

INTERNATIONAL DEVELOPMENT SELECT COMMITTEE INQUIRY: PAKISTAN

Written evidence submitted by the Church of Pakistan and the Anglican Alliance.

1. SUMMARY

This submission sets out the role of the Church of Pakistan in delivering basic services, particularly in education and health, and its key role as a pro-poor development actor and civil society organisation, and comments on:

- The appropriateness of DfID's programme and operational plan for the development needs in Pakistan, focusing on education and healthcare, which are the areas of Church of Pakistan expertise.
- Whether DfID is adequately addressing the needs and rights of women.
- The ability of NGOs and development actors, like the church and faith-based organisations, to operate effectively.

We do not address questions relating to: the political context; measuring the impact of ODA; humanitarian action; and the performance of multilateral agencies.

2. BACKGROUND: THE CHURCH OF PAKISTAN AND THE ANGLICAN ALLIANCE

2.1. The Church of Pakistan and the Anglican Alliance, the international development arm of the Anglican Communion, welcome the opportunity to make this submission to the International Development Select Committee.

2.2. Christians are the largest religious minority in Pakistan and have a long established role in providing basic services, including quality education and healthcare. Christian institutions are inclusive and usually serve the majority Muslim population as well as local Christians. This is most notably the case with schools, where the Church is recognised as delivering good quality affordable schools which are vastly oversubscribed.

2.3. The church delivers these development gains despite the difficulties that Christians face because of their minority status, including discrimination in accessing services and fear of religious persecution and violence. Churches are at the forefront of efforts to prevent abuse of the country's Blasphemy Law and the Church of Pakistan secured an unprecedented amount of interfaith support including from Muslims and Hindus for its advocacy on this issue at a recent international hearing in Geneva¹.

2.4. The Church of Pakistan is a union of four denominations: Anglican, Methodist, Lutheran and Scottish Presbyterian. It is part of the Anglican Communion and a member church of the World Methodist Council. It works closely with the Anglican Alliance, an international development initiative by the Anglican Communion to bring together the development, relief and advocacy work of Anglicans in over 160 countries.

3. RESPONSES TO THE SELECT COMMITTEE'S AREAS OF INTEREST

3.1. THE CHURCH OF PAKISTAN'S WORK IN DEVELOPMENT, PARTICULARLY EDUCATION AND HEALTH

3.1.1. The Church of Pakistan has a longstanding history of providing basic services, particularly in education and health. In education, the church delivers high quality, affordable and not-for-profit schooling to a wide cross-section of Pakistani children, both Christian and Muslim. Many church schools are vastly over-subscribed and enjoy parental confidence because they are widely recognised as being well governed, with well-trained and committed teaching staff and high academic standards (more than half of all schools managed by the Lahore Diocesan Board of Education have a matriculation pass rate of 98% or more). Typically, church schools cross subsidise, with flagship 'Robin Hood' schools in urban areas operating at a surplus which is used to fund rural schools. The Church of Pakistan's priority is to provide quality education on affordable fee structures, always giving priority to the needs of students in low income families.

3.1.2. As part of its commitment to quality learning and improving educational standards for all children in Pakistan, the church makes its teacher training available for government teachers at a nominal rate. Church schools are at the

¹ World Council of Churches' sponsored International Hearing on Misuse of the Blasphemy Law and Religious Minorities in Pakistan, 16th-19th September 2012, Geneva. Communiqué attached.

forefront of driving up standards of teaching across the country, promoting active and enquiry-based teaching methods which equip children with critical research skills, and emphasising the importance of personal and social development. This is a very substantial contribution by Christians, a religious minority, to the national education service of Pakistan.

3.1.3. In healthcare, the Church of Pakistan focuses on providing primary and preventative healthcare to low-income families, particularly in rural areas, and stresses the importance of women's reproductive and maternal health. The church is committed to improving the quality of healthcare in Pakistan, running health clinics and pharmacies, setting up basic health units in the aftermath of disasters and providing midwifery training. Its healthcare services are normally means-tested or free at the point of need to very poor families. In Peshawar, provincial capital of Khyber Pakhtunkwa, FATA and Northern areas, the church is working under pressure in circumstances of extreme insecurity to sustain two hospitals, two mother and child care centres and a centre for the disabled. The church also provides education on culturally sensitive issues, including family planning and HIV/AIDS.

3.1.4. In all its work the Church of Pakistan demonstrates its strong commitment to women's empowerment. Most diocesan boards of education have a strong policy of empowering girls and a commitment to coeducational schooling. In Peshawar, eight of the diocese's 13 schools are led by a female headteacher, creating a safe space for female students and giving girls positive role models. A further hallmark of the church services is the robust framework for governance and support system provided through Church diocesan offices, both in comparison with government providers and other providers in the nongovernmental sector. In Lahore, the Church established Pakistan's first board of education in 1882. It currently runs 26 schools, having lost a significant number during nationalisation in the 1970s; all are non-profit and the majority have a 98-100% pass rate in matriculation exams.

