

**Whose Public Action?  
Analysing Inter-sectoral Collaboration for Service  
Delivery**

**Pakistan Health Case Study:  
Punjab Rural Support Programme's (PRSP's) Take  
Over of Government BHUs**

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# 1. Introduction

This report attempts to provide an understanding of the evolution and nature of the relationship between PRSP and the Ministry of Health Punjab, to improve access to basic health facilities in the rural areas of Pakistan. The report attempts to identify the key factors shaping the relationship and whether and how the relationship has influenced the working or agendas of the participating organisations.

## 1.1 Methodology

The information and analysis provided in this report is based on documentary evidence, in-depth interviews with staff within the NSP and the relevant government agencies and the observation of the realities witnessed during the fieldwork conducted with the NSP and the relevant state agencies during November 2006 to September 2007. The report also draws upon analysis of the evolution of the state-NSP relationship in Pakistan and the programme analysis for each sector conducted during stage 2 of this research project. Drawing on those reports was important to identify the over all conditioning factors shaping the relationship under study.

In developing an account of the conditioning factors the report draws upon government policy documents, Five Year Development Plans, interviews with prominent civil society members who have seen the NSPs evolve, academics, and senior officials within the ministry of education, health, and social welfare. The analysis also drew upon the country strategy plans of the multilateral and bilateral donors based in Islamabad to understand their role in the evolution of state and NSP relations in Pakistan. Most of these interviews were conducted during stage 2 of the research project. At the first stage of the fieldwork, the obvious players within each sector were identified. These in particular included the government, the leading NGOs working within education, health, and water and sanitation, and international donor community. Interviews were initially conducted with the main focal point/ ministry spokesmen within each ministry to help identify those government programmes within which there are some obvious relationships with the NSPs. These exploratory interviews were followed up with in-depth interviews with the heads or senior officials of the relevant programmes. Interviews were also conducted with many NSP providers in all the three sectors especially those, which are involved in some form of relationship with the state in service provision. Some big NSPs, with a national or regional presence, which were not involved in a relationship with the state, were also interviewed to get a critical perspective on the partnership programmes. At the same time, interviews were conducted with sector specialists in leading development agencies, including the multilateral and bilateral organizations like the World Bank and DFID.

This was in recognition of the fact that the government development plans and sector strategy papers, as well as initial interviews with the government and non-profit providers, made it clear very early on that the international donor agencies

were often key players behind initiation of many of these partnerships. The international literature on partnerships had also suggested the likelihood of finding a strong donor influence on the- ‘partnerships’ being a key objective of the millennium development goals. Reports of independent research think-tanks on each of the three sectors were also consulted. Where possible, a few seminars and conferences on the related subjected were attended. For example, the Second South Asian Conference on Sanitation (SACOSAN) provided a valuable opportunity to identify the programmes within water and sanitation and to verify the information gathered from different sources. Similarly, a workshop organised by an INGO in Islamabad with leading education NGOs from across the country was utilised to help identify the various types of relationships/programmes that exist among them and the state in the provision of education services. The country strategy plans of the bigger donors were also consulted. All these stages of the fieldwork helped identify the broader conditioning factors shaping state-NSP relations in each sector and the key programmes and prominent cases to pursue for in-depth investigation.

The next stage of the fieldwork focused specifically on the chosen case-study. During the time spent on the specific case, it was felt important to get perspective of not just the leadership of the NSP and the government departments but also those of the middle and field level staff and of any actors in the wider network who influence the relationship. Thus, in addition to the NSP leaders, staff members, and government officials, interviews were also conducted with the community and the representatives of the NGO networks if they had a role in the shaping of the relationship.

Since prior to zooming in on one case study, an exploratory fieldwork was conducted with two NSPs included the one under study, at few places this report has also drawn upon the experiences of the second case where it is felt that the experience of the second case helps highlight the importance of a specific factor shaping the relationship. In case of health, the second case was PRSP BHU project in Lodhran— thus dealing with similar issues. In section 4 of the report, which deals with factors shaping the relationship, some evidence of factors coming out of PRSP Faisalabad (the selected case study) experience are further supported by their existence even in case of PRSP Lodhran.<sup>1</sup>

## **1.2 Selection of PRSP BHU Model (Faisalabad)**

Out of three potential programmes for study within the health sector (HIV/AIDS, Malaria programme, and handing of management of BHUs to PRSP) the HIV/AIDS and BHUs programmes were found to be more complex and relevant. HIV/AIDS programme had a longer history as a programme of partnership as it drew on experiences of NGOs and government since early 1990s and NGOs have been key players in this sector from the start. The downside, however, was that the

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<sup>1</sup> The authors of the final papers might not want to draw upon the supporting evidence from the other case, but since we have this information, I am putting it here as I feel it helps strengthen the argument in some cases.

donor agencies had a big role in shaping it and the actual contracts were very clear cut where the NGOs acted simply as contractors to the government. Against this the BHUs offered a more challenging relationship, where an NGO had to get work done through government staff.

Also, BHUs affect a much larger segment of the population than the HIV/AIDS programme which is focused primarily on high-risk groups. Another argument for focusing on BHUs was that, given that the World Bank is promoting this model as a success case internationally, its independent analysis will be of interest to a broader audience. Also, given that the federal government had pledged to replicate the model across the country at the time of the start of this research, it was felt the project is prominent enough to deserve rigorous analysis. And finally, focusing on BHUs helped maintain a common programme across the three focus countries, given that Bangladesh did not seem to have much happening within HIV/AIDS prevention work.

Within the BHUs programme, the next selection criterion was the district on which to focus as PRSP was operating the BHU model in 11 districts at the time of the fieldwork. Based on interviews, for the scoping stage it was decided to focus on the districts of Faisalabad and Lodhran for exploratory analysis. The reason for focusing on Faisalabad was that it was recommended by the RSP Network as a successful example. Also, Faisalabad district included the largest number of BHUs out of all the districts and it was one of the older programmes. The reason for selecting Lodhran as the other case was that it was one of the relatively recent programmes. At the same time, Lodhran was the place where the idea was implemented for the first time in 1999 by NRSP's take over of three BHUs and is the home town of Jehangir Tareen, the political force behind this programme. The Faisalabad programme involves 168 BHUs, 68 Zila Council Dispensaries, 3 Unani Centres, and 6 MCA centers as opposed to only 58 BHUs in Lodhran. PRSP BHUs programme in Faisalabad thus became the focus of this research project.

## **2. Organizational profile, vision and conditioning factors**

### **2.1 PRSP today**

The Punjab Rural Support Programme (PRSP) is a government established NGO and is Punjab government's very own parastatal organization. It is part of a country-wide network of ten Rural Support Programmes (RSPs), which are now supported the Rural Support Programmes Network (RSPN) established in 2001— a strategic platform for the RSPs, providing them with capacity building support and assisting them in policy advocacy and donor linkages. The semi-government status of the RSPs assures them all the advantages of the private sector without the disadvantages believed to be sometimes attached to the public sector operations (PRSP 2006).

The basic thrust of RSPs model, including PRSP is on mobilizing poor communities (mainly but not exclusively rural) to improve management and delivery of basic service. Currently the RSPs have a presence in 93 of the country's 140 districts, stretching from the mountainous north to the central plains and down to the southern coastline, including the tribal areas. The RSPs collectively have a membership of 1.2 million rural households.

The Punjab Rural Support Programme (PRSP) was established in 1998 with the shared philosophy of RSPs that places maximum emphasis on harnessing people's potential to get their needs. PRSP helps foster a network of grassroots level organizations to enable rural communities to reflect, plan, implement and manage activities and programs for productive employment and optimising use of local resources. An important part of the community mobilization process is to help identify genuine activists within the community, who can then play an active role in forming village organizations to address public needs in different sectors. The main areas of work include: Primary Schooling, Physical Infrastructure Schemes, Income generation through micro-credit and training programmes, and basic health. PRSP also encouraging saving habits within the community: between 1998-2001, communities had saved a total of Rs 71 million.

Since its inception, PRSP has grown steadily in all social sectors but it got immense attention from 2003 onwards due to its involvement with the Basic Health Units programme in Pakistan. In Pakistan's primary health care system BHUs are the First Level Healthcare Facilities. In the 35 Districts of Punjab, there are 2456 BHUs. Each BHU is established upon approximately 2 acres of land and comprises a Healthcare block, an MO's residence, and 5 residences for the paramedic and auxiliary staff. The BHUs are, however, generally non-functional.

