

Social Sector Services Programme Policy Manual



Document History

Date & Approval Ref	Version	Issues Addressed	Description of Change *

*Any changes in text/expression/entitlements/limits/policy or procedures through amendment or revision or review after due approvals are the examples of Description of Change and must be recorded in chronological order.

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Social Sector Services Sector Policies

MDF's core activities revolve around its philosophy of harnessing peoples' potential, in that, MDF organizes the communities to plan and implement various activities according to their priorities and willingness. MDF experience has shown that at the household level people prioritize income generating activities (agriculture, livestock, small businesses etc.) while at the village level, they prioritize drinking water, health and education related activities as their needs.

In Pakistan provincial governments and projects have established a large network of health and education facilities. However, due to various reasons of which lack of appropriate accountability mechanism is a major reason, these facilities are not able to deliver quality services to the target population. Therefore, in terms of access and quality these institutions have not been very effective.

Recognizing the fact that government has provided a huge infrastructure for health and education, MDF attempts to build the capacity of communities through the network of Community Organizations (COs) so that they are able to access services that can be provided by the facilities established by the government. Along with this bottom-up approach of increasing community participation through capacity building and forging linkages, MDF also implements small pilot projects where it takes over health and education facilities and manages them for a specific period to demonstrate how such facilities can be made effective through better management practices and community participation.

In case of remote areas where no government facility for education/health exists, MDF encourages the COs to set up small community driven initiatives such as community schools, community health centers etc. as an ad-hoc arrangement. MDF's experience shows that at a later stage such community-run schools and health center are either absorbed into mainstream government facilities or convert into private enterprises which are run and managed by some progressive community entrepreneurs.

MDF's experience further shows that access and quality of social sector services (drinking water, sanitation, health, and education) can be assured through effective community participation. However, community participation is effective when it is about such projects that do not involve complex procedures and technologies. For example, it is within the capacity of rural communities to participate in the management of government schools in terms of increasing enrollment, reducing teachers' absenteeism, constructing missing facilities, creating awareness for better health/hygiene practices, constructing streets, managing small drinking water supply schemes through the forum of community organizations. Constructing full school buildings or hospitals or managing hospitals involves complex procedures e.g. architecture, knowledge about medical science etc. MDF therefore focuses on construction of small infrastructure, management of simple operations and creating awareness through the Cos Some examples of initiatives already taken by MDF are:

- Establishing and supporting Community Schools / Non formal schools
- Supporting Community Participation in Managing School Affairs through SMCs / School Councils / VEC etc.
- Capacity Building of SMCs /School Councils / VEC
- Capacity Building of Primary School Teachers.
- Managing selected and limited number of government health facilities as role models with the objective of replicating these models by the government departments.
- Managing selected and limited number of government schools as role models with the objective of replicating the lessons learned through the government departments.
- Capacity building and awareness raising through health education and outreach Programs with focus on

- mother and child health
- prevention of various diseases e.g. malaria
- Social marketing e.g. Mosquito Nets (ITNs / LLINs)
- Community Led Total Sanitation pilot projects; and
- Above all forging linkages of COs with several government agencies to create access of COs to different services.

Future Directions

MDF will continue focusing on a **bottom-up** approach of building the capacity of COs as effective receiving platform for accessing various services for which government has established a wide network of extension departments. MDF will also continue **forging linkages** between COs and government department as a sustainable way of **increasing efficiency of government departments** and increasing **awareness** among the people. To increase effectiveness and efficiency of existing structures and systems related to the delivery of services in health and education sector, MDF will also implement pilot projects where it will perform as a service provider. But this role will aim at disseminating lessons learned to the concerned government and private service providers. The niche of MDF Programme will remain forging linkages, capacity building of communities and community participation.

Over the last many years especially during working in the earthquake affected areas for reviving health and education, MDF has learned that improving access to education **and health requires nurturing many community volunteers** and paid local level workers. Without this social capital it is beyond the capacity of any organization to reach out many people and provide them several services. To nurture the **community volunteers and local workers** MDF has decided to set aside resources in all projects for the training of community extension workers.