3.2. APPROPRIATENESS OF DFID'S PROGRAMME FOR DEVELOPMENT NEEDS OF PAKISTAN: EDUCATION

3.2.1. Although Pakistan's constitution gives every child the right to go to school until they are 16, the country has some of the worst indicators for educational enrolment, retention and achievement in the world. A steep and sustained upturn in levels of education will be vital if Pakistan is to exploit the current 'youth bulge' in the population to achieve development goals. Therefore the Church of Pakistan firmly supports DfID's commitment to tackling the 'education emergency' and its focus on girls' education.

3.2.2. The Church of Pakistan operates its network of schools within the country's growing pro-poor nongovernmental sector. The sector has grown exponentially since the Government of Pakistan decided to support its re-emergence after the nationalisation of the 1970s, now accounts for 34% of total enrolment, and is plugging gaps in government provision (rapidly expanding its provision for girls and in rural areas). DfID recognises that schools in the nongovernmental sector provide a remarkable rate of return, and have also been shown to outperform government schools in comparative studies². They provide excellent value for money, with teacher salaries around a third of those in the state sector. Whilst the quality varies across providers, church schools are consistently high-performing. We attribute this to good governance and high levels of teacher-training, delivered through and underpinned by church infrastructure, and parental commitment.

3.2.3. However, despite these obvious benefits to Pakistan's education service, church schools are overlooked in education planning, both by the Government of Pakistan and major international donors. The Church of Pakistan's network of schools is entirely self-financing, which leaves some schools with financial challenges. Church schools are also sidelined in decision-making on education policy, at both the provincial and national level, which means that the

² See the DfID supported report 'Private Sector Education in Pakistan: Mapping and Musing' from the Institute of Social and Policy Sciences in Islamabad for more on this: http://i-saps.org/Publications/Public%20Financing%20of%20Education%20in%20Pakistan_2010-11.pdf.

lessons of the church's demonstrable good practice in governance and leadership remain untapped. **We urge the select committee to recognise the growing role of the nongovernmental sector, and especially church schools, in Pakistan's education. DfID's recognition of the high rate of return, along with evidence to suggest that these schools have better educational outcomes and are plugging the gaps for girls and rural children, mean that more should be done to sustain them. DfID could increase its support for high-performing schools with demonstrably good governance as it tackles the education emergency, supporting public-private partnerships and the delivery of teacher-training through the church, and encouraging exchange between the state and nongovernmental schools.**

3.2.4. In setting out its budgetary priorities until 2015, DfID has committed up to £20million to its Transforming Education in Pakistan programme. Although this innovative approach carries risks, we believe that it should be supported as it emphasises the importance of the parental voice and could, ultimately, empower them as a forceful mechanism for accountability. The church's network of village schools have very high levels of parental engagement, with mothers and fathers regularly attending school meetings and taking a strong interest in their children's education, and this is reflected in the high attainment levels. **We therefore urge the select committee to recognise the important role of parental advocacy and voice in education and endorse the Transforming Education in Pakistan programme.**

3.3. APPROPRIATENESS OF DFID'S PROGRAMME FOR DEVELOPMENT NEEDS OF PAKISTAN: HEALTH

3.3.1. Pakistan's health system is severely under-resourced and suffers from long term lack of investment; real expenditures on health have stagnated at less 1% of GDP and 75% of healthcare costs are out-of-pocket, borne by the sick at the point of need. These catastrophic costs of healthcare can plunge families into poverty or prevent them from breaking free of it. There is an acute need to tackle the lack of healthcare financing in Pakistan. We applaud the UK government's commitment to healthcare in Pakistan, and in particular its emphasis on reproductive, maternal and newborn health. The Church of Pakistan provides women's health services through its network of community-based healthcare services and hospitals and recognises this as a key national issue.

3.3.2. Although national indicators for reproductive, maternal and newborn health have steadily improved since Pakistan's independence they remain alarmingly low. This is in part due to the lack of health financing that affects all healthcare delivery in Pakistan. However, an important additional underlying cause of maternal and newborn mortality in Pakistan is prolific and systemic discrimination against women and girls. The social and cultural factors that impact on women's social status create barriers for women seeking to access reproductive, newborn and maternal health services. Too often this is overlooked by healthcare policymakers and this can cost lives, particularly in rural areas. The Lady Health Worker programme, partly funded by DfID, is a good example of an appropriate and effective response to this, empowering women and delivering community based healthcare at the same time. **We applaud DfID's work in funding Lady Health Workers and urge donors and policymakers to take further account of the importance of discrimination as an underlying factor preventing women from accessing reproductive, newborn and maternal health services.**