Starting from 2003, PRSP took over the management of BHUs in the district of Rahim Yar Khan in southern Punjab introducing a new model of governance. The basic features of this model were supposed to draw upon NRSP Lodhran experience; however, the PRSP programme implemented a modified version of it and has been continuously improvising on it. According to the PRSP model, one doctor is sufficient to operate three BHUs provided he is local, adequately paid, and mobile. The model argues that people are willing to pay for quality medicines if made available at a BHU. A revolving drug fund of \$1725 was created to give patients the options to buy quality medicines or to use government provided drugs (World Bank 2006b). The profits from the drug fund are utilized to cater for the needs of the poorest of the poor. This model evolved because during the community mobilization meetings PRSP' staff realized that the communities rarely used the BHUs because the doctor is either not present or intermittently available and due to the supply of poor quality medicines at the BHUs.

In March 2003, an agreement was signed between the District Government of RYK and the PRSP. Before execution the essential framework of the Agreement was thoroughly vetted by the Health, Finance, Local Government and Law Departments of the Provincial Government. After RYK (agreement dated

11/3/2003), PRSP has extended to 11 other districts including Faisalabad (agreement dated 05/08/2004) and Lodhran (6/05/2005). The programme normally took up to 6-9 months to come effectively on ground following conclusion of an agreement depending on the state of local opposition and support (PRSP 2006). PRSP was not to put in any extra money in the running of the BHUs. All costs are being met by the government budget. PRSP was only bearing the administrative cost of the management team it has put together.

All initial signs were that the programme had been a tremendous success. After replication began within Punjab under the banner of Chief Minister's Initiative for Primary Healthcare (CMIFHC), the federal government in principal agreed to replicate the model across the country handing over all the BHUs to RSPs under the President's Initiative. An external evaluation of the programme in Rahim Yar Khan district sponsored by the World Bank also showed very positive results. It showed that the utilisation of BHU facilities had increased substantially since the handing of the BHUs in Rahim Yar Khan to PRSP. It records that the numbers of outpatients increased by 200 percent; and about 83 percent of those who had visited for treatment both before and after the recent reorganization of the BHUs responded that they now found a significant improvement in their health services (World Bank 2006b). The World Bank has been quoting the Rahim Yar Khan experience as a model of success in its international briefs (World Bank 2006a).

In terms of actual management structure, PRSP maintains its head office in Lahore and had district offices in the districts where it operates. In case of BHUs programme, a separate unit was established at the head office level as well as the district level with an independent team to manage the BHUs programme. This was a later expansions developed only after the start of the programme demonstrated to the PRSP central management that it will require so much time and energy of the PRSP head to manage it would make the other programme suffer.

In case of the government on the other hand, health sector has a federal level ministry, which means that it has a three-tiered governance system. At the top level is the federal government office structure in Islamabad, then comes the provincial head quarter at the provincial capital, and finally the district government, which is based at the district level. For this programme, the relevant authorities were at the province and district level. The provincial government had to give an overall approval for this programme at a policy level. However, the actual decision as to whether or not a given district of Punjab went for this programme rested with the district nazim. Only he had the authority to give PRSP the approval to work in the given district. In terms of actual implementation also the bureaucracy at district government level was more critical to the programme than the provincial level. The PRSP officials were mainly accountable to the district government officials (explained more in the section of contract).

## **2.2 Government structure**

Prior to 2001, the delivery of health services was the responsibility of the provincial

governments. The provinces provided these services by posting staff at the district and sub-district levels. Medical staff reported to the Director General-Health's (DG-Health) Office through various Directors (Health). With the passage of the Local Government Ordinance in 2001, health was almost entirely devolved to the District Governments, with the exception of the large teaching hospitals (with attached medical or dental colleges), which remained under the direct control of the provincial government. At present, control over medical staff is exercised both by DG-Health at the provincial level and by the Executive District Officer-Health (EDO- Health) at the district level. The provincial Health Department is headed by the Minister of Health, who operates through an executive body headed by the Secretary-Health.

Within the Ministry of Health, the main interests represented are those of the elected representative and the bureaucrats. The bureaucracy is responsible for the actual administration of the delivery of the service, while the elected representatives are more responsible for the over all policy and planning. The two at times have differing interests as the elected elite often thinks in terms of policy which will get it popular support, while the bureaucracy which has the real power to implement the programme is often also concerned with how the policy is going to impact their own power and authority.

## **2.3 The factors that condition the organizations**

### **2.3.1 Conditioning factors for the state**

The working of the various tiers of the Ministry of Health is constrained by numerous factors. The state infrastructure in terms of offices, vehicles and running costs for fieldtrips is much bleaker than what is available to the PRSP staff especially at the lower ranks. The overall incentive structure to deliver the goals is thus much more conducive for the NSP as opposed to the state agencies. Further, it is important to understand the conditioning factors that led to devolution as they have relevance to opening up of space for PRSP and other NGOs to work with the district government—the level at which ITA has most extensive partnerships. The government claims it to be sign of its commitment to genuine reform and establishing an accountable system of governance. The motive of the state are, however, much more complex and need to be recorded as they then influence the functioning and achievements of the district governments. The first important point is that all military governments in Pakistan have sought legitimacy by attempting to establish local government but they have not had the intention to actually devolve power. Thus, despite the devolution, the power remains concentrated at the centre. In 1959 Field Marshall Ayub Khan passed the Basic Democracies Order for Local Government reforms, devolving representation to the village level; in 1979, Zia ul Haq promulgated the Local Government Ordinance to activate local governments.

The current devolution programme has been viewed by many as a means to win international legitimacy for the military regime of General Musharraf as donor

agencies operating in Pakistan were now emphasising the need for devolution, a trend being followed internationally. Decentralization was seen critical to the macro-level reforms including poverty reduction strategy and all the donor agencies invested heavily into and thereby developed high stakes in ensuring its success. The active involvement of donor agencies with the devolution plan meant that the NGOs in turn came to have great influence and stakes in devolution process as senior NGO leaders were appointed as experts for designing devolution plans and were also given large contracts to train the district government manpower and also to deliver projects at the district level in association with the local government officials. At the same time, for politicians devolution became a means through which to gain public support and establishing development projects at the newly formed district government level became a way of winning public credibility. Such an environment provided political figures like Jehangir Tareen an opportunity to push forward the BHU reform idea, which bore promise of having a visible impact on the ground.

### **2.3.2 Conditioning factors for PRSP**

The following factors have played important role in the shaping of PRSP.

#### ***Opportunities within the policy environment***

The 1990s saw continued proliferation of NSPs, with increased availability of development aid being channeled through them. It is also in the 1990s that the first attempt at establishing a formal relationship between the state and NSPs in delivery of basic social services across education, health and water and sanitation was witnessed under the Social Action Programme (SAP). Initiated in 1992 at a cost of \$7.7 billion, SAP became the main social sector reform initiative in Pakistan for the 1990s (SPDC 1997; 2000). Though the Government of Pakistan provided 76% of the funds, the international donor community had a great say in shaping the project primarily because all the key multilateral and bi-lateral donors formed a consortium to pool their funds through this programme. It was made a condition within SAP design that a certain portion of social service delivery must be ensured through NSPs. The emphasis on involving NSPs was largely normative where the idea was to involve NSPs in order to ensure accountability and community participation. In reality, SAP, unlike the current programmes, did not recognise the private for-profit sector as a partner (SPDC 1997; 2000). NGOs were also treated with mistrust where they were engaged under contractual rules set by government with little adaptation for the NGOs' orientation, policies and interests.

This growing emphasis on engaging with the NGOs under the donor influence seems to have played some part in the emergence of the Rural Support Programmes (RSPs) in the nineties. Inspired by the success of AKRSP, a project of the Aga Khan Foundation in the Northern Areas of Pakistan, the government of the time sought to emulate the programme by creating a National Rural Support Programme plus four provincial Rural Support Programmes, with the help of grants from multilateral and bilateral donor agencies. It can be argued that part of motivation



for setting up the RSPs was to balance out growing influence of NGOs by setting up these semi-autonomous structures.

The governments of Nawaz Sharif (whose younger brother picked up the idea of establishing RSPs after being impressed by the AKRSP model) as well as Benazir had expressed concerns about the rising influence of NGOs and their relative unaccountability to the public. Also the NSPs could be seen to threaten the constituencies of the politicians through their development work in that area. In 1996, the government proposed a law regarding registration and working of non-profit organisations (PCP 2002). An NGO Bill was proposed, which was resisted by the NGOs, many of whom came together to form the Pakistan NGO Forum (PNF). The Bill was eventually not pushed through due to multiple factors including the change in government. However, all this shows that the broader policy environment and the relationship between democratically elected governments and NGOs had an important role to play in the rise of PRSP: in other words RSPs were from the very beginning an attempt by the state to regain some of the ground that it was losing to NGOs under the pressure of the international donor community.