MDF's participation in social sector projects is guided by the principles of community participation, sustainability, and effectiveness. Over the last many years, MDF has learned that effective community participation requires organizing people at Mohalla level, village level and union council level. A three-tiered organization structure comprising the Mohalla level COs clustered into Village Organizations (VOs) and then federated at the Union Council as the Local Support Organization (LSO) enable the people to pool resources according to the size of activities in which they participate. MDF will encourage the formation of COs, VOs and LSOs and will build the capacity of LSOs to supervise and manage COs and VOs through community volunteers called the Community Resource Persons (CRPs) or Community Extension Workers.

In summary MDF's social sector services division will focus on the following:

- Forging linkages between organized communities and Government / Non-Government Service Providers.
- Ensuring community participation in various projects through Cos, Vos and LSOs.
- Increasing community awareness of key issues through a cadre of CRPs, Community Workers etc.
- Facilitating the government in implementing its social sector programs.
- Managing and running health and education outlets as pilots for designing and implementing more efficient systems for the delivery of services.
- Increasing access to basic education and basic health facilities in remote and hard to reach areas through community owned set up; and
- Capacity building of local institutions and community organization in the field of primary health and education

A probable list of activities which can be thought of and carried out with the communities, is given below. Regions / districts can select according to their community needs and other work 5

priorities. They can start with some key areas in particular locations and later expand the Programme to other areas. These lists of activities can be expanded after feedback from districts during implementation.

Health

Guidelines for Safe Drinking Water, Hygiene Promotion & Sanitation

Sanitation remains a key priority area in Pakistan both in cities and rural areas. Bad or no planning, poor drainage, and use of untreated water for drinking has created alarming situation regarding health. This need a lot of investment in related infrastructure but without proper education about health and hygiene it is difficult to change habits of people using these services and for generating concerns among them for bringing the change.

1. MDF would take initiatives to create awareness among communities about proper hygiene practices. It will be focused through formal and informal education of community members, students etc. Proper training or BCC campaigns would be conducted in this regard.
2. SSS section will work in close collaboration of other sectors e.g. IRM, PITD etc. and will develop training modules and will implement these for staff and community training under MDF regular program across regions.
3. New or available technologies which can be applied and replicated at low cost with poor communities would be tried in consultation with experts for safe drinking water and sanitation.
4. Communities would be given information about options for safe drinking water and would be provided linkage with appropriate institutions for making safe drinking water accessible to them at minimum possible cost.
5. MDF will develop its capacity for testing of drinking water at district level. Staff would be trained in this regard. Till this capacity is developed, linkage would be developed with appropriate institution. Communities would be sensitized about results and motivated to take measures for access to safe drinking water.
6. MDF in past has undertaken initiatives for innovative approaches such as CLTS, which is effective in creating awareness and motivating community for joint action for improved sanitation practices. However, one must not expect behavioral change in communities in limited time. It would require long term social mobilization efforts and financial / technical support to improve the current situation. A focused targeted approach in a specific area would help achieve better results. MDF would undertake pilot project about CLTS in each region and would later replicate it in the whole of the region where if proved feasible in terms of resources required. MDF will provide technical support to communities whenever required by communities for information or designing of any infrastructure etc. through PITD Section.
7. MDF will also enable organized communities access financial resources for improvement of their household or community level infrastructure or systems related with improved drinking water and sanitation. Regions can also request for funding of feasible opportunities for poor communities from HO. MDF would also try to develop loan packages for individuals and communities for improving the drinking water and sanitation infrastructure at community and household level.
8. MDF may enter into networks formed from time to time for improvement of water and sanitation situation at local and higher levels with various organizations. Such clusters might include WATSAN,

WASH (supported by UNICEF).

9. MDF will support communities in installation and operation / maintenance of water filtration plants at community level. MDF will build capacity of communities in operation and maintenance of filtration plants. MDF may also get involved in capacity building of service providers both in public and private sector for better operation and maintenance of health and hygiene infrastructure.

Drinking Water Supply Schemes (DWSS)

- Need for the scheme would come from CO.
- Feasibility report would be prepared along with cost estimate for the recommended design for the region by PITD Section.
- Drinking water quality standards recommended by Government of Pakistan would be used for assessing the water quality
- Scheme would improve accessibility of Drinking water to the community.
- Scheme should benefit more than 15 households.
- Scheme should be operated and later maintained by the local community.

