to form community development teams, but with mixed results. First, the recruitment process has been politicised and second, the teams must work alongside the engineers who continue their rent-seeking behaviour. Some progress is being made, and the concept of community management has been shown to be viable in many cases. Indeed, the PHEDs claim community management is succeeding in hundreds of schemes but the question of their sustainability remains.

Based on the experience of the past decade, the following conclusions are clear:

- The transfer of responsibility for a water scheme to a community is not a mere matter of “handing over”. It calls for involving the community at all stages, enabling with decision making powers, providing technical training and ensuring that monitoring and technical support is available and effective for many years.
- The community development teams must take the lead role and be given control over the process. The technical component is important but only secondary to the main objective. Certainly, the engineering staff must stop all rent-seeking practices and change their attitude from control to participation.
- NGOs are unwilling to become government contractors for the purpose of scheme transfer. Even under the PDP which espouses “partnering” with government, there are very few NGOs willing to work with or for PHEDs. Under present arrangements, NGOs cannot be expected to substantially contribute to solving PHEDs’ problem.
- Community management is feasible and affordable. Given qualified staff, appropriate methodology, and time it will succeed. The main question is whether the PHEDs are able to change their engineering orientation and practices, and devote enough priority and resources to the community management effort. There is a general feeling that this is not possible because of the rent seeking behaviour and the size of the programme.

The basic lesson learned from the country-wide experience of community involvement in delivering services through main line engineering departments is that this cannot be achieved successfully without a substantial change in the work ethos of these organisations. Engineers must be taught to realise that they are there to serve the people and not vice versa. Moreover, engineers need to be trained in the use of appropriate technology. Community mobilisation effort must become an integral part of the workings of these departments and the status of social organisers be raised to the level of the Chief Engineers themselves. Only then will change occur.

The Family Hand-pump

The privately owned family hand pump is used as a source of drinking water where there is shallow groundwater, especially in rural Punjab and Sindh. What is not widely recognised is its importance. The Pakistan Integrated Household Survey (PIHS) 1996-97 results indicate that 62% of Pakistan's rural population or 53.6 million people get their water from the shallow well hand pump. This implies that there are some 7.9 million family hand pumps in use in Pakistan today. Even though it provides water to the bulk of the village and 'mandi' (market) towns, the family hand pump continues to be unrecognised by government as a major source for delivering potable water through the public sector. Further, there has been no attempt to draw on or strengthen the family hand pump providers, despite their being an enormous resource available to the water supply sector.

The family hand pump is entirely local and private. Most family hand pumps are fabricated by thousands of small entrepreneurs who market their pumps locally. Likewise hand pump installers can be found in every rural town in the sweet water zones. The cost of the installation ranges between Rs.1000-2000 and can be completed in one or two days.

The family hand pump is highly successful. It provides reliable water supply 24-hours a day at a very low cost. It is completely in the control of the householder with no burden on government. On the other hand, it is commonly made of sub-grade materials and can produce contaminated water if not installed and maintained properly. On the average, these hand pumps break down once a year, but the costs for repair are affordable (Rs.100-200) and the artisan (*mistri*) is locally available.

The basic recommendation which emerges from the use of the family hand-pump is that government must encourage their use wherever practicable. Further government should provide technical assistance in making the artisan aware of the need to protect the under-ground aquifer from being polluted by stagnant water.

Section 5

Summary and Conclusions

This paper has presented policy options for improving the effectiveness of social service delivery mechanisms. The recommendations advanced are based on a broad evaluation that takes into account various programme experiences.

All of the projects reviewed here promote access, the main goals being, amongst others, increased schooling enrollment, efficient and responsive health services, and advanced water supply and sanitation facilities. In many cases, efforts are being made to promote equity, for example, by targeting particular groups. Efficiency gains are another outcome indicator. In most cases, an attempt has been made to improve the quality of services the community receives. The main lessons derived across the social sectors from this review are as follows.

Involvement and Support of Beneficiaries

The close involvement and support of beneficiaries stands out as the most important for viability and sustainability. The School Management Committees in the Punjab is a case in point. The active participation of the parents is also a step in the right direction. In Balochistan, the creation of Village Education Committees is the key factor in the success of that province's girls scholarship programme.

The training of officials and participants, and the strengthening of existing institutions is necessary for any implementation strategy. Parents involved in Parent Teacher Associations were trained in financial management and institutional administration. This practice was critical given the importance of PTAs in providing and financing elementary schooling. What appears across the board is the use of local teachers and the strengthening of information systems by monitoring performance and regular interventions in upgrading teacher skills.

Community Involvement has been achieved in various ways in the Health sector planning process as well. The concept of Community Health Committees and Lady Health Workers is based on the analogy

of Community Involvement. But the management of health services remains very much centralised in all of its phases- planning, implementation, monitoring, with ‘real’ management decision making resting far away from the delivery of services. However, government health’s services would be rendered more responsive and effective if community participation could be made an integral part of the functioning of individual facilities. This can be evidenced by the LHW programme which has been valuable in extending coverage of preventive services. Since LHWs are from the communities where they work, and because they are women, they are able to have close interaction with the women in the community, and through them increase outreach to children as well.

