



Citizens Engage *for* Change

Social Accountability for Better Public Services

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Omar Asghar Khan Foundation

Established in 1999, Omar Asghar Khan Foundation is creating opportunities for people, particularly the vulnerable, to collectively secure human and livelihood rights by strengthening their asset base and making Institutions and policies pro-poor. The foundation's field-based work is primarily in Khyber Pakhtunkhwa. Its advocacy has a national focus. The Foundation has offices in Islamabad and Abbottabad.

Citizens
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Change

Social Accountability for Better Public Services

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

Margaret Mead

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Acronyms

ANP	Awami National Party
BHU	Basic Health Unit
C&W	Communications & Works
CM	Chief Minister
CNIC	Computerized National Identity Card
DHO	District Health Officer
DHQ	District Headquarter (hospital)
EDO	Executive District Officer
ERRA	Earthquake Reconstruction & Rehabilitation Authority
HFA	Health Facility Assessment
KKH	Karakorum Highway
KP	Khyber Pakhtunkhwa
MPA	Member of Provincial Assembly
NGO	Non Governmental Organization
PC-1	Planning Commission-1 (a government project document)
P&D	Planning & Development
PTI	Pakistan Tehreek-e-Insaf
RHC	Rural Health Center
RTI	Right to Information
THQ	Tehsil Headquarter (hospital)
UC	Union Council
UHAP	Union Council Health Action Plan
VC	Village Council

1. Introduction

Citizens have a right to access quality basic services and participate in democratic processes. For over a decade Omar Asghar Khan Foundation is helping citizens to know and claim this right. It assists them to be more informed, skilled, organized and confident in engaging with elected and non-elected duty-bearers, to stimulate public demand, and, to put pressure on the government to deliver quality services.

The Foundation also helps strengthen the supply side of the governance equation by assisting public representatives and government officials to be more responsive to citizens.

The Foundation's strong commitment to equity is reflected in the priority it places on working with and for marginalized groups like the poor, women and the youth.

Since 2013 the Foundation has adapted and intensified its strategies in Khyber Pakhtunkhwa to benefit from opportunities for citizen-government interaction provided by the local government set up in 2015, and, by enabling laws like the Right to Information Act 2013 and the Right to Public Services Act 2014. Among the Foundation's repertoire of interventions is the promotion of citizen monitoring to increase downward accountability and responsiveness of public services to citizens, especially the more marginalized.

The Foundation designs and delivers tailor-made training for civil society organizations helping them to become familiar with social accountability and learn its different methodologies. It also assists trained civil society organizations in applying social accountability skills to monitor the government's performance and hold it to account. It helps citizens and duty-bearers better understand and benefit from the advantages of working together to achieve improved public service delivery and better development outcomes.



Using participatory methodologies to support citizen monitoring in some of the poorest areas of KP

This publication documents the Foundation's experiences of supporting social accountability in some of the poorest parts of Khyber Pakhtunkhwa's Hazara region -- in the districts of Kohistan, Battagram and Abbottabad. It presents five case studies on civil society engagement with government for improving healthcare and access to schools, and, reducing the isolation of the very poor living in remote mountains. The case studies, categorized by district, give details of how civil society organizations, assisted by the Foundation, identified public grievances, developed social accountability strategies, gathered valid data, and, engaged with the government to address their problems.

Beyond generating evidence-based demands for changing the conditions of public facilities, the case studies show how social accountability is making civil society organizations more vibrant and knowledgeable, capable of strategizing, analyzing and organizing. It is helping citizens become more familiar with their right to demand quality services and the responsibility of the government to deliver them. Citizens are more aware of ways to access information about government activities and decisions, the skills to evaluate their impact, and the will to engage in governance to change their lives.

2. Case studies on Social Accountability

District Kohistan

Three phenomenal mountain systems: Hindukush, Himalaya and the Karakorum meet in Kohistan, explaining its name which means the *land of mountains*. The magnificent River Indus meanders through the district's tough rocky terrain spread across 7,492 sq km¹. According to a 2011 assessment, Kohistan is the most deprived district of the province, with about 70 per cent of its population without adequate health, education and other facilities².

