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Reframing Citizen-State relations from the bottom-up

EVA-BHN's model of social accountability in Pakistan

In collaboration with

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"My job is to knock on doors, and one day a door must open."

Community Group Organiser

This publication explores the progress of the Empowerment, Voice and Accountability for Better Health and Nutrition (EVA-BHN) project implemented by Palladium in Pakistan. Begun in 2014, EVA-BHN aims to empower, organise and facilitate citizens to hold the governments of Punjab and Khyber Pakhtunkhwa (KP) to account for the delivery of quality Reproductive, Maternal, New-born, Child Health and Nutrition services (RMNCH-N). Palladium implements the EVA-BHN project in partnership with the Centre for Communications Programmes Pakistan; the Centre leads on the work with media and religious leaders within the project.

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Introduction[1]

EVA-BHN aims to reframe citizen-state relations for better RMNCH-N services in Pakistan. This has led to the creation of a holistic model of social accountability that uses multiple components to foster an ecosystem for accountability for the purpose of improving health services for women and children; including community-based monitoring of local health facilities, trainings for journalists, engagements with religious scholars and provincial level advocacy. As part of these efforts, EVA-BHN supports and facilitates a network of community groups and District Advocacy Forums (DAFs) which identify local issues and raise them with state-based duty-bearers and non-state powerholders. This paper focuses on these bodies, with attention to how they enable citizens to realise their rights, develop a new understanding of their relationship with the state and ultimately improve service provision.

Layyah's missing generator

During the first meeting of Layyah's DAF the matter of a missing generator from a Basic Health Unit (BHU) - the lowest tier of facilities in Pakistan's health system - was raised. The generator had recently been donated by a non-governmental organisation and gratefully received by the medical officer in charge. Indeed, anxious to get it back, BHU staff shared photos of the generator's new location with DAF members charged with investigating the issue – it was now in the Executive District Officer (EDO) for Health's office.

Reasoning that they should initially work to keep the matter out of the public eye, the DAF members began by writing to the responsible EDO. They were met with silence. They tried confronting him in his offices, only to once again be ignored. By chance, a famous television presenter was soon due to host a one-off event in Layyah at which citizens would be able to debate the provision of health services with officials and politicians.[2] Furthermore, as the event was supported by EVA-BHN, a journalist and DAF member was due to be its co-host. Learning of this, the team seeking the return of the generator quickly came to the conclusion that they had a valuable opportunity to hold the EDO to account.

On the day of the event the EVA-BHN team made sure that representatives from the community that the BHU serves, and a notable lawyer, friendly to the DAF's aims, were in the audience. Shortly after the EDO and a Member of the Provincial Assembly (MPA) took to the stage, these community members raised the fate of the missing generator and suggested an unnamed official was responsible. Taking his cue, the lawyer followed up with a declaration that he would register the matter with the police if action was not swiftly taken.

Caught somewhat off-guard in front of his superiors – and perhaps realising that the local community and DAF were giving him a last chance – the EDO announced he would resolve the matter within two days; which he duly did.

In the weeks that followed, a journalist affiliated with the DAF wrote two stories about the campaign to get the missing generator back.

Viewed against the wider politics of service provision and corruption in Pakistan, these stories detail a familiar problem resolved through an unfamiliar, yet increasingly hoped for, response. To understand why, it is necessary to explore recent developments in local-level citizen-state relations.

1 This brief is based on interviews with EVA-BHN programme staff and community group members conducted in May-June 2016. All names have been changed and locations omitted where information may lead to repercussions.

2 These events are detailed in another publication focussed on EVA-BHN's media component.

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An opportune moment

In late 2015, Pakistanis in the Punjab – the country's most populous province – joined their peers in Sindh and KP by voting for local body representatives. This marked a significant step towards the devolution of powers set in motion by constitutional amendments in 2010 and legislation in 2013. These developments arguably rode waves of popular support for democracy following the end of General Musharraf's rule in 2008 and the country's first successful democratic transition of power in 2013. Furthermore, they were buoyed by an increasingly vocal, independent media and civil society's re-invigoration during the so-called 'Lawyers' Movement' to reinstate Pakistan's deposed Chief Justice.

Nonetheless, to ensure that the benefits of its ongoing democratic transition are fully realised, Pakistan requires an active citizenry, able to constructively engage duty-bearers. This idea is supported by an established body of literature that suggests that bringing state institutions closer to an empowered society can improve the efficacy of public services that contribute to human development (Evans, 2008; Joshi and Moore, 2004; Faguet et al., 2015). Indeed, in countries dominated by special interests, this move can change the incentives of powerholders and turn citizens into the 'shapers' or 'co-producers' of state institutions, not merely their 'users' or 'choosers' (Cornwall and Gaventa, 2001; Boyle and Harris, 2013).