Guidelines for Miscellaneous Health Initiatives

1. MDF would focus on primary health care and would facilitate prevention of diseases through training and outreach programs (BCC strategies) designed for communities and staff.
2. MDF staff would be given orientation about health issues and prevention of various diseases in Pakistan. They will be sensitized and trained to carry out disease prevention campaigns among communities.
3. Members of Community Organizations would be sensitized about health issues at household and community level either through a separate training or by inclusion of specific modules on health and hygiene in CMST sessions conducted regularly across regions.
4. MDF would link community-based organizations with various national programs such as LHWs / CHWs etc. These community organizations would serve as platform for various health messages and launching of various health initiatives at local level.
5. MDF would take pilot initiatives of service delivery in health at primary level for a limited time under regular program and various projects. However, it would require services of specialists in the field to overlook such program / projects, which is necessary to ensure quality of service.
6. MDF will also support communities by meeting the basic facility requirement of the health facility which is identified by local organized communities. These facilities can also be linked with various projects or government institutions for this support.
7. MDF will focus on disease prevention for diseases which are considered as stigma in our society. People will be given awareness about diseases like hepatitis, AIDS / HIV. NRSP will work with government and nongovernmental programs for control of such diseases through awareness rising and support for the patients.
8. MDF will carry out campaigns for proper nutrition habits / practices. It will help reduce disease burden in communities. MDF will focus on infant and young child feeding and universal salt iodization etc.
9. MDF will also carry out campaign for identification of malnourished children and women in the communities and linking them with proper government / non-governmental programs for supplementary feeding and support till recovery.
10. MDF will coordinate with other RSPs which are managing the BHUs etc. under various programs to

enable community's access the improved health services and use the infrastructure for operations of other related projects (GFATM etc.).

11. MDF would support investigative / research studies in coordination with national and international organizations which would benefit the health planners at local and national / international level in development of appropriate strategies for improvement of better health for the communities.
12. Arrange medical camps in remote areas for people for general and specific health services e.g. eye, maternity care, general health etc. These could be arranged with the support of public or private service providers.
13. Plan and implement health interventions during emergencies such as earthquake, flood, refugees, internally displaced persons from own resources as well as with the support of national and international donors / philanthropists etc.

Mother & Child Health / Reproductive Health and Birth Spacing

1. Communities would be motivated to adopt improved birth spacing techniques. They will also be provided awareness about reproductive health and rights. MDF would encourage local entrepreneurs to develop their expertise in service provision in this regard. These entrepreneurs could be LHWs, COs or a network of COs and any other NGO working in this field. Linkages with public and private service providers would also be established for the benefit of the communities. MDF would also build capacity of service providers in delivering quality health products regarding RH / FP through linkages with proper institutions.
2. MDF would focus its program for creating awareness among communities for proper pre and post-natal care of mother and child. Communities and local service providers will be sensitized about the preparation and precautions for safe delivery of child and proper recovery of mother. It may include service delivery for a limited period during which capacity of local institutions are built to sustain such service delivery or concerned government institution's services are brought to this level where these could be trusted.
3. MDF will support communities in establishing services delivery area for maternal, neonatal and child health. MDF will build capacity of community midwives and traditional birth attendants and other service providers around this service center.

Micro Health Insurance

1. MDF will facilitate poor communities in access to better health facilities and would provide them micro health insurance through linkages. Insurance program would be made more inclusive and all the members of a family would be covered through this. This health insurance would remain restricted to CO members / credit clients only but can be expanded to non-CO members as well, provided there are sufficient funds available for operations of this program internally or through other sources. (For details, please see the micro health insurance manual).

TBA Training

- Need for training of Traditional Birth Attendant would be identified by the Community Organizations.
- The candidate would also be identified by the CO.