The need for community involvement is not just a popular idea. It is essential to the practice and provision of public health services. Building partnerships between communities and service providers is essential to any success in changing health or education, status.

Involvement of the Private Sector

When it comes to helping the government solve access problems, the involvement of the private sector can be a critical factor. In the North West Frontier Provinces’ Primary Education Programme, privately managed schools that serve girls and children from low income families were supported to improve the situations of both groups.

To encourage the role of the private sector in the future, registration procedures and coordination with the government policies need to be improved for better functioning of the private sector. In this context, public-private partnerships are needed for the expansion in basic infrastructure. Given resource constraints the government funding cannot alone achieve an equitable and high quality system of education in the future. The role of the private sector should continue to expand.

Participation

To be effective in the field, openness to the use of local NGOs and private voluntary organisations to gain access to remote areas is a positive approach, especially when such groups have long standing relations with a particular community and expertise in the sector. Through NGOs and other private not-

for-profit institutions, local people are encouraged to initiate projects to improve social services within their own community. To build community responsibility, the programme will also require locals to contribute to the support of essential services in their communities. Pakistan's PDP, which demonstrates how the private and public sectors can work together for the common good, may well point the way for the future of social service development.

Effective involvement, participation and mobilisation of communities, undoubtedly adds to the promotion of elementary education, and improvement in quality. Although a few steps have been taken in this direction by constituting SMCs and PTAs, yet, in some cases, their roles are not clearly defined and their linkage with the education functionaries not properly established. There is still a need to improve upon this mechanism.

It is recommended that the government expand its efforts to facilitate and provide incentives for the creation and expansion of health NGOs. Given that NGOs working within the health sector are mostly small in size and far between, the presence of a clear government policy to establish partnerships with NGOs, backed by significant financial commitments, would however encourage the expansion of NGO activity. The possibility of establishing partnerships between government and non-NGO private health care providers needs to be explored. A large portion of the public seek services from providers who are not trained. Therefore, what needs to be considered is the active encouragement by the public sector of the continuing education work being carried out by various professional associations of health care providers. Further, professional associations need to be empowered to manage a system of certification for health care practitioners.

Facilitate a Pluralistic System of Supply

When users are empowered with information and resources, they need several providers to choose among. Where private providers compete with public ones, consumers have this choice. Furthermore, competition will increase overall quality and efficiency.

Decentralised Approach

Under this concept, the power of recruitment of teachers, school site selection and day to day management has been delegated to communities at grass root levels. Village Education / SMCs have been constituted to ensure community involvement and mobilisation. Previously with all schools being looked after by a Director of Education in each province, there was a lack of supervision and even financial mis-allocation. This decentralised approach has resulted in qualitative improvement and quantitative expansion of elementary education in the country, and also ensured that the funds meant for elementary education are used only for its improvement and not diverted to other sub-sectors of education.

‘Depoliticisation’ of the Social Sectors

The most important step would be to reduce the external influence, particularly that of political leaders. Quota system for politicians and undue political and bureaucratic interference in the selection of teachers and school sites are one of the major constraints in improving the efficiency of the education system. Intervention of politicians in the recruitment and transfer of teachers, construction of schools without proper assessment of need is often held responsible for the emergence of dysfunctional / under-utilised or ‘ghost’ schools. A policy option proposed is that the recruitment of teachers should be on merit, and through open competition, and discretionary quotas should be abolished.

BIBLIOGRAPHY

Aga Khan University, Department of Community Health Sciences; 1998; **Indicators and Determinants of Health in Karachi**; Karachi

Aga Khan University, Department of Community Health Sciences; 1998; **Karachi Pakistan: A Profile**; Karachi

Aga Khan University, Department of Community Health Sciences; 1994.; **Maternal and Infant Mortality: Policy and Interventions**; Karachi

Ahmed, Tauseef; 1998; **Population Levels, Trends and Characteristics (draft)**; Multidonor Support Unit; Islamabad;

Ali Institute of Education; July 1998; **Quarterly Report for UNDP January-March, 1997**; Lahore

Ali Institute of Education; July 1998; **Quarterly Report for UNDP April-June, 1998**; Lahore

Asian Development Bank; 1997; **Social Sector Issues in Pakistan: An Overview**; Manila

Bangladesh Rural Advancement Committee; 1990; **A Tale of Two Wings: Health and Family Planning Programmes in an Upazila in Northern Bangladesh**; Dhaka

Bunyard Literacy Community Council; 1998; **Teachers Development (non-Formal) - Few Points : The Bunyard Way**; Lahore

European Commission and United Nations Population Fund; 1988; **The EC/UNFPA Initiative for Reproductive Health in Asia: Country Strategic Framework for Pakistan**; UNFPA; Islamabad

The Futures Group International; November 5, 1997; **Public Private Partnership in Health Study**; Washington DC and Islamabad

Government of Pakistan, Population Welfare Division; 1986; **Pakistan Contraceptive Prevalence Survey 1984-85**; Islamabad

Government of Pakistan, Ministry of Health, United Nations Children's Fund and Gallup Pakistan; 1996; **Multiple Indicators Cluster Survey of Pakistan 1995**; Islamabad

Government of Pakistan, Federal Bureau of Statistics; 1997; **Pakistan Integrated Household Survey, Round 1: 1995-96**; Islamabad.