### *Organisational philosophy and staffing*

Given the nature of the organization where it was established by the state as a professional outfit to deliver projects, the main interests represented within the organization are those of ex-bureaucrats who sit in many important positions, the development professional including some foreign nationals recruited because of their development related research expertise and the local field level staff. Since community mobilization is integral to the working of RSP network, community interests are also to some extent reflected within the organization. In case of the BHU unit, again the main interest group was the public servants who came to PRSP on secondment to administer the project. This has shaped the organisational cultural on very professional lines and formal processes of work and accountability unlike the OPP where the relationship is very informal.

### *Finances*

PRSP was established with an endowment grant of Rs 500 million from the Punjab government. The Board of Directors decided to invest this grant and the operational cost of PRSP is being met from the profit on this investment. In addition, like other RSPs PRSP constantly bids for projects and grants from international development agencies. DFID, IDRC, USAID, World Bank-Japan Social Development Fund are examples of some of the donors who work with the RSPs. Due to the core funding being from the government and the fact that many major donors prefer to work with RSPs rather than smaller NGOs due to its larger scale and outreach and better links with the government officials, PRSP is able to have an independence in setting its agenda despite working closely with the major international donors.

## **2.4 What the organizations propose to do: their vision of public action**

For PRSP vision of public action revolves around mobilising communities for self-help. According to PRSP's documents: "PRSP's mission shall be best achieved through groups, building their capacity to explore, create and grasp opportunities for the alleviation of poverty. PRSP mission for the rural poor shall be best achieved only with counselling, advocacy, technical assistance provided by a specialized organisation till such time that the poor acquire the capacity of creating and using the opportunities without such support". PRSP also refers to itself as a 'support organization' that helps the community reach its potential. The public action is thus viewed to be a combination of a professional organization unleashing community potential through mobilization and technical training. In taking up the BHUs programme, however, PRSP was stepping beyond this vision of public action as it was moving into direct management of government facilities, which was not part of its original mission. There was a recognition of this within the PRSP that it is stepping beyond its original vision but it as discussed later it seems that the opportunity was irresistible because it provided a good way to meet the end objective of improving poor communities' access to better health facilities in the rural areas.

From the government side, it is not clear whether there was ever a clear vision of public action behind this move. The project was pushed by the Chief Minister of Punjab because it was believed that the state sector is being inefficient and PRSP with its semi-government and semi-private status would be able to introduce new management culture within the BHUs. Thus, it seems that on the part of the Chief Minister effective public action requires bringing in business culture work trends into the state working. However, it is clear that the bureaucracy within the Ministry of Health on the whole was not keen on this project from the start till the end and thus for them public action by NSPs is best done in providing supporting role to the bureaucracy rather than taking on the role of the government servants.

## **2.5 Origin of the vision and motives for action**

PRSP came into being as part of the rural support development programme developed by the government. The inspiration for it developed from the Aga Khan Rural Support Programme in the Northern Areas. The motives behind its establishment were apparently the prime minister's positive impressions about the AKRSP impact in improving services to the poor in rural communities. However, other NGOs are more critical of the entire RSP network because they view it as state encroachment into the NGO space. In particular, NGOs, even the big ones like ITA, are critical of the RSPs' ability to attract large donor funds. From the donors perspective some of the attractions of the RSP system are very clear: it has a huge scale, has a past record of delivering to certain standards, and has access to government machinery due to being a GONGO which an ordinary NGO does not have. The leadership within RSP network is not in hand of some founder figure rather the top officials are normally ex-bureaucrats and the Board of Directors includes government secretaries. Shoaib Sultan, the main figure behind AKRSP model is also the chairman of the RSP network and thus commands great influence

across the RSP network. Thus the leadership of PRSP is professionally recruited and is motivated by employment incentives of good pay, a comfortable working environment, and the professional sense of pride, which is developed by being associated with a successful development project.

For the Chief Minister on the other hand, apparently the motive for initiating the project was his concern for providing better health facilities to the public but it is clear that the move was clearly linked to his political aspirations and the vote bank politics (discussed in section 3).

### **3. The Partnership: Nature and Conditioning Factors**

Under this model, the government provides the financial resources; the PRSP provides the management skills and personnel. The government continued to shoulder the financial cost of running the BHUs and transferred the government annual budget for BHUs to PRSP and also gave it complete freedom to utilise the budget as it saw fit. This paid for the salaries of the staff, medicine, and all cost of running the BHUs. The only financial cost borne by PRSP was the salaries of the management staff (5-6 employees) it employed in each district to run the programme.

#### **3.1 Organizations and their agendas: the conditioning factors**

Along with education, primary health has been a priority area in all of Pakistan's Five Year Development Plans. However, the share of the government's budgetary allocation to health is much lower than to education, but more than to water and sanitation. At the same time, the number of non-profit NSPs within health is lower (4.5 per cent of the total non-profit organizations in Pakistan, compared with 8.5 per cent working within primary education) (Ghaus-Pasha et. al. 2002). The health sector in Pakistan currently provides many interesting cases of public-private partnership. The currently prominent programmes are three: Transferring Management of Basic Health Units to Rural Support Programmes, National AIDS Programme, and National TB Control Programme (MoH 2004). In terms of tracing the history of state and NSP relations within health, all documents and interviews suggest that within the health sector, an active effort towards engaging NSPs in health services really developed only under the SAP, which made community participation a central component of state service delivery across all three sectors. Prior to that there were interactions and collaborations between state and some NSP providers working within health, but it is difficult to identify a programme as most were ad hoc developments. The most prominent example of NSP and state relations within the health sector is focused on the Family Planning Association of Pakistan (FPAP). FPAP is a relatively unique kind of NGO, which historically had a close link with government programmes and was involved in their implementation prior to the SAP period. Therefore, FPAP cannot be taken to represent a typical programme of NSP-State collaboration. It is more an independent case. Other examples of loose and independent state and NSP relations also exist prior to the introduction of SAP, i.e., before the 1990s. However, a conscious effort to enter into relations with NSPs in health service delivery only started under SAP; since then it has become more formalized under the current push towards 'public-private partnership' which is one of the core components of the reform strategy of the current government.

In terms of the PRSP taking over of BHUs, the Local Government Ordinance 2001, which led to devolution of power and establishment of district government along with donor push to try new experiments at the district level seems to have acted as an important conditioning factor. The devolution process due to active

backing of the donors led to launching of many development projects to strengthen the capacity of the local government as both the donors and the government want to prove it a success. This environment also created incentives for political elite to undertake innovative projects in their constituencies to influence their future vote bank. This atmosphere seems to have played some incentives in making Jahangir Tareen (the Advisor to Chief Minister Punjab, currently federal minister), his brother in law (who was the Nazim of Rahim Yar Khan— the first district where PRSP implemented the model) and the Chief Minister of Punjab at that time back PRSP in taking over the BHUs.

The other conditioning factor was the complete failure of the Ministry of Health to run the BHUs despite the fact that Pakistan has an extensive network of publicly operated health facilities in the rural and urban areas. There are about 3,060 BHUs in Punjab but only 16 percent of the rural population visited them and in 2002 they saw only 22 patients per day (or about .33 visit per capita per year, which is quite low by global standards) (World Bank, 2006). The dismal performance at these facilities and the public demand for better health facilities were fundamental to opening up of space for PRSP to intervene.

## **4. Factors shaping the relationship**

### **4.1 Formation of the relationship**

The history of this partnership goes all the way back to August 1999 when NRSP took over three Basic Health Units (BHUs) from the Government of Punjab. Under this model, three BHUs were given under one medical officer engaged at a much higher salary than what this position was formally paid. Also, a ‘revolving fund’ of Rs 100,000 was created with private resources for maintaining a store of high quality medicines. Patients had the option of purchasing medicines from this store or receiving free medicines that are supplied by the government. The fund revolved as many as 22 times during 36 months thus showing a strong public preference for quality medicines. The turn out of patients at the three BHUs also registered a quantum increase during the NRSP management (PRSP 2006).