This idea has spawned interest in the potential of civil society to contribute to social accountability – understood as 'the ongoing and collective effort to hold public officials to account for the provision of public goods which are existing state obligations' (Joshi and Houtzager, 2012). Broadly viewed, initiatives that focus on social accountability can include everything from the creation of forums for regular meetings that bring citizens, non-state powerholders and state-based duty-bearers together, to protests, media campaigns, citizen scorecards, budget monitoring, the establishment of public-private watchdogs and participatory policy design.

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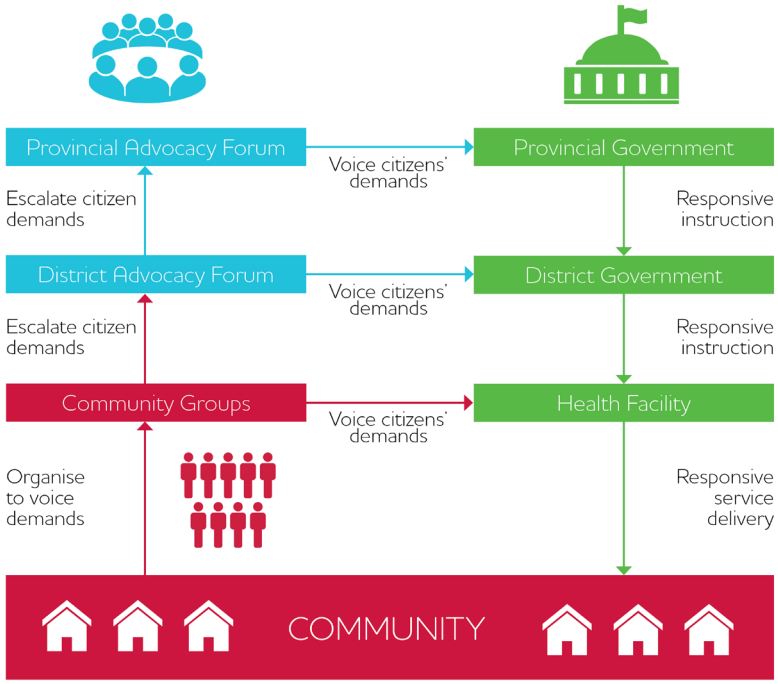
299

community groups are currently representing EVA-BHN in the Punjab and Khyber Pakhtunkhwa



EVA-BHN began mobilisation efforts by mapping who was already working towards the public good in its project districts. Indeed, EVA-BHN was keenly aware of the need not to create parallel structures in its focus areas.

However, the development of an active citizenry in Pakistan faces numerous obstacles; these include legislation that bans unions on university campuses, rigorous state monitoring of non-governmental organisations and, in recent history, violence inflicted on well-known civil society activists. Furthermore, Pakistan remains culturally conservative, with many groups holding social and religious norms that dissuade regular political participation; especially among women, minorities, marginalised groups or lower castes.[3]

These obstacles co-exist with a patronage system that encourages politicians to engage constituents through informal intermediaries. This contributes to what has been described as 'mafia' politics, with state institutions used by powerholders to reward followers or undermine rivals (Nelson, 2016)[4]. On the one hand, this often involves quick development projects; such as the building of health facilities or schools which are left under equipped, under staffed or unmaintained once the periodic need to buy votes has subsided (Keefer et al., 2006; Shami, 2012; Martin, 2014). Whilst on the other, it reduces citizens' avenues for complaint or redress. Accordingly, many observers report a widespread perception among ordinary people that state services are poor, inaccessible or simply not for them.

EVA-BHN's social accountability model

To challenge these dynamics, EVA-BHN is represented at the local level by, at the time of writing, 299 community groups. Spread across nine districts in the Punjab and KP, they have an average of 20-30 members each. Through community based monitoring and regular consultations, members identify issues and demands related to service provision in their local BHUs.[5] Those that cannot be addressed through direct interactions with service providers are escalated to DAFs.

3 In some areas, Pakistan retains a caste system comparable to India, with groups denoted by kinship or profession.

4 As Nelson (2016) suggests, rapid urbanisation and a move away from dependence on agriculture is undoubtedly changing traditional patronage dynamics, but this may not be in a direction that is conducive to democracy.

5 The project uses participatory community based monitoring as a means through which to empower communities to take ownership over frontline health service delivery and to provide them with evidence with which to engage duty-bearers. A case-study of this tool's use is planned for 2017.