Behind these statistics are lives that are desperately poor. An estimated 470,000 people³, living in small villages scattered across imposing mountains, survive on minimal subsistence agriculture and off-farm uncertain income. Timber in the area has high profits but is controlled by just a handful. Many ancient tribal customs cause insecurity, worsened by more recent trends in militancy.

Chronic poverty in Kohistan is compounded by high vulnerability to natural disasters, which is escalating as climate changes unfold. Affected people have little time to cope before the next emergency strikes. The past ten years, or so, are illustrative. The area and its people suffered a devastating earthquake in 2005, militancy since 2007, massive floods in 2010 and another earthquake in 2015.

Women, children and the elderly are more vulnerable to this virulent mix of complex challenges. Severe restrictions on their mobility makes it hard for them to access the painfully limited essential services available, impoverishing them further.



¹ Pakistan Bureau of Statistics, (2006), Government of Pakistan

² Haroon Jamal, (2012), *Districts' Indices of Multiple Deprivations for Pakistan 2011*, Social Policy & Development Center

³ Pakistan Bureau of Statistics, (2006), Government of Pakistan



THQ complex in Pattan, January 2015

District Kohistan

Operationalizing a THQ *tracking budgets for equipment/staff & working with the media*

Kohistan has three Rural Health Centers (RHCs) and 37 Basic Health Units (BHUs). It does not have a District Headquarter Hospital (DHQ).

In 2007, the government constructed an imposing structure for a Tehsil Headquarter Hospital (THQ) which was to replace the small RHC in Tehsil Pattan. The Omar Asghar Khan Foundation came across this THQ in 2010 while it was providing relief assistance to people affected by the devastating floods that swept through Kohistan's valleys.



Inside the forsaken THQ

Women Medical Officer was not available at any of the surveyed RHCs.

Health Facility Assessment of District Kohistan
2012

The THQ complex was like an oasis in a parched desert. But its 100-bed capacity, operating theater, emergency care, and doctors' residence were hauntingly empty – there was no staff, equipment, medicines, furniture or essential utility connections. Signs of neglect were everywhere, except a shiny plaque on the entrance announcing its opening on 1st February 2007 by an MPA.



Plaque announcing the THQ's inaugural in 2007

The Foundation and its partners in Kohistan decided to push for operationalizing this oversized white elephant sprawled on the bank of River Indus. They started by tracking Khyber Pakhtunkhwa's budgets since FY2010-11 to assess if funds were provided for equipment and other requirements for a functional THQ.

Funds for THQ Pattan (P.R.s. in Millions)		
KP Budget FY	Allocation	Expenditure
2011-12	83.22	52.38
2012-13	21.33	-
2013-14	21.41	-
2014-15	21.41	-
2015-16	-	-
2016-17	62.15	TBC

The assessment confirmed that funds were allocated each year since FY2011-12 but remained unused apart from Rs.52.38 million spent in FY2011-12. The THQ remained forsaken. The local healthcare staff continued to function out of the RHC at Pattan. The case of Pattan's THQ was presented in public meetings, press conferences and in discussions with parliamentarians, political leaders and government officials. Trained local activists kept a watch on the THQ for signs of activity.



Citizens monitoring the incomplete THQ

Sustained public pressure prompted action. In 2015, the debris in the THQ was cleared, electrification was completed, and, the entire complex was cleaned and whitewashed. Yet, it remained non-functional, unequipped to serve people even when they desperately needed emergency assistance after an earthquake in October 2015 killed and injured many, and, a few months later incessant rains in early 2016 swept away homes and destroyed infrastructure.

The Foundation collaborated with Geo TV to project the miseries of the Kohistani people in its primetime TV show, Naya Pakistan, hosted by the popular Syed Talat Hussain. The show included a detailed report on the THQ, exposing the cruel irony presented by its bare rooms and whitewashed corridors at a time when the district's poor desperately needed healthcare. Shortly after the show was telecast in April 2016, local activists monitoring the THQ reported that the DHO visited the facility. And on 8 October 2016 – on the eleventh anniversary of the 2005 earthquake – Chief Minister Pervez Khattak inaugurated an equipped THQ.