However, the model really developed in detail in Rahim Yar Khan (RYK) under PRSP. Similar experiences have supposedly existed in eight other countries, which have been documented by the World Bank. On initiation of Jahangir Tareen, a presentation was made to the Chief Minister Punjab in January 2003 where he was apprised of the RYK District Nazim’s proposition to handover the management of all the 104 BHUs in RYK. Jahangir Tareen was at that time Chairman of Task Force of the Punjab Government for the Agriculture Sector. Later in 2003, he was an MNA from Rahim Yar Khan and an Advisor to the Chief Minister Punjab on “New Initiatives in the Social Sector.” Now the Federal Minister for Industries, Production and Special Initiatives, Jahangir Tareen persuaded PRSP to take over the BHUs in Rahim Yar Khan. The District Nazim of RYK at this time was his brother in law.

It is well documented that Jahangir Khan Tareen - at that time Chairman of the Task Force of the Punjab Government for the Agriculture sector, and later (2003), the MNA for Rahim Yar Khan and an Advisor to the Chief Minister of the Punjab on 'New Initiatives in the Social Sectors'— has played a critical role in the success of the Rahim Yar Khan project. Now the Federal Minister for Industries, Production and Special Initiatives, it was Mr Tareen who asked PRSP to undertake this pilot in RYK. After a presentation to the Chief Minister of the Punjab in January 2003, PRSP made a proposal to take over the management of all the 104 BHUs in that District. The details of initial replications in 11 districts of Punjab are as follows:

2003: Chakwal, Vehari,

2004: Lahore, Faisalabad, Sahiwal,

2005: Kasur, Mianwali, Toba Tek Singh, Hafizabad, Lodhran, Pakpattan.

## **4.2 Staffing**

In terms of the employees working in the BHUs there are three types of employees 1) permanent govt employees 2) contracted govt employees and 3) PRSP directly employed.

PRSP BHU management has the following levels:

Headoffice level & senior staff at district level

Board of Directors

Chief Executive Officer

Chief Operating Officer

District Support Manager

Deputy District Support Manager

Office Establishment

Within the district government the relevant officials for this programme are:

District Nazim

District Coordination Officer

EDO Health

District Officer Health

Deputy District Officer Health

District Account Officer

EDO Finance and Planning

The staff within BHUs is as follows:

Medical Officer

Female Medical Officer

Medical Technician

Dispenser

Lady Health Visitor (LHV)/ Midwife

Naib Qasid (Tea boy)  
Mali (Gardener)  
Sanitary worker

Giving good incentives to BHUs staff to make them work more effectively was an important part of the strategy of PRSP. Therefore, the significant feature of the original package of reforms introduced by PRSP was that the doctor's salary would be raised from 12,000 rupees per month to 30,000. Government paramedics were also given an extra R300 per month top up. Health workers were given incentives in terms of better working conditions and ensuring smooth supply of drugs, which made their work much more effective. At the same time, PRSP introduced very strict monitoring mechanism. The District Support Manager paid regular visits to the BHUs. These visits were random. Plus telephones were installed in the BHUs to check staff attendance on the phone. Thus, the staff policy at the BHU level involved giving good monetary incentives but combining them with strict monitoring mechanism.

In addition there has been emphasis on building a team spirit and developing personal trust. According to Nasim Sadiq, District Support Manager, PRSP Faisalabad, 'In mobilizing the team, it has been very important that we are not taking it as a government project. It is a personal ambition and we have created a family atmosphere. Creating this kind of an environment depends on a skilful manager. I have 20 years experience as a manager. Dr Irshad (Assistant District Support Manager) has 15 years. I have worked as a District Controller and Assistant Commissioner. This personal experience and exposure is very important in building trust and credibility.'

He further added that leadership matters a lot in such programmes. 'It is important for the leader to be clear about what has to be done and also he has to have the strength to support his subordinates in facing any challenges,' he added. He explained that he was currently chasing at Lahore office level the request of one of my Medical Officers to change the cleaner because he has not been turning up for work. The district government had failed to take action despite repeated reminders but Nasim Sadiq was keen to ensure that the case is followed at the top level so that the Medical Officer feels reassured that he has support within the system to implement the rightful decisions.

As for the top management including Nasim Sadiq, who were government bureaucrats currently on secondment from the government, good salary, and an opportunity to be associated with a project which is known to be successful within the government and development circles were quoted as the two main motives for opting to work with this project. As to the dilemma of why the public servants on secondment should run the system efficiently when they are unable to do so while in the state system, the repeated explanation was the red tapism with the state system. Raja Mansur, one of the senior managers at PRSP Lahore explained it like this: 'I think we are working better within this system because of number of reasons. The first factor is higher job satisfaction as we can see the work having an

impact. Then there is also financial motivation as we are getting paid better in these positions than on our prior position. But, the most important factor is that there is no red-tapism that we have to suffer within the government system. This really slows things down and takes away the initiative of officers within the government system.’ He explained how yesterday he was told that they need to purchase fresh beds before the arrival of the chief minister in a specific area. In the government system it would have been impossible to get these new beds in time as for every big purchase the government officials first have to give an advertisement for tenders and then select the supplier. Here at PRSP he was able to approve the purchase the same day. He also argued that the PRSP management ensured that they get the best candidates. They were very careful in selection of candidates and all candidates were selected with involvement of the government officials.

### **4.3 Purposes and motives for the relationship**

The purpose of the relationship was to reform the management of government basic health units so that the community is able to gain access to better health facilities. In case of PRSP, the primary motive for taking up this project despite the fact that it meant moving beyond its area of normal activity appears to be the desire to influence a project, which can have a big impact. As Tania Khan, Social Sector Specialist with RSP Network explained: ‘It was a very demanding programme to set up as it was not part of the routine PRSP work. PRSP works with mobilization of communities and implements integrated rural development projects, it does not have anything to do with BHUs. It was just a management model that we developed. Farooq Haroon had to spend so much time on it that other programmes suffered. So we had to establish a separate unit for the Basic Health Units.’

From the interviews with PRSP top leadership, it appears they were driven by the professional urge to demonstrate a model of excellence when they were being given special access. The realisation that this access was special is visible in the statement on the PRSP website which while elaborating the PRSP BHU model adds: ‘It was named the ‘Chief Minister’s Initiative’ to recognize the patronage it received in generous measures. The name also acknowledged that far from flowering in twelve Districts, it would not have found feet in even one if the Chief Minister of Punjab had not been perceived at its patron.’ Thus, from the PRSP side, the primary motive seemed to be to take up a special opportunity being provided to demonstrate its professional competence and to meet its end objective of making state facilities cater to public needs.

For the Chief Minister on the other hand, apparently the motive for initiating the project was his concern for providing better health facilities to the public but it is clear that the move was clearly linked to his political aspirations and the vote bank politics. He appreciated the positive publicity that the project brought him. The programme was actually called the ‘Chief Minister’s Initiative for Primary Healthcare.’ Further, his political aspirations behind supporting this project also became clear when viewed against the shift he took towards this project. He had backed this project on recommendation of his advisor, Jehangir Tareen. When the



latter himself developed aspirations for federal ministership and started to rival the Chief Minister, the Chief Minister lost all support for the project, which he thought would bring more political mileage for Jehnagir Tareen than him, given that Jehangir Tareen's name was closely associated with the project in the field. Thus, political aspirations of the Chief Minister seem to be a critical factor in shaping the decision of the government to engage with PRSP.

#### **4.4 Individuals and factors shaping the relationship**

Under this partnership, the BHUs in selected districts were handed over to PRSP, which was also transferred the entire government budget for running them. PRSP was able to improve attendance of staff, patient turnout, infrastructure, supply of medicines dramatically within the same budget. The PRSP District Support Manager became the overall in charge of the BHUs coordinating with the Executive District Officer (EDO) Health, and other relevant district officials when required. As a routine, monthly meetings were also held with the relevant district level staff.

PRSP takeover and running of BHUs required interaction between PRSP and the bureaucracy of the health department at both the provincial and the district level. The decision to allow PRSP to take over BHUs in a given district was made at the District Nazim level and also the resources were shifted from the district government to PRSP thus making it the most critical level of interaction. However, the PRSP District Managers had to stay in contact also with the provincial government for many issues of hiring, release of funds, and transfer of staff.

##### *Networks*

For these roles, PRSP was clear from the beginning that it requires public servants to run the programme. Raja Mansur, a senior manager at PRSP BHU office in Lahore, who is himself a public servant with the Punjab government currently on three-year secondment to PRSP, was of the view that prior experience in the government sector of the top officials recruited to run the programme is critical for the programme success.