DAFs are small squads of influential and committed accountability champions from civil society. They support community groups to raise their voices by engaging district and, in some cases, provincial-level powerholders and duty-bearers to resolve their issue.

EVA-BHN began these mobilisation efforts by mapping who was already working towards the public good in its project districts; indeed, the project was keenly aware of the need not to create parallel structures in the areas it works. At the BHU level, this enabled it to capitalise on the legitimacy of existing community groups, many of which were established by retired or ongoing projects or civil society networks. At the district level it uncovered a variety of influential actors – including lawyers, journalists, union heads, professional associations and religious leaders – who were invited to work towards the project's goals.

Due to a history of unsustainable mobilisation efforts, persuading citizens to participate without the payments or 'per diems' expected of foreign funded projects in Pakistan sometimes proved difficult. Furthermore, although the idea of participatory development is widespread in Pakistan, social accountability or direct advocacy is relatively unheard of, particularly in the health sector.

Nonetheless, these obstacles were often overcome by explaining the project's focus on the realisation of existing rights and entitlements, and its long-term goal to create sustainable, citizen-owned, structures. For some this was taken as a new and exciting mode of working for the public good; whilst for others it was interpreted as a return to a style of activism last seen during the 1970s. However, for a small number the real draw was the opportunity to use EVA-BHN's platforms to work towards their own, often political, goals.[6]

With respect to the last motive, EVA-BHN decided early on to include local influentials in community groups as poor or marginalised citizens are often unable or afraid to directly engage powerholders. This raised legitimate concerns that the groups may be dominated or captured by their economically stronger or politically connected members.[7] Thus, to enable regular oversight, each group elects a coordinator that attends bi-monthly 'check-in meetings' at which they record the issues the group has identified, strategize paths to their resolution, and report the results of their regular monitoring of BHUs. Furthermore, EVA-BHN deliberately did not pay community group and DAF members for their participation, and thus those disinterested in accountability soon left.

In this way, EVA-BHN acknowledges that its social mobilisation efforts cannot avoid local politics. Indeed, as elsewhere, the line between social work and political activism in Pakistan is often blurred, with some individuals using the former as a stepping stone into the latter. Rather than ignoring this reality, the project actively encourages these members to add their skills and connections to their groups' efforts. Some groups even purposefully invite relatives of powerholders or those recently elected to local governing bodies to join them.

More broadly, the groups' coordinators are the pivots for the project's activities. To prepare them, they undergo a series of training sessions that introduce them to EVA-BHN's wider activities, their provinces' complex governance structures, and their rights as citizens. They are also supervised during their initial visits to BHUs. This helps them to form productive relationships with BHU staff; relationships that are proving vital in efforts to monitor service provision and resolve minor issues. Key to this, is convincing BHU staff that the community groups are not there to 'police' them and that they are also willing to work towards the resolution of issues identified by the staff themselves.

6 The project is also beginning to notice that people are approaching its groups to join as word is spreading of their work.

7 Much of this came from EVA-BHN's acknowledgement of lessons learned from previous accountability projects in Pakistan.

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This story of struggle illustrates the structural inequalities and hidden dependencies that often allow service providers to get away with abuses and potential corruption.

Challenging mind-sets

Late last year, a husband and wife from a lower caste family in Southern Punjab visited their local BHU for a routine check-up, a week or so before the wife was due to give birth. During their appointment the Lady Health Visitor (LWV) on duty informed the wife that she was due to give birth that evening. Doubting her, the couple returned home suspecting an ulterior motive was at play.

Upon experiencing the first signs of childbirth some 12 days later, the wife returned to the BHU only to be met by the same LHV. This time, she was told she could not be seen at the BHU and it was indicated that they should report to another clinic; one the couple suspected was the LHV's private clinic. Fearing that payment would be expected, the woman left and sought the help of a 'traditional' healer, which in most cases means an untrained and unregulated midwife known locally as a 'quack'.

Sometime after the birth, the husband again visited the BHU to vaccinate their young child; a universal service the provincial government is committed to providing. However, after being told to return later that afternoon, he was informed that all the supplies had been used and that he would have to return on another day or seek a private provider.

Unbeknownst to the staff, the husband belonged to EVA-BHN's local community group. Using knowledge from his participation in the project, he informed the BHU's staff that he is fully aware of his rights as a citizen and demanded to see a register of who had been vaccinated that day. Clearly angered, the BHU's clerk declared he would never allow the child to be vaccinated and made insulting references to the husband's caste.