Government of Pakistan Federal Bureau of Statistics, 1998; **Pakistan Integrated Household Survey, Round 2 : 1996-97**; Islamabad

- Government of Pakistan, Federal Bureau of Statistics; 1998; **Access and Usage of Basic Health Services in Pakistan**; Islamabad
- Haq, Bashirul; 1998; **Health Financing in Pakistan**; World Bank; Islamabad
- Haque, Tazeen R.; **Meeting the Challenge for Female Development**; Bunyad Literacy Community Council; Lahore
- International Monetary Fund; December 23, 1998; **Pakistan - Enhanced Structural Adjustment Facility Policy Framework Paper 1989/99-2000/01**; Washington DC
- Khan, Ayesha. 1998; **Female Mobility and Social Narriers to Accessing Health/Family Planning Services A Qualitative Research Study In Three Punjabi Villages**. Ministry of Population Welfare, London School of Hygiene and Tropical Medicine, Department for International Development. Islamabad.
- Kizilbash, Hamid; undated; **Educating the Many - Delivering Quality**; Society for the Advancement of Education, Lahore
- Kizilbash, Masood H.; 1998; **Pakistan and its Efforts to Involve Primary Stakeholders in the Project Cycle**; Presented at: International Conference on Upscaling and Mainstreaming Participation of Primary Stakeholders: Lessons Learned and Ways Forward; Washington DC
- Management Sciences for Health 1997; **Managing Drug Supply**. Management Sciences for Health. Boston.
- Pasha, Hafiz A. and Michael G. McGarry (editors); April 1988; **Baldia - the BUSTI Programme**; Case Study presented at the National Workshop on Rural Water Supply and Sanitation; Islamabad
- Pasha, Hafiz A. and Michael G. McGarry (editors); April 1988; **Aga Khan Rural Support Programme**; Case Study presented at the National Workshop on Rural Water Supply and Sanitation; Islamabad
- Pasha, Hafiz A. and Michael G. McGarry (editors); April 1988; **Baluchistan Integrated Area Programme**; Case Study presented at the National Workshop on Rural Water Supply and Sanitation; Islamabad
- Pasha, Hafiz A. and Michael G. McGarry (editors); April 1988; **Mansehra District - Special Federal Funds Programme and District Council Programme**; Case Study presented at the National Workshop on Rural Water Supply and Sanitation; Islamabad
- Pasha, Hafiz A. and Michael G. McGarry (editors); April 1988; **Orangi Pilot Project**; Case Study presented at the National Workshop on Rural Water Supply and Sanitation; Islamabad

- Pasha, Hafiz A. and Michael G. McGarry (editors); September 1989; **Rural Water Supply and Sanitation in Pakistan; Lessons from Experience**; Technical Paper No. 105; The World Bank, Washington DC
- Prime Minister's Literacy Commission; June 1998; **Non-Formal Basic Education Community Schools Programme**; Islamabad
- Social Policy and Development Centre; August, 1997; **Review of the Social Action Program**; Karachi
- Social Policy and Development Centre; April 1998; **Social Development in Pakistan : Annual Review 1998**; Karachi
- Social Policy and Development Centre; *forthcomin 1999*; **Social Development in Pakistan : Annual Review 1999 - Social Development in Economic Crisis**; Karachi
- Systems (Private) Limited; September 1996; **Demand for Education among low and middle income households in Lahore and 5 districts of Punjab**; The British Council and the Overseas Development Administration, Her Majesty's Government of the United Kingdom; Lahore
- Systems (Private) Limited; March 1997; **Survey of Schools in Five Districts of Punjab**; The British Council and the Overseas Development Administration, Her Majesty's Government of the United Kingdom; Lahore
- Tinker, Anne G.; 1998; **Improving Women's Health**; The World Bank, Washington DC
- United Nations Development Programme; 1998; **Project Performance Evaluation Report : PAK/91/016/01/99 Assistance to Private Sector Teachers Training Institute**; Islamabad
- The World Bank; June 27, 1988; **Report No. 7060-PAK : Pakistan - Rural Water, Health and Sanitation Sector Review**; Washington DC
- The World Bank; February 11, 1997; **Report No. 15753-IN : India - New Directions in Health Sector Development at the State Level: An Operational Perspective**; Washington DC
- The World Bank; February 27, 1998; **Report No. 17398-PAK - Project Appraisal Document - Pakistan: Second Social Action Programme Project**; Washington DC
- The World Bank; April 15, 1998; **Implementation Completion Report - Pakistan : Social Action Program Project**; Washington DC
- The World Bank; April 22, 1998; **Report No. 16695-PAK - Pakistan: Towards a Health Sector Strategy**; Washington DC
- The World Bank; October 7, 1998; **Report No. 18432-PAK Pakistan - Public Expenditure Review: Reform Issues and Options**; Washington DC

The World Bank; 9 December 1998; **Aide Memoire - Overview of SAP Multi-donor Review Mission**; Islamabad