He added, 'The private sector person will have no idea of how the government system works; he would have no idea of the government rules. For example, he won't even know how the government budget works or what are the inventory rules. To successfully maneuver within the government system, PRSP has as a policy recruited public-servants to head the programme at district as well as the head office level.' He further elaborates: 'The support of the Chief Minister was important in getting the government to transfer BHUs to PRSP but even more important was the involvement of some senior bureaucrats. Without their help even the minister could not have gone very far. The private sector person cannot enter the secretariat.' Here he went on to appreciate the role of Farooq Haroon, a senior former bureaucrat who played a critical role in successful design of this programme. 'He was able to negotiate with the Secretariat Finance, to give PRSP

one line budget. This meant that PRSP was given the authority to breakdown the budget among different heads as it wanted. This has been critical for the success of the project as this way PRSP had the flexibility to move the budget from one head to another according to need. Normally, the government budget is tied to specific heads and this makes it impossible to shift funds around according to need.'

The District Support Officer and the Assistant District Support Officer (the two top positions at PRSP District office) in Faisalabad were also from the public service currently on secondment to PRSP. They were of the view that their prior knowledge of the public sector is critical for the success of this programme. There seemed to be two benefits of this: knowledge of the government system and prior contacts within the system. Dr Irshad added, Assistant District Support Officer, added: 'Our prior networks in the government are very important. The people in the government offices know us. Some of them were our colleagues or batch mates. So they listen to us. Also, we know how the system works so we know who to approach and how for any specific issue. Personal credibility of our District Support Officer has been very important. Naseem Sadiq has held important positions within the government in Faisalabad. He was also the Assistant Commission and most importantly he had very good reputation. So when people know that he is the one who is heading the PRSP programme, they are more willing to engage with the initiative.'

The exploratory fieldwork in Lodhran district had highlighted the importance of this issue. Employing public servants to head the PRSP programme has been critical to its success even in Lodhran. Mr Amanullah Khan, District Support Officer, Lodhran/Vehari Division, was also a public servant currently on deputation to PRSP for three years. He also highlighted that knowing the government system has multiple benefits: 'The file work, the audits, the financial system, all of this has a specific language in the government system that an individual from the private sector is not familiar with. Being from the public service one knows how these things work and what are the challenges. Therefore, one is better placed to engage with the system and avoid the hurdles. Also, being from the public service means that many of your own colleagues and batch mates are currently in the District government. Therefore, they give you due respect and facilitate the working of the programme. In my case, they also know that I can later be back in this area at a senior government position where they might be reporting to me so they won't challenge me.'

Finally, in analyzing the factors shaping the relationship, it is also important to remember the role of the special status of PRSP where it is an NSP which is actually established by the government. This semi-government status was critical in it getting the access to BHUs. Jehangir Tareen himself was sitting on its board. Also as Mr Haroon, the bureaucrat who led the programme within PRSP explains: 'No, it was not difficult to get the government officials to agree to our demands be it the demand to give us one line budget or for other things. It was a matter of supporting a government's own non-governmental programme. Representatives of government sit on the RSPs boards. Out of 10 members, 3 are serving government

secretaries. So they knew exactly what was happening within the PRSP. So there was a comfort level.'

Shandana Khan, Chief Executive, RSP Network similarly argued: 'The reason government likes to work with RSPs is that we are more familiar with the government systems. In particular, we have seconded staff from the government. We know the system better and are better able to change it from within than other NGOs. Another important attraction of RSPs for the government is that we have the scale. An ordinary NGO goes and asks for one district. This does not impress the government. We can take up a large number of districts thus making it easier for the government to work with us.'

Thus, PRSP semi-government status definitely was critical in gaining its initial access. This issue was also highlighted by most other senior officials within PRSP. However, the same officials also noted that the biggest challenge to the programme remained the bureaucracy: thus highlighting that while PRSP is part of the government, the interests of it and those of the government bureaucrats sitting in official position do not necessarily match. As Mr Haroon added: 'The biggest challenge to the programme was the civil service. The lower you go the problem becomes more difficult. It is a very simple issue of turf. There is an issue of financial control as well as authority. It has been a very painful process. Devolution was never a problem. The elected people were never a problem.'

### *Credit sharing*

The PRSP management was also very clear that for the success of the project it is important to let the government officials take credit of the programme. Mr Sadiq explained: 'In winning support of the nazim it is important to let him take credit for the work. We always appreciate the nazim in the public for allowing us to do this work. Transfers of government officials is the most important tool for political reward or punishment. Under the current system, the nazim exercises this power, which is an important tool for him to build political leverage. Therefore, the initial resistance is normally because of this fear to lose the power to dictate transfers. But, at the same time the nazims can see the political mileage they will get within the public if they own up the project and take credit for it.'

The importance of this issue was also voiced in Lodhran. Mr Amanullah Khan was very clear that it is very important that PRSP does not try to take the credit for this project especially since Jehangir Tareen who got PRSP involved in BHUs is from Lodhran so people can be inclined to think that through PRSP he will try to take credit for this work. He explained: 'We have therefore been very cautious and have always told the public that it is actually the nazim who has to be credited for this programme as without his approval the programme would not have been implemented in this district. This approach has worked very well. We also avoid all media publicity highlighting PRSP rather in any such activity we always highlight the nazim. This way we also get to satisfy their psyche.'

### *Consultative management structure*

The programme also shows that it is important to make the bureaucracy feel that they are being consulted. Dr Ishrad explained during the interviews how they involve the district level bureaucracy actively in staff selection. Senior district level officials are requested to sit on the interview panel of any appointment to be made by PRSP within the BHUs. Interviews are conducted in their offices. He explains that the reason for keeping them involved was that then they become more willing to cooperate with the PRSP appointed staff. The PRSP officials also are conscious of consulting the BHU staff. As Nasim Sadiq explained: 'Anyone who is not consulted his ego is hurt. Therefore, from the beginning I have tried to involve all the staff and have consulted each and everyone.'

It appears that part of the successful partnership rests on the fact that PRSP has identified other means to motivate the staff within the BHUs. Mohammad Asif, social mobilizer PRSP, explained, 'There has certainly been resistance from the staff at BHUs. Some have also quitted. However, many others have come around to cooperate with us. What we have found is that if you respond to their needs, these people are willing to cooperate. The medical officers and the other staff now get their salaries on time. They don't have to come here to collect their salaries we get them delivered to them. We have found that if we address their needs, they are also very responsive.'

Another factor that seems to have helped motivate the field staff is to involve them in the decisions and to take their views seriously. Mr Sadiq explained that one of the Medical Officers in a BHU had a complaint about a cleaner who was constantly absent. He asked for him to be fired but even after eight months the district government was not willing to terminate the services of this cleaner. However, the Medical Officer was adamant that he won't have this person back as it sets a bad example for the rest of the staff. Mr Sadiq was therefore following up the case with PRSP Lahore office so that it is taken up with the provincial government. 'Therefore, the smooth working of vertical chain of command within the PRSP system is very important in making this system work. It means that I do my best to accommodate the needs of the Medical Officer who heads the BHUs, and in turn my supervisor in Lahore does the best to follow up issues that I request him to prioritize,' he adds.

At the same time, however, there is heavy emphasis on monitoring to ensure high performance within the staff. All PRSP management is clear that in the success of this model, excessive monitoring has played a critical role. The district managers at each district level spend three to four hours on monitoring visits every day of the week. 'Surprise checks and field visits are critical. We are out at 8.15 am every day and don't come back to office till 4pm. That is why our office work really starts in the afternoon and we sit till late evening. On the average I cover 200 km per day,' explained Dr Irshad.

The management at PRSP Lodhran was also very clear about the need to keep the staff motivated. Mr Amanullah added, 'We invest in staff training. We have a

monthly review meeting with the Medical Officers. We organize a lecture by a leading medical authority as part of this meeting. We also have capacity building sessions for other staff members including LHVs.’ He added that the other ways to motivate the staff were to trust them and give them some authority. Under PRSP system, the Medical Officers were given authority to undertake expenditure up to Rs100 to Rs150 without prior permission and for which they are reimbursed automatically. This helps execute many immediate decisions whereas under the government system they cannot purchase anything without prior approval. This authority has also been argued to give them a sense of respect, which improves their moral.

But, like Faisalabad it appeared that even in Lodhran monitoring is critical for ensuring that the staff delivers in the BHUs. Rehan Zafar, Executive Monitoring Officer explained that he had to spend most of my time in the field. He added: ‘Monitoring is very important as without this the BHU staff can revert to their own practices quite easily. However, we hope that with time the community support groups will become very active and would be able to act as monitors even if PRSP has to withdraw.’