CM Pervez Khattak inaugurating the THQ



Syed Talat Hussain, Naya Pakistan on Geo TV

Determined efforts of the people of Kohistan, supported by the Foundation, resulted in operationalizing the THQ, nine years after it was constructed. The analysis of Khyber Pakhtunkhwa's budgets provided data on unutilized allocations which supported public queries on the government's failure to equip and staff the THQ despite available public funds. Regular on-the-ground monitoring helped report activity, if any, at the facility level. The Foundation and its local partners used the evidence to engage a wide-range of stakeholders to push for government action to make the THQ functional. An important game-changer was the popular TV show that put the spotlight on the THQ at a time when rains had drawn public attention to Kohistan's deprivation.

It is uplifting to see the THQ finally operational, helping serve the healthcare needs of people in the province's poorest district. The sustained advocacy has paid off. But more work is needed as the THQ is still just partially functional. Local trained citizen groups in Kohistan, skilled and more confident after their initial success, are maintaining public pressure. Their demand for government action to make the THQ fully functional, echoes hope through the valleys of Kohistan.



District Kohistan

Reconstructing a road destroyed by the 2010 floods

using the RTI to access government documents

Kandia, one of Kohistan's 14 valleys, was severely affected by the catastrophic 2010 floods. Hundreds in the estimated 90km long valley fled their homes as the mighty Indus continued to swell, eventually leaving a watermark about 30 feet higher than normal levels. Many in Kandia were stranded as more than half of the 70km road connecting them with the Karakorum Highway was washed away.

As floodwaters began to recede, they clambered down the mountains in search of food. The first to provide them with relief assistance was Omar Asghar Khan Foundation. Its teams scaled the Babuser Top at 4,173m and crossed Chilas to reach Kandia as the regular route via Dasso was inaccessible due to bridges swept away by the floods. This was the beginning of an enduring partnership between the people of this very poor valley and the Foundation.



