BRINGING SALT/CLCP TO PAKISTAN
CONCEPT NOTE

COMMUNITY BASED WORK IN PAKISTAN

Many non-government organizations (NGOs) and some teaching institutions in Pakistan work at the community level. Generally -speaking, community based work can be divided into three categories:

1. Presence within a community. Organizations/institutions establish an office/center in a geographical area, amidst the community living there, and offer services. Services quite often include health services, educational services (school for children, for example), or income generating activities for women, to name some popular services provided. This is typical of urban centers, as rural areas of Pakistan have an environment quite different form poor urban neighborhoods.
2. No-presence in the community, but services are offered. Pakistan has many rural support programs that provide rural development services to the villagers. Similarly, many NGOs have a presence in the community but do not have a physical center of their own.
3. Presence in the community and interact with existing community groups. Karachi as the only mega city of Pakistan, has community based organization in its poor neighborhoods. NGOs working in such areas often establish a partnership with some or all of these pre-existing organizations. Sometimes, an organization through its community based work trigger the formation of a local organizations. The rural support programs in Pakistan facilitate the formation of village organizations and also women's groups.

In Pakistan, a variation is to be found in the approaches taken for engaging communities in the programs that the organizations take to the community. The program could be health related focusing on women and health; or for advancing education; or skill training for women and girls; or human rights education, to name some popular topics.

TYPOLOGY OF COMMUNITY ENGAGEMENT/PARTICIPATION/INVOLVEMENT/MOBILIZATION

In Pakistan some terms are commonly used, in the development sector (including health, education, gender, primary health care, skill development, human rights education) , for promoting community's role in the program introduced. These are: community participation, community involvement, community mobilization, and community engagement. However, interpretation of these terms vary, and if one were to apply the well known typology of participation developed by Pretty[1] the first five types of participation tend to dominate community related work, and few NGOs strive for the 6th type, and a still smaller number respond to the 7th type. [2]

TRAINING EXPERIENCES IN PAKISTAN

Over the last three decades there has been a rapid proliferation of trainings. An interesting variation is to be found in the training, which can be very didactic to being very learner-centered. Many trainers use participatory tools within the training workshops, and use of visual tools (Participatory Rural Appraisal) and other fairly intense participatory tools as found in the three volumes of Training for Transformation.[3]

Uses of PRA tools have been used by many organizations, and some local manuals are also available. However, there is no one institute that claims to focus entirely on participatory training and development and analysis of participatory approaches and their outcomes. Many organizations have their in-house training, or invite consultants to do the training, but no institution like PRIA, for example is to be found in Pakistan.[4]

Although there are many trainers in Pakistan, working through their own institutions/organizations, and conduct participatory training in a wide range of topics, there is so far no network of trainers. It seems Pakistan has many tiny pockets of participatory trainings that have given rise to critical consciousness, but which is restricted to micro level work. The critical mass which could bring larger social change is yet to emerge, though its time has come, if one were to see the spread of participatory practices with communities.

EXPERIENCE OF COMMUNITY PARTICIPATION IN THE HEALTH SECTOR, PAKISTAN

The community health sector in Pakistan is conscious of the PHC Declaration 1978, especially Article VII, point 5, which says PHC:

> *"Requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;[5]"*

How the notion of participation is interpreted varies, and if the typology of participation is applied in this sector, there will be very few examples of community taking control of the health programs, or addressing the social determinants of health. The reason, perhaps is to be found in the medical education which does not give adequate attention to how communities are to be engaged (or their participation enhanced) given the skewed power-relations to be found in Pakistan, and with the government health system more focused on delivering services rather than in community participation. Programs that claimed to be integrated community participation remained ineffective as the overall government health system functions poorly, and barely 30 % of Pakistani population access government services. However, the health sector also appears to be very keen to understand how community participation is to be achieved. A good example of this need to engage community is to be found in the community based programs of Indus Hospital and IRD (Interactive Research and Development). The focus of community-based examples are TB, Hepatitis C, malaria, diabetes, mental health, to name some programs.

WHAT SALT/CLCP COULD CONTRIBUTE TO PAKISTAN

Constellation, the makers of SALT/CLCP approach have organized their experience into a training that is available to those who wish to access it. Conceptually, it is shaped by the participatory approaches that seek to empower communities, and this is what is needed in Pakistan.

The training is not envisaged to be akin to making a bubble; instead the metaphor of seed is seen as what this training would plant in Pakistan. The training would be open to those who belong to one of the three types of community related work found in Pakistan. Participants with experience of conducting training would be included, so that they could take SALT/CLCP training within their own organizations. A small group of researchers will also be included, so that the SALT/CLCP training could be turned into a longitudinal study so that effectiveness of training, challenges faced and resolved, and new learning questions are documented, analyzed and incorporated in future training.

It is also hoped that Indus Hospital & IRD would become a hub of SALT/CLCP training in Pakistan, and also incorporate other forms of participatory training, especially in the field of health, but also open to other sectors committed to community engagement/participation. Following outcomes are envisaged from the Constellation training:

1. Twenty persons trained in SALT/CLCP, with at least 50% being women
2. Trainers among the participants of SALT/CLCP training commit to conduct 2 training a year
3. A longitudinal study designed to study the effect of SALT/CLCP training
4. A network of individuals/institutions formed for continuing the learning and use of SALT/CLCP approach

---

[1] See A Cromwall, http://cdj.oxfordjournals.org/content/43/3/269.short
[2] Pretty's typology of participation Type of Participation Features

1. Manipulative Participation Pretense, with nominated representatives having no legitimacy or power
2. Passive Participation Unilateral announcements without listening to people's responses
3. Participation by Consultation External agents define problems and information gathering processes and so control analysis
4. Participation for Material Incentives People participate by contributing resources (labour) in return for material incentives
5. Functional Participation External agencies encourage participation to meet predetermined objectives Interactive
6. Participation People participate (as a right) in joint analysis, development of action plans and formation or strengthening of local institutions
7. Self-Mobilisation People take initiatives independently of external institutions to change systems Source: Adapted from Cornwall (2008)

[3] http://www.nhbs.com/title/94913/training-for-transformation-books-1-3-3-volume-set
[4] http://pria.org/about-us-2-0
[5] PHC Declaration : http://www.who.int/publications/almaata_declaration_en.pdf?ua=1