As part of the monitoring, PRSP management looks at staff attendance, observe the patient turn out, develop a detailed system to monitor the stocking of medicine inventory in each BHU.

### *Community participation*

PRSP case also shows that community involvement is also critical for the success of this model. As part of the PRSP reform programme, it established a community support group that consists of members from within the community. The PRSP social mobilizers who normally have masters in social science were made responsible for mobilizing the community and forming the community support group. This group also aims to include the nazim of the area and other active members of the village who can collectively act as monitors on the BHUs staff. The group meets once a month at the BHU to discuss the progress and activities of the BHU. The members of this group also visit the BHU randomly to check staff attendance.

The process of involving the community was not that easy in the beginning but people within the community say improvements within the BHUs they came around and started to take active interest. Mohammad Asif, one of the social mobilizers added, ‘The women in particular start to take active interest in the BHU improvement programme as they are the ones who benefit the most from it. They then don’t have to dependent on their men folk to take them to doctors.’ He further explained that under the PRSP model, the social mobilizers don’t have to actively engage with the Nazim or senior district officer. However, they do come to the monthly group meetings. ‘We invite them but they also come willingly on their own initiative because it helps them demonstrate their interest in public welfare,’ he added.

Even in Lodhran, it appeared that community involvement is very important for long-term sustainability of the project. Mr Amanullah explained that the community support group involves the local landlords, the molvi (clergy), and other local people and is supposed to meet every week at the BHU to oversee its working. There is often a turn out of over 50 people at these group meetings. These meetings are met to monitor the working of the BHUs and to plan future activities for example school visits or plans for medical camps in remote areas. There are 25 members in the community support group. In the BHU visited, these included social worker, zamidar, teacher, student, lady councilor, hair-dresser, and shop keeper. One of the key reasons for involving the community is that if PRSP withdraws, the community will have to take on the role of the monitor if the model is to continue successfully.

### *Constant innovation*

Also important to the progress of the project was constant analysis and innovation. The model had started with three BHUs to one doctor. However, now realizing that this is not being very effective so then PRSP moved to one doctor per two BHUs. Then noticing the special needs of the female patients, in December 2004 PRSP Faisalabad introduced the position of Female Medical Officer in the BHUs to facilitate the access of these services for women.

## **4.5 Formal factors shaping the relationship**

The partnership was based from the beginning on a formal contract. The development of the first MOU stretched over two to three months but mostly for technical reasons rather than due to severe differences on how the partnership should be formed. Even in the end the MOU is not as specialized a document or very stringent in laying down the dos and don'ts. As Raja Mansur explained, it is basically always the same agreement used in all the different districts that have been contracted to PRSP. Originally the agreement was prepared by PRSP and given to government, they sent it to the law dept and the finance dept and finally it was approved by the Chief Minister. There have been some minor changes to it and some districts have varied things slightly.

As for the details of this standard contract, it only covered the basic issues. The five page contract which was signed by the District Coordination Officer (DCO, the highest appointed bureaucrat at the district government level) and the Chief Executive Officer of PRSP had seven heads: Role of District Government, Role of PRSP, Staff recruitment and management, finance and audit, commencement and duration, removal of difficulties, and arbitration. In the district government section, the emphasis was of listing the transfer of funds and authority to PRSP, in the PRSP section, the emphasis was on highlighting its obligation to run smooth running of the BHUs. It also clearly stated: "The PRSP shall be authorized to allocate and reallocate to the staff appointed, posted or assigned at the BHUs such function and responsibilities as it considers most appropriate for the best delivery of the services which are or can be expected to be provide at the BHUs," (page, 3). The section on staff further clarified that supervisory control of the government

staff at the BHUs was also to be entirely with the PRSP. In addition, PRSP was allowed to engage additional staff, which was to be governed by PRSP's contract.

The finance section, made it clear that PRSP was not to charge any fee for the performance of its management function. PRSP was also instructed to render accounts of the management operation to the District Government Finance department within a period of three month after the conclusion of each financial year. As for the duration, the contract was signed for five years. Interestingly, the contract also asked for an independent third party assessment of the BHUs against indices mutually agreed by both the parties at the end of the first year of the management arrangement. The continuance of the project after the first year would dependent on the result of this evaluation. Both parties had the right to terminate the contract. In case of the District Government the right was to be exercised if its felt that the 'object of the Agreement is not being adequately achieved or that the PRSP is acting in contravention of this agreement.' PRSP on the other hand was also free to terminate the contract after a Notice to the District Government.

As for removal of difficulties and arbitration one a couple of lines were devoted to these two sections basically asked for solution of any problem in a reasonable manner. District Coordination Officer and an authorized representative of PRSP were to negotiate in such a case. In case of need for arbitration, a 'Sole Arbitrator' was to be appointed who was mutually acceptable to both parties.

However, the contract was just one document guiding the relationship, in addition there were careful negotiations at each and every step by the public servants on both sides. As Farooq Haroon, senior former bureaucrat who led the PRSP BHUs' programme from the start, explained: 'We were very precise about each and every step of the interaction so that there is no misunderstanding. For example, we asked the government to give us a one line budget (i.e., giving PRSP the flexibility to divide it into subheads) but we also made it clear that they should also give us details of how they have divided the budget under different heads because only then can PRSP staff examine whether the budget was less or more than the requirement.'

## **5. The relationship in practice**

### **5.1 The relationship in practice: day-to-day routines and critical incidents**

Field visits conducted for this research as well as other reviews of the PRSP take over of BHUs give ample evidence that the performance at the BHUs improved dramatically under the PRSP management. However, while PRSP was clearly extremely effective in achieving the desired reforms within the BHUs, it was not so effective in cultivating a genuine relationship with the district or provincial government. By the time of the last round of interviews in the summer of 2007, the decision to terminate the project had already been announced and PRSP in all the 11 districts of operation were being asked to hand the BHUs back to the

government before the end of 2007. This meant that in many districts the programme was being terminated even before completing its promised five year period as the replications in most province had only taken place from 2004 onwards.

In March 2007, the Chief Minister Punjab had announced that the project should be closed and PRSP should hand back the BHUs to the government before the end of the year. There is no formal process of transfer where PRSP staff would hand over to the government in any systematic way. The Punjab Health Sector Reform team that is going to take over the BHUs argues that the need for formal handover is not there as the lessons learnt from the model are clear and have already been absorbed by the Ministry of Health. However, it is clear that many integral components of the PRSP model which made it successful are not being adopted: for example, the strict monitoring system and the complex medicine inventory system developed by PRSP, which has been critical to the success of the programme. The Programme is however right now being replicated in other provinces but the RSP in those provinces are not getting involved in the actual implementation; they are just being used to channel the funds so that they can be used in a flexible manner, the actual work is being done by a unit established within the Ministry of Industries and Special Initiatives led by Jehangir Tareen.

In order to see the difference between what was stated in the contract and what happened in reality, this section of the report first captures the expressions of the community and BHUs staff about the effectiveness of the programme. Then it captures the views of the government officials about the programme as it helps see how they saw the relationship as opposed to what PRSP claimed. Then it documents the level and type of interaction witnessed between the NSP and government officials. And, finally, it tries to explore some critical points that help highlight the key dimensions of the relationship in practice.

#### **5.1.1 Views of BHUs' patients and staff**

In Faisalabad as well as in Lodhran district, visits to the BHUs left a very positive impression, as the BHUs visited were most all filled with patients who seemed well looked after. The facilities within the BHUs (the infrastructure, the stock of medicine, the building structure, and staff attendance) all seemed very impressive.

Interviews with the patients as well as the staff further verified these initial impressions. The Medical officer in one BHU said: "PRSP astonished us," we have oxygen, nebulisers, glaucomatous, and diabetes drugs. He explained that this is equipment that they would normally expect only to see at district level health facility. His view was that the utilisation has doubled and patients come here because there is medicine. 'It is only the same budget but PRSP makes sure it is spent in the right place. They got rid of corruption and ensure that there are the right types of medicine. They monitor by visits four or five times in a month, and with a punctuality register and by recording referrals,' he added.



In the other BHU, the Medical Officer added: “ we feel different, less helpless because there is medicine.” His view was that patients visit more because they get good medicine (there are 93 different drugs available in each BHU). There are glucometers and nebulisers. He added that if this PRSP programme continues it will be good.