The Foundation's Ms. Rashida Dohad with Kandia's flood-affected people, 2010

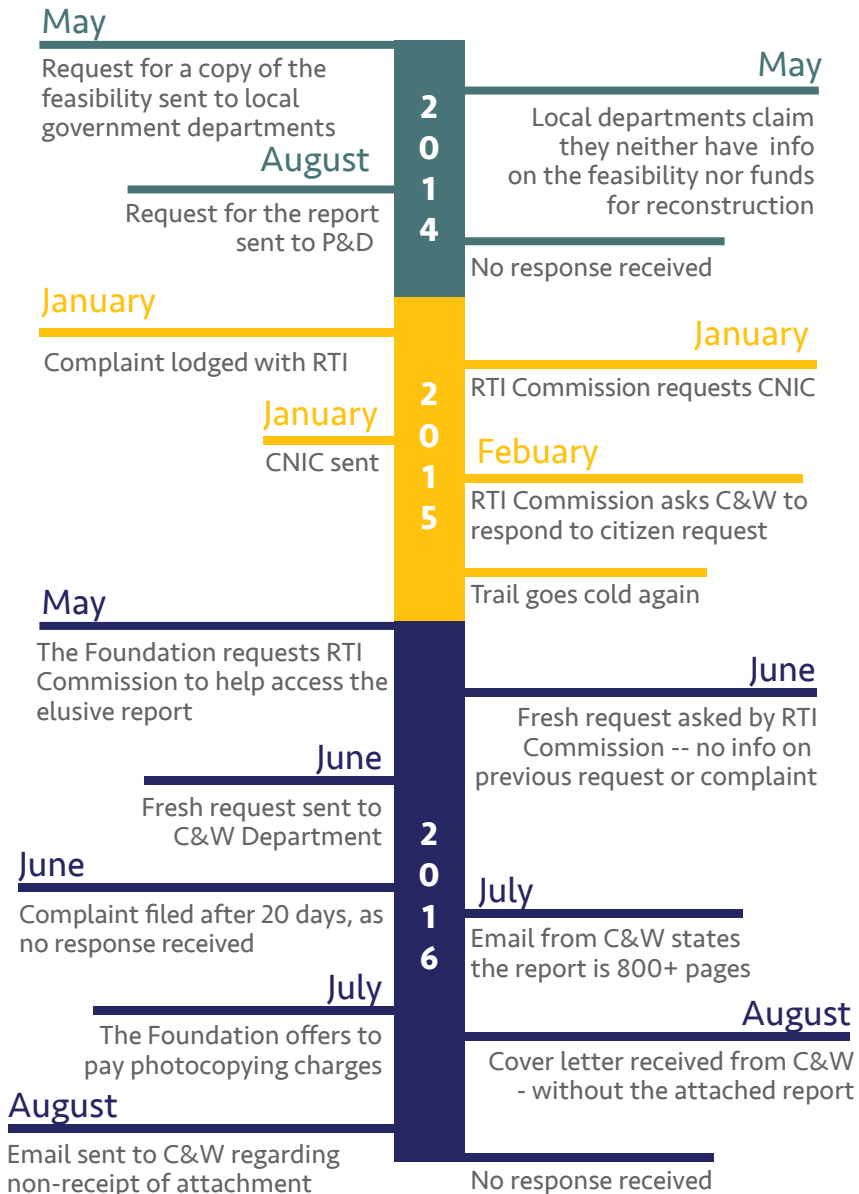


After the relief phase, the Foundation and its Kandia partners turned their attention to rehabilitation. Reconstructing the damaged Kandia road was given high priority as it links the valley's people to their lifeline: the Karakorum Highway or KKH as it is popularly known. Built in 1966 the KKH connects the mountainous people to food, jobs, and, healthcare. Working together, the Foundation and local people cleared and repaired the road, succeeding in making it jeepable. But its proper rehabilitation was required. The people in Kandia decided to build public demand for the reconstruction of their road.

In the first half of 2013 a series of consultative meetings were held in the valley. More people joined the campaign for the road. They contacted the local administration and also met with public representatives inquiring about government plans to rebuild the Kandia road. But they were not given a clear response.

The Foundation's analysis of Khyber Pakhtunkhwa's budget FY2011-12 identified Rs.4.3 million allocated for studying the feasibility of reconstructing the Kandia road. This amount appeared expended in FY2012-13. The analysis of subsequent budgets did not show any allocation for rebuilding the road. It became imperative to access and review the feasibility report and its recommendations.

On 31 October 2013 Khyber Pakhtunkhwa's Right to Information law was passed, giving unprecedented public access to government documents. The Foundation assisted its partners in Kohistan to use the RTI to access the feasibility report.



Khyber Pakhtunkhwa Right to Information



identify the info
you need



send a written request
clearly identifying the
information needed to the
relevant department



to show that you
are a citizen of
Pakistan include
a copy of your **CNIC**



complaints may be sent to
RTI Commission
Government of Khyber
Pakhtunkhwa
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6th Saddar Road
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People of Kohistan demand better government performance

The two-year chase was frustrating, but not completely futile. The feasibility report is still out of public reach. But the Foundation and its partners in Kohistan successfully kept a spotlight on the damaged road. They brought local people together to demand its reconstruction. They became more familiar with the RTI and its mechanism for accessing government documents, which they have used with better results to get other documents.

Local people connected by the advocacy for reconstructing the road are still working together. When rains in 2016 caused more damage to the Kandia road, they picked up their shovels and cleared it, refusing to remain isolated or affected by government inattention. They continue to use their social accountability knowledge and experience to knock on doors, to demand better government response on their need for road reconstruction and other facilities. They are engaging with the government on public hopes and fears stirred by the planned hydropower projects near Kandia, and discussing the possibility of making the rebuilding of their road a part of the construction work.

District Abbottabad



District Abbottabad

One of six districts of the Hazara region, Abbottabad is named after its founder Major James Abbott who served as Hazara's first Deputy Commissioner from 1849 to 1853. More than 80 per cent of its present population of about 880,000 lives in villages spread across 1,967 sq km of its picturesque, largely mountainous terrain. Its principal city, Abbottabad, at 1,256m above sea level and about 150km from Islamabad is a hub for large numbers of tourists from within and outside the country, especially in the summer⁵.