Following this incident, the husband returned to the BHU with his community group's coordinator. After much discussion they were promised a vaccination in the coming days. However, sometime later they were contacted by the vaccinator who told them the clerk was preventing him from fulfilling this promise. Furthermore, as the clerk is the head of the local Clerk's Association (a powerful local position), the husband was advised by the vaccinator to cease pursing the treatment.

Realising that the best course of action would be to go public, 10-15 community group members, along with DAF members and EVA-BHN project staff, organised a protest outside the local Press Club. They also jointly presented a written complaint to the EDO for health. Understandably surprised, the EDO promised the vaccination would occur even if he had to do it in his own office. The vaccination was eventually carried out at a later date.

Following the incident, the EDO began an investigation into the clerk at the request of the community group and DAF members. Clearly unhappy with this turn of events, powerful relatives of the clerk sought to pressurise the group to drop the case. However, they persevered and following discussions the clerk apologised at one the group's monthly meetings.

This story of struggle illustrates the structural inequalities and hidden dependencies that often allow service providers to get away with abuses and corruption. Indeed, asked as to why this unfortunate series of events occurred, the community group's coordinator suggested that the family's low status in society played a significant role. It is also clear that a refusal to pay for private services and an effort to claim their entitlements as citizens may also have been a factor.

To address such issues, EVA-BHN seeks to include the poor and marginalised – such as women-headed households, religious minorities and lower castes – in its activities. Nonetheless, the project confronts a series of entrenched attitudes that make this difficult. For instance, other members sometimes resist their inclusion, arguing that they do not want to sit with them or that their issues should not be accorded special status. For their part, the marginalised often believe that powerholders are disinterested in their concerns or that they will face additional problems if they are part of a group that challenges the status quo.

In reply, EVA-BHN adopts two strategies: Firstly, it is unafraid to acknowledge these groups' marginalisation, instead reframing them

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as potentially powerful social blocks for change. And secondly, it is sensitive to cultural norms that cannot be overcome. Crucial to this approach is the involvement of community members with the legitimacy to introduce the poor and marginalised to the project's aims. For example, in KP, a well-known Madrassa teacher is an active recruiter for the project. He encourages potential participants to view its activities in the context of Islam's instructions to raise your voice for the collective good. Women also often introduce their female relations to the project. In Punjab such strategies have contributed to the establishment of over 14 mixed groups led by women.[8]

The health clinic experience in Southern Punjab also demonstrates how EVA-BHN's holistic model of social accountability challenges and, in some cases, overcomes the structural constraints of equitable service delivery. Indeed, a number of brave decisions were taken and relationships activated at multiple levels of governance to arrive at a point at which the BHU's clerk felt he should apologise to the community. It is unlikely this would have happened without the links EVA-BHN initially facilitates between ordinary citizens, influential community members, media allies, project staff and duty-bearers.

Once such structures are in place, EVA-BHN's team argue that the most important moment for challenging unaccountable service provision is the first time a community group has one of its demands resolved. Following this, the group's attitude often changes, with members beginning to view the facilities as one of the community's assets. Furthermore, many organise themselves to maintain their BHUs, undertake small renovation projects and begin closely monitoring the facilities outside of the project's routine checks.

In this sense, EVA-BHN contributes towards a different sort of citizen-state relationship, with those who have experienced accountable service delivery gaining a sense of ownership over their local facilities, as compared to the alienation felt by many of those who have not. Indeed, this is why project staff often refer to the importance of accountability being seen to be happening. Moreover, suggesting that in some areas this is having a spill over effect, project staff even report being approached by citizens from non-project districts to enquire as to how they too, can establish similar bodies around their BHUs.

Local-level coalitions for change

As should be clear by now, EVA-BHN's DAFs play a central role in the project's social accountability model. Indeed, they are ironically described as 'open courts' by EVA-BHN team members. This refers to the fact that they are often the arena in which the project's more adversarial encounters with the state can occur.

Yet, rather than merely standing in opposition to duty-bearers, DAFs aim to allow the duty-bearers to have some say in which issues they seek to address and which to put aside. In most cases this takes the form of providing general, top-line information on the provision of services and issues within their areas of responsibility, whilst following up on duty bearers' commitments to resolve certain issues and applying targeted pressure when opportunities present themselves.

In this way the project aims to avoid becoming a thorn in the side of duty-bearers and to take on those issues which it has a realistic chance of resolving. It is even arguable that it affords duty-bearers a measure of local ownership over the DAFs. Overtime this approach has led many of them to view EVA-BHN as their 'eyes and ears' at the local level. In this sense, DAFs can be understood as platforms on which the project is building coalitions with the experience, motivation and power to tackle poor service delivery.