- The ideal candidate should be:
 - Candidate should be primary pass or preferably literate woman. Woman who can take help of family members for record keeping etc. can also be referred to for this purpose.
 - Women should ideally be of 35-50 years of age.
 - Married women would be more suitable for the task.
 - Must be conducting the deliveries in the village prior to training (2-3 delivery per month)
 - Able to move in the village and the areas assigned to her.
 - Must have not attended such course before.
 - Committed to adopt modern techniques for better health of mother and child.
 - Committed to refer the complicated cases to nearest functional health facility.
 - Ready to always provide services to all segments of the society, accommodating the poverty status of the people.
- The training would be organized for a minimum of 15 TBAs at a central location which has a functional MCH center for facilitating practice and observation by the participants.
- Master trainer must be trained from a recognized institution and able to communicate in local language.
- TBA kit would be provided to all the participants having some supplies and necessary equipment for carrying out deliveries at their village.

Support for People with Functional Limitations (PWFL)

1. MDF has got some experience in identification of PWFL (Peoples with functional limitations). Similar exercise can easily be conducted by our social organizers, activists, and forums of CO/VDO/LSOs. MDF will collect this data during exercise of poverty assessment. It will enable MDF to support PWFL directly and indirectly specially among poor households. Every region would be encouraged to implement this assessment exercise. MDF MIS section would facilitate data punching and analysis.
2. Rehabilitation plans will be prepared for individual households, and they will be linked with institutions /projects for support for continuation of their daily life activities with dignity and economic independence. Region can propose support projects through own funds (including HO funding) and linkages.
3. MDF would continue to support the existing facility for provision of services to PWFL at Sihala. Its beneficiaries would be expanded to all the regions of MDF. MDF would also expand the scope of services offered at this facility. For this MDF would actively engage into fund raising activities and linkages.

Social Marketing of Health Products

1. Social marketing of products which contribute towards better health and hygiene would be undertaken with own resources as well as under linkage with various institutions / projects. Cluster of COs and VDOs can also assume this role and MDF can facilitate this process both technically and financially. These products may include:
 - Long Lasting Insecticide Treated Nets
 - Insecticide Treated Nets
 - Clean Delivery Kits
 - Contraceptives
 - Water Purification Systems

These products will be marketed at not-for-profit basis by the organization while covering the necessary costs during their marketing. However, profit incentive can be given to LSOs / COs for covering the cost of marketing for the products by them.

Education

1. MDF would sensitize communities to get their children educated whether from formal or informal sector. MDF regions would have household survey of all households around each CO for identification of out of school children. Various grants program would be used as incentive for achieving 100 % enrollment rates prior to release of grants or grant programs would be designed for achieving such results.
2. MDF have limited capacity to support education initiatives beyond primary level of education. MDF can extend its role beyond provided it builds its capacity to address the education and quality control needs for elementary and high schools especially in quality of education.
3. Teacher training courses and materials would be designed / developed by IRM and would be used along with mentoring procedures for ensuring the benefit to the students.
4. MDF would build partnerships with private / corporate institutions for generating support for the educational institutions.
5. MDF will support organized communities to get registered as CCBs with local government and will support them in accessing funds by providing them necessary support in need identification, proposal writing, linkage with the department and implementation.

For details about support for community and government schools please see the pages below.

Support for Government Schools

1. MDF would remain focused on its domain of community participation in education and would link existing government and non-government schools with its communities / Cos MDF would enter into agreement with DG, Provincial and Federal Governments for improving school management through community participation. This could come through social mobilization and capacity building of School Councils / School Management Committees / VECs / Parent Teacher Associations / PTSMCs etc.
2. MDF can also support communities by meeting the basic facility requirement of the schools which are identified by local organized communities. Schools can also be linked with various projects or government institutions for this support.
3. MDF would also support for hiring of a temporary teacher in a government school if school is closed due to absenteeism of any teacher or high number of students in a school. Such support however would be available for limited time-period subject to availability of resources.
4. MDF would carry out advocacy campaign at provincial level for allocation of more resources for the SMCs / School Councils and empowering them for better management of school affairs.
5. MDF would facilitate SMCs / SCs in planning, budgeting, and developing the proposals for linkage

with the local governments / private sector / corporate sector etc. MDF would also provide them support in implementation of the planned activities and efficient use of resources acquired by them.