In 2010-11 Abbottabad's District Headquarter (DHQ) hospital, five Civil Hospitals, four Rural Health Centers (RHC) and 11 of its total 56 Basic Health Units (BHU) were surveyed as part of a health facility assessment (HFA). The HFA reviewed the availability, functioning, and quality of Khyber Pakhtunkhwa's public healthcare services, with a focus on maternal and child health.

The HFA found the facilities in Abbottabad were short on equipment; information on tracer drugs, supplies, vaccines and family planning items; and, inputs for infection control practices. It stated that buildings of all facilities required improvement and renovation⁷.



Ranking of facilities surveyed in KP's 25 districts placed Abbottabad's RHCs at 17, its BHUs at 20, its DHQ at 21 and at the bottom on 25 was its THQ

⁵ Pakistan Bureau of Statistics, (2006), Government of Pakistan

⁶ TRF-Technical Resource Facility, (2012), *Health Facility Assessment-District Abbottabad*, Government of KP



Abbottabad's DHQ (above) and the medical ward to be razed to the ground (left)

District Abbottabad

Improving tertiary-care facility

holding governments to account on their pledges

The DHQ in Abbottabad city serves as an important source of secondary-level healthcare for people from this district and also from its surrounding areas. A PC-1 (government document prepared for each project) to upgrade its facilities was approved in 2012 by the outgoing ANP (Awami National Party) government. Rs.242.56 million was its estimated cost, and it was expected to be completed by 2016.

In 2013 the PTI (Pakistan Tehreek-e-Insaf) government took office. In his first visit to Abbottabad in January 2014 Chief Minister Pervez Khattak promised to complete the DHQ's upgradation on a war footing. Similar public assurances were regularly echoed by senior ministers of his cabinet.

The Foundation's analysis of Khyber Pakhtunkhwa's budgets showed that funds for the upgradation were allocated in FY2013-14 and FY2014-15 but remained unused. In 2014, a government notification called for submitting a revised PC-1.

FY	Allocations
2013-14	Rs.5 million
2014-15	Rs.20 million
2015-16	Rs.30 million
2016-17	Rs.1,000

The new PC-1, approved in 2015, shows a decreased total estimated cost of Rs.231.58 million. Subsequently, Rs.30 million allocated in the province's budget for FY2015-16 was also not used.

Citizen monitoring of the DHQ confirms that despite budget allocations and two approved PC-1s, no work has started on the ground. The old medical ward which was to be razed to the ground continues to stand in the DHQ complex. The new building to be constructed in its place for accommodating additional facilities remains a plan on paper.

The budget information and other evidences were provided to local journalists following this project. They used it to question senior government representatives. While reassurances were continually given, the budget of FY2016-17 shows an embarrassing amount of Rs.1,000 for the upgradation.

This social accountability initiative has yielded important results. Public demands for fulfillment of promises made by the government are more strident. Citizen groups have gained valuable experience in evidence-based public advocacy. They better understand the importance of government documents like the PC-1 and are more familiar with ways of using the RTI law to access them. They have learnt how to track funds in provincial budgets -- allocated or expended for approved projects. They are working closely with the media and others, acknowledging the power of partnerships. They continue to pursue the DHQ's upgradation, determined to hold the government to account on its pledges.



Citizens making a difference

District Abbottabad

Upgrading rural healthcare *tracking budgets for equipment/staff & building political support*

The Rural Health Center in Lora⁷ serves people living in about 30 VCs (Village Councils) of District Abbottabad. It was inaugurated in 1963. Its upgradation to a D-Type Hospital was approved in 2008. But the upgradation was moving at a glacial pace.

Public demands for its prompt completion was included in the Union Council Health Action Plan (Uhap) made by local people with the Foundation's support in 2010-13. The Uhap is a citizen charter of demands for better healthcare defined and validated through iterative public consultations using data collected through:

- A public perception survey of government health facilities conducted in seven villages (267 female and 156 male respondents).
- Village health action plans (Vhaps) prepared in two villages using participatory dialogue techniques.
- Five oral testimonies conducted of women who had experienced obstetric emergencies.
- An assessment of allocations for health in Khyber Pakhtunkhwa's budgets for FY2011-12 and FY2012-13.