The patient feedback was equally positive. They argued that the service is much better now and the medicine is good. In words of one female patient: ‘The doctors are good and see us properly; the medicine is good; the staff members have a very good Akhlaq (conduct/mannerism); and, the cleanliness is much better now. We can see the improvement and the patient turn out is increasing because when we do go back to the village we tell others to come and visit this facility too.

### 5.1.2 Government feedback

During the interviews feedback of the government officials was however not so rosy. There would all normally admit that the performance has improved but not that giving management over to PRSP is the best way of sustaining this. There were also two interesting differences within the responses from the government side. One, the elected representatives were clearly more supporting of the project than the bureaucracy; two the senior bureaucrats were expressive of their concerns than the junior staff. However, it was clear that across the bureaucratic hierarchy genuine support for the project was thin.

Interview with Dr Mohammad Amjad, Additional Project Director, Punjab Health Sector Reform Programme<sup>2</sup>, who is based in the Lahore secretariat of the provincial government and is an important figure in shaping the Health Sector Reform Programme that is taking back BHUs from PRSP reflected this attitude. Confirming that they are taking the BHUs back from PRSP ideally before the end of 2007, he added: ‘We have learnt some lessons from PRSP. Their monitoring system was better. This has brought great improvement in the presence of staff at the BHUs. They have developed a good medicine supply system. But, they also had special advantages. They were allowed to spend money differently and did not have to abide by all the government regulations. They were thus able to give the medical officers at the BHUs the right to immediate purchase of items within a set price. Government systems cannot be run in the long term on these special privileges.’ He was also on the view that morale of the staff at the BHUs has been very low under the PRSP management and ‘they keep sending us letters.’

He further argues that PRSP has not been able to integrate the vertical health programmes with the BHUs like polio drops, HIV/AIDS awareness programme, etc. ‘But, the biggest problem under this model has been that this has promoted a quack culture as the doctor is only available at the BHU for three days in a week; the rest of the days the BHU is run by the dispenser, which has promoted the quack culture,’ he argued.

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<sup>2</sup> The Health Sector Reform Programme started in 2004. In the first year only data was collected and the programme was actually implemented from 2006.

He argued that in their programme, they are not only increasing the salary for doctors, they are also providing one doctor per BHU, which means that the doctor is available through out the week. He was thus on the whole critical of PRSP intervention not willing to fully acknowledge the level of transformation brought by PRSP or give it sufficient credit for it.

Similarly, attitude rather more explicitly hostile was also witnessed at the lower tiers of district government. Dr Khalid Mehmood, Deputy District Officer, Jarawala, who was sitting with the secretary of the Executive District Office Health, Faisalabad, when I went for a visit to district offices was very vocal in his critique: His view was that NGOs should be bringing in additional budget into the partnership. 'In case of PRSP partnership, however, it is strange that the budget is also ours and the building is also ours. What is PRSP investing into this partnership is not clear,' he argued. He went on to say that PRSP says that under the government system, the doctors did not turn up for more than two to three days in the week. But, under the PRSP when one doctor is taking care of three BHUs, it means that for 22 days in the week, the BHU is without a doctor. 'So how is the system better under PRSP? The doctor goes to a BHU only for 2 days per week. Further, if he falls sick on those two days then there wont be a doctor in that BHU for the whole week,' he added.

He was also critical of the wrong signal the special incentives given under this programme to the doctors were having for the over all government health management system. He argued that when you are giving a salary of Rs 30,000/= plus salary to the doctors at the BHUs while the doctors in the District hospitals and higher government positions are getting less then how can this system be viable and practical. Criticizing the public servants who had joined PRSP on secondment, he further added, 'When you send a government employee on deputation, he takes his Rs 20,000 plus he draws an additional Rs 80,000 so of course he is going to be happy and would defend the project that he is working on within the private sector.'

Mr Zahid, secretary to EDO Health in whose office we were sitting was agreeing with this critical in an equally vocal manner. He add: 'PRSP is Jahangir Tareen's NGO. These people embezzle funds collectively. These people are taking aid money in millions of rupees. Take a copy of their budget to see how much have they themselves invested in this programme and you won't see any investment.' The collective concern of both these respondents was that the District Government officials had been taken out of the scene altogether. Dr Zahid added: 'They have given so much power to these non-technical people. The government doctors cannot purchase a pencil without approval but under PRSP the doctor can spend up to Rs1000 without prior approval. Then these people invite the doctors for meetings and give them good lunches. The district officer has no budget at all for entertainment so how can he offer such lunches at these meetings.'

His view was that ideally what should have happened was that PRSP should have taken over some of the malfunctioning BHUs to work on them to develop models for improvement. They should not have been handed over the entire system. He was, however, confident that the system has failed and the government is clear that it is going to take back the BHUs (this interview was conducted prior to the announcement by the Chief Minister about the termination of the programme). This shows that the consensus on taking the BHUs back from PRSP existed prior to the final announcement by the Chief Minister or one can argue even from the very outset of the programme.

Having argued this, it is also important to note that some senior district level officials were actually quite approving of the project. But, it is difficult to know whether they really meant it or preferred to play it cool given that they internally knew that they don't have to worry about it as it is going to be terminated anyway. Dr Mohammad Javaid, EDO Health, Faisalabad (whose secretary quoted above was actually very vocal in his critique, who had come in this position only a year ago maintained that 'I think they are doing very good work.' He argued that the main issue is with monitoring. He maintained that they have a very strict monitoring system, which has made a big difference.

He was of the view that people have had problem with the programme because of course there is more check on people under this programme 'so they are bound to complain.' 'Also, the mechanisms for corruption have been checked so people who were engaged in these things want the system to go,' he added.

He however argued that he was personally very impressed with the work they have done. 'I will give them 60 to 80 per cent marks. Their supervision is very good.' Like others he also felt that the main reason for difference was that PRSP have not had to face the red tapism that government officials are required to follow. He narrated the case of a lady doctor he had appointed that did not come for thirty days but for four months there was no case against her due to the bureaucratic hurdles.

In his view, another factor that had helped PRSP was they had the liberty to hire doctors from Sindh or other provinces. 'We have a shortage of male doctors in Faisalabad. In the Faisalabad Medical College there were 170 female and only 70 male graduates last year. This is a big problem as most girls do not practice and most are not willing to move to rural positions. So for us it is difficult to fill the positions as we can only hire doctors or employees who have a Punjab domicile while PRSP was free to recruit from anywhere,' he explained.

He further highlighted that the government staff can end up for months without electricity because the bill has not been paid for some technical reason. Similarly, he pointed at the difference in facilities available to government staff: the grade 19 officer is responsible for monitoring but no facilities are provided for the monitoring costs.

He also pointed that the method of working of the government system is also different. 'If I have to do for monitoring visit tomorrow, someone from my office will already inform the area people and there will be 100 per cent attendance when I visit,' he explained.

Tariq Sarder, Executive District Officer for Finance and Planning, was similarly quite positive about PRSP. He argued that all indicators show improvement: doctor attendance at clinics has improved, utilisation has gone up by five or six fold, drugs are available and user satisfaction has increased.

As opposed to a mix of vocal criticism and caution remarks from the bureaucracy, the elected representatives had a much more positive view about the project. But, the elected representative also had less direct interaction with the project. Mr Abdul Waheed, Assistant District Nazim Faisalabad, was very positive: 'We feel that PRSP has really improved the services in the BHUs. In my view the characteristics of the District Support Manager are very important in success of this project and it is not necessary that the programme will be a success in every district. In Faisalabad, they have chosen a very competent public servant to head the programme. Naseem Sadiq is a very good manager. Also, he has a good reputation for his work in government.'

He further added that normally in the government system the transfer of government officials is one important way of political patronage. As a consequence often wrong decisions take place in this context. He was of the view that under the PRSP, this system has become free of threats of politically maneuvered transfers. He noted that PRSP has also recruited many young doctors from Sindh to work in Faisalabad and these doctors are giving much better performance. 'So, I feel that the system has improved under PRSP management,' he concluded.

Rana Zahid, Nazim Faisalabad, the highest elected authority within district government was similarly very positive. In his words: 'There is no doubt that PRSP is running the system much better. The conditions of BHUs have improved markedly under their presence..... I want this programme to be extended.' When asked that why then he is not trying to get the project extended, he replied that when the provincial government will ask for his opinion he will ask them to extend the programme. He said that he knows PRSP's performance because he personally visit the units too. Also, he has deputy councillors who are in the field and give him feedback. He noted that he also gets reviews from media representatives. More importantly, he noted: 'As an elected representative I have contacts within the public and they give me feedback. Everyone has been very happy with this programme.'