6. MDF would encourage the SCs / SMCs in maintaining a proper hygienic environment for learning.
7. MDF would also encourage the SCs / SMCs to use the funds allocated to them by local governments, which most of them tend to avoid due to fear of audit. SMC / SCs would be guided about proper utilization and record keeping in line with the provincial policies of the department of education regarding these funds.
8. MDF would also build capacity of school-teachers if need is identified by a SMC etc. or a CO / LSO etc.

Community Schools

1. MDF would support communities for establishment of community schools / non formal schools provided there is no public or private (low fee) school is available in a radius of 2 km. Such schools may also be supported in less distance if due to local socio culture constraints enrollment of girls is very low. Such schools would be preferred to have local female teachers. Communities would be encouraged to have contribution in the cost for schools. MDF and community would ensure that schools have:
 - a. Safe and environmentally acceptable building for school
 - b. A lavatory / latrine for children and staff
 - c. Safe drinking water facility
 - d. Safe and attractive learning environment
 - e. Opportunities for capacity building of teachers for imparting quality education
2. Funding can be sought from regular MDF program as well as from various projects working in this regard.
3. MDF would also provide support to these schools from its own resources, provided it meets the criteria mentioned above and meet the need of poor communities. Such schools can also be supported for special groups of children needing support e.g. children working and contributing towards family income or special children.
4. Cost of operations would be subsidized by MDF after taking care of community contribution in the shape of grant or fees etc. However, MDF would cover cost of operations for a limited period agreed in TOP with the community. Community would be encouraged to manage it as private entrepreneur. After completion period of TOP, new assessment would identify whether to continue support from MDF or not. A minimum of 25 children is must for opening a community school in an area.
5. If any schools become nonfunctional or shifts from one place to another, due to any reason, it would be considered a closed case, and a new school case would be moved in case of shifting to another place.
6. Generally, syllabus / text books recommended by local government would be used for these schools, as it would have recognition and would be easier for the communities to link their children for further education in government schools. However local community would take the decision for adoption of any other course / learning material if they need.

7. Communities would also be linked with various education foundations (Punjab Education Foundations, Baluchistan Education Foundation etc., National Education Foundation etc.) for establishment of schools and provision of necessary financial / technical support.
8. MDF would assess the capacity of students and teacher periodically and would take necessary measures to improve achievements of both. MDF would continue support for capacity building of community schoolteachers periodically. MDF staff would also ensure monthly visit to schools and quarterly meetings with the community and teachers for ensuring quality of education and better management of schools by community.

Adult literacy

1. MDF would identify the adults who need and want to be literate among its organized communities and around their households. MDF would arrange literacy courses from its own resources as well as from various projects to make these people literate. These newly literate persons can be linked for various vocational training later one by IRM.
2. MDF would have agreements with service providers which have got specialization in the field of adult literacy and provide them necessary resources to undertake the adult literacy programs in the designated areas. However, these programs would require HO approval for resources.
3. MDF would build capacity of its local social mobilization staff to implement the adult literacy program in the regions with minimum literature and monitoring support required from the consultant. It would enable MDF to implement this program with limited resources in a sustainable manner across all the regions. MDF will try to ensure that all of its CO members are literate within one year of their registration with CO.
4. MDF would undertake pilot studies / interventions to engage the local communities in activities around their daily lives and learn while they do these activities. These initiatives would be later replicated to other areas.

Operational Strategies / Guidelines

1. Every region / district will develop its own plan in consultation with HO. These plans will be reviewed periodically and would be reported accordingly. Detail SOPs (indicators, reporting, budget, etc.) will be developed and agreed with all the regions according to plans.
2. Every district office will have one full time professional hired for taking care of all SSS related projects. Number of persons can be increased provided there is a workload and available resources.
3. Every region can have immediate plans for relief activities in disaster of any kind. For it we may go in service provision for health and education etc. HO will also provide necessary support in this regard. But decisions about financial resources would have to be approved by senior management. For relief we can take grants, donations in kind as well as in cash. Communities in need can also be linked directly with the donors.
4. For specific project separate instructions / guidelines would be provided from time to time which would be binding for the regions for implementation / adoption.