The Uhap was used to engage the government at the local level. Public demands for expediting the RHC's upgradation was communicated to the EDO Health and other government officials.



Discussing the Uhap with EDO Health in Abbottabad

By 2013 the construction work for the upgraded RHC was completed. But it was not yet functional as it needed additional equipment and staff. Continued public pressure was maintained. Between 2014-16, equipment and staff also gradually trickled in. The RHC is now a D-Type hospital.

Consistent citizen monitoring and engagement helped push the upgradation that was approved in 2008. Many contributed to this success, a key champion among them was Ms. Shiraz Iqbal.

⁷ Former Union Council which ceased to be an administrative unit in 2013 after the passage of KP's Local Government Act 2013



Ms. Shiraz Iqbal – lead role in pursuing the upgradation of Lora's RHC

Ms. Shiraz Iqbal was born on 10 March 1948 in District Abbottabad's rural area of Lora. She is an inspiring political activist. "Politics and public service are in my genes," she explains. Her father was a benevolent chief of their clan. In the 1960s, under President Ayub's basic democracies, he was elected the Chair of District Abbottabad (which at the time also included present-day Haripur and Mansehra). As a young girl, Ms. Iqbal, was

fascinated by the way her father listened and tried to resolve people's problems, giving priority to the poor. She was particularly moved by the conditions of poor women, and assisted them in dealing with the challenges they faced.

Ms. Iqbal was encouraged by her father to get educated, and became the first female graduate of the area. She was interested in becoming a lawyer, but decided against it as there were very few female practicing lawyers at the time. After marriage, she was actively involved in her husband's politics. He was associated with Tehreek-e-Istiqlal. She gave her counsel and helped reach women in different constituencies. Ms. Iqbal has also inspired her children's interest in public service.

Since 2002 Ms. Iqbal is helping organize people, especially women, in several union councils, often traveling long distances to reach rural communities living in the mountains. During 2010-13 she was actively involved in the Union Council Health Action Plan – a process of data gathering and public validation which resulted in a charter of demands for better healthcare. "The Uhap process was very interesting, especially the way it included all local organizations," she said. She played a leadership role in using the Uhap to engage the government. "The RHC's doctor was surprised and grateful when we shared a copy of the PC-1 with him. He had not seen it before and was not aware of the government's plans for its upgradation," she recalled.

In 2012 she joined the Pakistan Tehreek-e-Insaf and was elected a member of Abbottabad's District Council in August 2015. Due to her efforts for improving public healthcare through the Uhap, it was suggested that she become a member of the District Health Committee. She accepted. As a Councilor she monitored the RHC's upgradation, and continues to liaise closely with its staff. She proposed funds for the RHC's water supply and boundary wall in the district budget and is pursuing the need for additional staff.

District Battagram

Reconstructing schools destroyed by the 2005 earthquake

sustained advocacy with multiple stakeholders

The devastating 2005 earthquake unleashed unimaginable miseries on the people of Khyber Pakhtunkhwa's Hazara region and the Azad Jammu & Kashmir. Images of anguished survivors, crumbled buildings, and destroyed infrastructure were snapshots of lives, families and homes that changed forever.



Omar Asghar Khan Foundation was one of the many civil society organizations that promptly came forward with relief support. It continued to work with affected communities in longer-term rehabilitation. Direct assistance was provided to help rebuild houses and repair water supply and other infrastructure. The Foundation and its local civil society partners also consistently engaged with decision makers on policies and budgets for rehabilitation and monitored the pace of reconstructing public facilities providing healthcare and education.

About 6,000 schools were destroyed by the 2005 earthquake⁸. Most surviving but damaged school buildings were torn down with the promise to *build back better*: a slogan used by the Earthquake Reconstruction & Rehabilitation Authority (ERRA) established in 2005 by the Musharraf government to coordinate rehabilitation.

On-the-ground monitoring by the Foundation and its partners over ten years since the 2005 earthquake shows that many schools function out of makeshift structures. Among them is the primary school in Village Kolay of District Battagram.