### **5.1.3 Level of interactions**

In terms of day-to-day interactions, from field visits it appears that the interaction was close to as negotiated in the contract. The PRSP District Support Manager exercised the main authority over management of the BHUs. He did however stay in regular contact with the all the relevant district government officials, including

Executive District Officer (EDO), Health (the top bureaucrat within health department at the district government) and EDO Finance. PRSP office was located within the district government building and according to EDO Finance was treated just like other government departments. The PRSP District Support Manager was also expected to sit in the monthly meeting of all the district government departments. In addition, the PRSP management approached the concerned government officials informally whenever required: for example the finance department officials were often approached to discuss budgetary allocation, demands for increased funds, etc. Also, EDO Health was regularly visited to keep him informed about the developments within the BHUs and to follow up issues related to government staff salaries, terminations, etc. with him. Thus, it seems that PRSP had good access to government officials and PRSP was also very careful in meeting all the reporting requirements. However, from the government officials' side, while the access was clearly provided, there is little evidence that there was a genuine desire to engage with PRSP.

#### **5.1.4 Critical incidents**

In terms of critical incidents that might help highlight the shaping of this relationship, there are no specific examples at the district government level that emerge from the field visits or interviews. Rather all the critical points of this relationship are linked to political shifts of the individual who negotiated this access for PRSP. PRSP was able to get access to BHUs in Rahim Yar Khan and then replicate it when Jehangir Tareen was on good terms with the Chief Minister. When he lost favour of the Chief Minister the project also lost support within the government. The seemingly lack of any significant critical incidents at the district level in shaping the relationship shows how the relationship never really developed at that level. The district government simply followed the order from the top without any genuine desire to do so.

### **5.2. Who dominates the relationship?**

As has been argued above it appears that for the duration of the relationship, PRSP dominated the relationship, as it was able to get maximum access to BHUs and maximum concessions to reform the system.

#### **5.2.1 Changes in the relationship: disputes and turning points**

As argued in the previous section, we did not get many examples of a major dispute at the district or provincial government level. From PRSP sides, the only problems mentioned were of routine nature where the officials in Lahore were at times taking too long to implement PRSP's suggestion on posting or termination of a staff member. Further, PRSP officials were of the view that they were able to handle this routine administrative problem relatively easily by skilfully dividing the load between the PRSP district and provincial level management. Even when questioned about talks of termination of the programme, they did not criticise the government. Rather they argued that PRSP leadership is negotiating with the government. When further pushed some argued that PRSP had anyway taken up this role to demonstrate the model and not to run BHUs for ever so it is fine if

BHUs have now to be returned to the government – though at the same time even these officials were arguing for extension of PRSP programme.

From the government side, it seems the approach was not to bother with PRSP at all. Rather than creating problems for PRSP over small issues, the bureaucracy seemed to be working under the bigger agenda of simply getting PRSP out of the system as soon as that could be arranged. Therefore, once PRSP lost favour of the Chief Minister, it did not take long for PRSP role to be terminated. The fact that the government side was not interested in confronting PRSP on minor issues is also evident from the fact that the evaluation of PRSP performance at the end of the first year which was clearly mentioned in the Agreement signed by the two parties never took place. Rather PRSP was allowed to carry on after the end of the first year without this evaluation.

## **6. The effects of the relationship on the organizations**

### **6.1. Changes to organizational agendas or working**

There is little evidence that the relationship has actually changed the agenda or working of either PRSP or the government in any permanent way. True, PRSP in taking on the BHUs, PRSP did seem to move beyond its original mandate and it did have to establish a new independent unit at its head office as well as the district levels to manage the units but these changes did not affect the actual philosophy or working of PRSP. PRSP side by side continued to carry on with all its other projects and at the end of the BHU project basically that unit will close but the PRSP original activities will carry on. Thus, this relationship shows that when both sides are financially and structurally strong and neither of them is entirely dependent on that relationship for their very survival, there is little chance that just a four to five year relationship can change the basic philosophy of either side.

### **6.2. Impact of the relationship on non-governmental public action**

#### **6.2.1. Views about current experiences**

From PRSP side, it is clear that such experiences though not fatal for the organization are damaging as they drain the organizational energy unnecessarily and thus should be avoided in the future. Shandana Khan, Chief Executive, RSP Network noted: 'With the government we have had a number of partnerships. Based on PRSP and some other experiences, we have now realized that we have to be a bit more discerning. We need to stand our ground more firmly. When you take too many people from the government then your orientation changes.' She argues that the problem is that often the two sides are not on the same mental framework. 'Government looks at a project and the government officials are more interested in the issues like purchase of cars, etc. while for us working towards achieving the project targets is the main concern,' she added. She also noted that the experience of PRSP highlights the problems with PPPs. 'It should be remembered that normal NGOs are much smaller than Rural Support Programmes. We are still able to put our weight in different ways due to our special status. We have government secretaries sitting on our board so we can exert pressure in different ways. Yet we face problems in working with the government too. This highlights the challenges of PPPs.' She was of the view that working too closely with the government can take the NSP away from its vision. 'Government projects do bind you so that you get caught up in how you are going to do it,' she argued.

Mr Haroon, the bureaucrat who led the PRSP BHU project draws the following conclusion from the experience: 'Partnership is a very difficult relationship. Partnership can happen only among equals. If one party is dependent on the other and the other is not then partnership cannot happen.'

He also argues that it is difficult to decide what to do with political options. If at one point you are able to take advantage of the situation due to political connections, at the other point it also can cause disadvantage. He acknowledges

that the whole project happened because the Chief Minister was brought on board, it started to run into trouble when the CM started to get off board. ‘Unfortunately, one becomes cynical when one is confronted by questions like these. We expected nothing from the government. One has been able to provide so much more with the same amount of money. It shows that performance alone is not enough for partnership,’ he concludes

### **6.2.2. Ideal relationships**

Interviews show that based on their experiences, the officials of PRSP think that ideally the organization should not dwell too deeply with the government agencies, and it should not divert its energy into different directions due to any special interventions. The best relationships are those that grow out of natural flow of work rather than artificially engineered even though the artificial impetus can have many advantages too.

### **6.2.3. Conditions for effective relationships**

PRSP experience shows that the conditions for effective partnership require that a genuine relationship is built with the government rather than reliance on influential political figures to accept the NSPs within the state system. What the experience shows is that special interventions can give a sudden breakthrough to the NSP in terms of access to government system but no lasting relationship can be formed without their being a genuine desire on the part of the bureaucracy to accept the NSP’s contribution. As Shandana Khan, Chief Executive, RSP Network adds: ‘In case of the BHUs, Jehangir Tareen was behind the scene. It was a great programme. But, the programme shows that government people don’t want to look at the performance levels; the programme is being closed purely for political reasons.’

## **7. Conclusion**

PRSP’s relationship with the Ministry of Health over the take over of the BHUs is an example of a relationship where government bureaucrats open up to an NSP intervention in response to high-level political pressure rather than genuine conviction in the benefits of that intervention. What this case study shows is that while such a relationship is highly vulnerable to changing political alliances, it also has the potential to contribute if the main purpose of the relationship is mainly to demonstrate a reformed model of governance rather than forming a long-term relationship.

As we see in case of PRSP, the partnership eventually failed, but during the time it lasted the project developed very quickly and tremendously improved the performance of the BHUs. Thus it can be argued that it was partly successful as if the main objective of the partnership was for PRSP to demonstrate a model that BHUs can be turned around within the existing budgets then it has been achieved. The case shows that politically driven partnerships are unstable but since they



come with influential support from within the system, they can greatly facilitate the achievement of the project objectives in short periods.

In terms of more specific points about what this case tells us about factors affecting partnerships, one issue is that the case highlights that success in meeting the project targets is not always the most efficient way for an NSP to retain government support. What is more important is for the NSP to intervene in a way that the vested interests of the elected representatives and the bureaucracy are not damaged by the partnership in any way.

This is linked to the finding that relationship where the government hands over its resources to the NSP rather than the NSP bringing resources to the relationship face resist from government officials. The government officials' psyche seems to be that the only justification for an NSP to intervene in government working is if it can bring additional resources to meet the government targets.

Some other dimensions of the relationship are summed up in the conclusion of the comparative paper. Here one other important dimension of the relationship that is worth mentioning is that as expected NSPs which have strong financial base and maintain a portfolio of projects do not suffer pressure to switch away from their basic vision of public action with the collapse of one specific interaction with the state.

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