8 Mixed-gender gatherings in many parts of the country are not common and are often discouraged due to cultural constraints

The EVA-BNH team argues that the presence of notable civil society leaders, religious leaders, media representatives and lawyers in the DAFs allows them to play this role. Beyond their local standing, these members are also largely understood to work for the public good, as opposed to solely for their own or factional interests. That they are embedded in the community with natural constituencies, affords them a level of legitimacy, power and respect among the wider community and among the duty-bearers that is invaluable to the DAFs' work.

The importance of such individuals within the DAF was demonstrated during a particularly heated meeting in KP in which a female community group member was listing the various issues at her BHU. Taking offence, the district manager rudely told the women to sit down and stay quiet. A religious leader in the DAF (trained through the project) intervened to remind the manager that under the constitution the condition of the BHU is his responsibility, that it is against the local culture to talk to women in such a manner, and that the media or his superiors could be alerted if he remained unwilling to cooperate. In the following weeks relations between the community group and BHU improved, with many of the identified issues with the district's facilities addressed.

At the same time, DAF members bring their wider networks, experiences and links to the project; indeed, when they deem it necessary to apply pressure they usually work through personal connections. For instance, one DAF member suggested that because his job requires him to regularly visit the office of the District Coordination Officer, he is on good terms with this powerful official. He is often willing to leverage this relationship to get the issues raised by the DAF resolved.

Many DAFs also include media representatives, such as reporters or hosts of radio shows. They argue that powerholders, especially elected representatives, are increasingly worried about being dragged into stories that may harm their reputation. Thus, the mere presence of a journalist can be enough to get a duty-bearer to commit to looking into an issue. In this regard, it is notable that Muzaffargarh's DAF successfully uses monthly radio broadcasts to spread awareness about its work and the condition of the district's BHUs. Such organic initiatives are encouraged by EVA-BHN and, where possible, facilitated by the relationships and connections the project has made.

As duty-bearers have begun to trust the DAFs, the nature of their relationship has changed. For example, in one district the EDO recently approached DAF members for help to secure local government funds for the appointment of a neuro-surgeon at a local hospital. The DAF members helped the EDO to negotiate with the district's Finance and Planning Department, and eventually the funds for the surgeon's appointment were approved. This interaction led to the EDO's regular attendance at subsequent DAF meetings.

In support of such strategies, the EVA-BHN team argues that past project's that have only pressurised Pakistan's duty-bearers have largely fallen flat. In contrast, the DAFs strive to allow duty-bearers the opportunity to share their own challenges and obstacles with communities, with each party learning about the other's needs and obstacles and working collaboratively towards their resolution. Crucially, this also goes some way to assuring that the issues EVA-BHN tackles are realistically resolvable.

EVA-BHN's approach to challenges is holistic. The project actively seeks ways of acknowledging and working *with the grain* of Pakistan's power and politics.

Conclusion: more than just tools

A recent exploration of social accountability initiatives argues that the development community's understanding of what works, and under which conditions, has reached the 'early middle stage' (Fox, 2014). It is suggested that we can safely lay claim to a 'proof of concept', with further exploration needed of the windows of opportunity, local reform champions and norms that enable accountability in each context. Nonetheless, it is increasingly acknowledged that negotiating the power and politics of local contexts is a crucial determinant of successful initiatives (Joshi 2014).

Indeed, before raising their voice, citizens in countries such as Pakistan must ask themselves a series of seemingly mundane questions such as 'Is this information understandable to those with power?', 'Who is responsible for the provision of the services and can I approach them?', and 'Can I reasonably expect my actions to change things?'. Furthermore, where powerholders and duty-bearers routinely decide who accesses state services or are unafraid to coerce citizens, the poor and marginalised may also have to ask themselves if the benefits of raising their voice outweigh the potential dangers.

EVA-BHN's approach to these challenges is holistic. On the one hand, it seeks to empower citizens by imparting the basic skills and tools of social accountability. These include knowledge of their rights and entitlements, methods for regularly monitoring service providers, and an understanding of Pakistan's fast changing governance structures. On the other, it does not shy away from highlighting and challenging the sometimes dangerous obstacles to accountability in the contexts in which it works. Indeed, the project actively seeks ways of acknowledging and working with the grain of Pakistan's power and politics.

This study suggests that at the heart of this approach is a consistent effort to link those on the front-line of EVA-BHN's work with those who have the skills and influence to raise their voice to duty-bearers. Over-time, this is leading to collaborations and alliances with the potential to reframe dominant understandings of the citizen-state relationship and is leading to an improvement in the services provided to citizens where these initiatives are successful. Should it be able to institutionalise its model, these citizens will be well placed to benefit from Pakistan's ongoing turn towards *democracy*.

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