People of Village Kolay claim a tender for reconstructing the school was issued around 2007 and four walls were erected in 2009. Nothing has happened since. Abandoned, the incomplete structure is used as a cattle pen. A tiny pre-fabricated box was given as a temporary school structure. Small and suffocating it is equally spurned by students and teachers, who prefer to hold classes under open skies.



Incomplete school of Village Kolay

⁸ ERRA & IASC Country Team, (2006), ERRA-UN Early Recovery Plan, UN System in Pakistan & Government of Pakistan

In 2013 citizen groups in Battagram, with the Foundation's support, decided to build demand for completing the reconstruction of this school. A series of meetings were held with the local administration, other NGOs and the media. More civil society organizations joined in as the fate of Village Kolay's school is not dissimilar to many others in Battagram and beyond. This is validated by data from ERRA which confirms that 2,873 schools were rebuilt between 2005-14, i.e., less than half of the total 5,701 schools to be rebuilt.

The data on sluggish school reconstruction was used by the Foundation and its partners to consistently demand government attention on the plight of school-going children in areas devastated by the 2005 earthquake.



In 2014, the Government of Khyber Pakhtunkhwa responded by allocating Rs.3.7 billion for reconstructing 760 schools. In March 2016 the provincial government prominently advertised its decision to increase the allocated amount to Rs.8 billion. These actions are commendable.



However, in two years, FY2014-15 and FY2015-16, the provincial government has only expended Rs.174.57 million or just 4.7 per cent of funds for reconstruction.

Data from ERRA shows that 2,884 out of a total 5,723 schools have been rebuilt as of September 2016. Between February 2015 to September 2016, only 34 schools were rebuilt. At this pace it would take another 125 years for completing the reconstruction of the remaining 2,839 schools.

The data on school reconstruction is distressing. But there is another, more hopeful, flip side. Beginning soon after the 2005 earthquake that brought death and destruction at a scale not experienced before in this region, the Foundation assisted survivors to pick up the pieces of their shattered lives. It helped organize them into citizen groups and coalitions to rebuild their homes and lives. They engaged with policy makers, shared their hardships, and demanded better government support. Among their early successes were policy changes that relaxed conditionalities in accessing subsidy for reconstructing houses. There was also longer term impact as the government shifted to cash grants for supporting people affected by subsequent disasters.

The civil society groups in Battagram and other parts of the earthquake-affected area were part of these inspiring strides and successes. Connected, they are using social accountability skills to continue demanding government actions on the reconstruction of schools and other public facilities destroyed or damaged by the 2005 earthquake.

Conclusions

These social accountability experiences are snapshots of citizens engaging in governance and asserting their rights. They are important milestones in a longer journey of strengthening democracy in Pakistan. Their successes at the facility level are impressive. The THQ in Pattan is operational, nine years after it was constructed. The RHC in Lora is now a D-Type hospital, eight years after its upgradation was approved. The provincial government in Khyber Pakhtunkhwa is allocating funds for reconstructing schools affected by the 2005 earthquake. The DHQ in Abbottabad and the Kandia road is still pursued by civil society organizations.

Beyond these outcomes, there are other equally important results. Citizen agency has increased as strategic, analytical and organizational capacities of civil society organizations improved. Citizen monitoring skills were learnt and applied to gather and effectively use information to hold the government to account. The principles of accountability were popularized, slowly overcoming resistant attitudes of impunity. There was more engagement between citizens and duty-bearers, improving relationships and beginning to reverse pervasive mistrust. Other stakeholders were identified, solidarity enhanced and linkages strengthened. Governments were more accountable to citizens in delivering services and making public finance decisions.

Some key lessons were also drawn. Effective problem analysis is the lynchpin to successful social accountability. Inappropriate emphasis on data collection tools, without identifying the information needed can be time-consuming, expensive and futile. Expecting changes despite persuasive data can at times lead to frustration. Patience and persistence are indispensable. Linking with allies is as important as dealing with opposition. Numbers can often mean more safety and greater chance of success. And, timing is everything.

Building on these experiences and the lessons they generated, Omar Asghar Khan Foundation continues to work with civil society partners and duty-bearers, helping citizens engage for change.