3.3.3. Couples seeking access to family planning also face social, cultural and logistical barriers to accessing services. Approximately 5.7 million women face an unmet need for contraceptives across all provinces and lack of family planning services has led to high levels of unsafe abortion and a population growth rate that, whilst declining, is still unsustainably high. In order to close the deficit in the need for family planning, current services will have to be scaled up considerably. **We strongly support DfID's commitment to help, by 2015, 500,000 couples chose when and how many children they have and we call on the select committee to affirm this. Further, as the largest external health funder in Pakistan with funds channelled to the government through budget support, DfID is well placed to press the health department to achieve its ambitious targets, including ensuring the availability of contraceptives in every government health outlet.**

3.3.4. As well as patchy and inadequate supply, low contraceptive prevalence rates are also due to social embarrassment around discussing sex and reproduction, and this is compounded in areas where there are low levels of education among women. Educated women in urban areas have the greatest opportunity to safely space children, both because family planning services are more easily available and they can exercise their right to decision-making within the family. Women's groups, many of which are organised through religious communities, have the potential to be good, safe spaces where women can access information on family planning and referrals to services. Despite the cultural sensitivities around reproductive health, the Church of Pakistan works to increase the acceptability of contraceptives and takes an open approach, encouraging the use of family planning services. **Where faith communities are working to break down social barriers to family planning, we argue that these efforts should be supported by donors and policymakers.**

3.4. APPROPRIATENESS OF DFID'S PROGRAMME FOR DEVELOPMENT NEEDS OF PAKISTAN: WEALTH CREATION

3.4.1. Pakistan's most important resource for driving wealth creation and tackling poverty is its youth population, which currently stands at around 60% under the age of 30. It is clear that DfID and other development partners recognise the potential for a substantial 'youth dividend' if the opportunity provided by a burgeoning population can be properly harnessed. The Church of Pakistan is working towards this end, running a comprehensive three year programme of youth training, including vocational training and careers and education counselling. In the Diocese of Raiwind, young people from underrepresented backgrounds are currently being coached to take the government's prestigious civil service examinations, whilst others are being given business coaching and microfinance loans to set them up as entrepreneurs. The Church of Pakistan's youth work is creating real, tangible opportunities for youth, helping them to channel their energies constructively and in support of developmental goals. **We note with concern the lack of substantive engagement on youth issues on the part of DfID and UK partners, and we recommend the select committee raise the question of how a youth dimension could be appropriate built into DfID Pakistan's work.**

3.4.2. However, a significant barrier to wealth creation is the Government of Pakistan's failure to provide reliable energy resources. The failure to provide additional capacity in energy supply is stifling industrial growth, especially among small-scale entrepreneurs who cannot afford generators. In Faisalabad, more than 600 industrial units have migrated to Bangladesh because of the lack of reliable energy supply in Pakistan, a huge blow for local people and businesses. **We urge the committee to highlight the detrimental effect that the lack of reliable energy resources is having on development, and to recommend that DfID raise with the Government of Pakistan the need to ensure continuity and reliability of energy supplies.**

3.5. THE ABILITY OF NGOs AND OTHER DEVELOPMENT ACTORS TO OPERATE EFFECTIVELY

3.5.1. Although the Church of Pakistan's reputation as a reliable and inclusive basic service provider is well recognised, the day-to-day delivery of health and education services is jeopardised by the insecurity caused by discrimination and open prejudice against religious minorities, and this can lead to potentially deadly violence. In recent weeks, the Church of Pakistan has had to deal with a high-profile blasphemy accusation against a young Christian girl and the violent fall out from protests against the anti-Islam film 'Innocence of Muslims', including the destruction of a Christian church, school and homes in Peshawar. Development work provides a unique opportunity to bring communities together, overcome prejudices and heal old wounds. **We argue that development work should seek to improve community relations, particularly in a country where intercommunal relationships are fragile, and that projects which do not consider this an objective are a missed opportunity. We urge the committee to encourage support for national development actors like the Church of Pakistan who focus on providing social goods across all of the country's social, religious and ethnic groups.**

4. CONCLUSIONS/RECOMMENDATIONS

- 4.1. We urge the select committee to recognise the growing role of the nongovernmental sector, and especially the church, in Pakistan's educational future. DfID's recognition of the high rate of return, along with evidence to suggest that these schools have better educational outcomes and are plugging the gaps for girls and rural children, mean that more should be done to sustain them. DfID could increase its support for high-performing schools with demonstrably good governance as it tackles the education emergency, supporting public-private partnerships and the delivery of teacher-training through the church, and encouraging exchange between the state and nongovernmental schools.
- 4.2. We urge the select committee to recognise the important role of parental advocacy and voice in education and endorse the Transforming Education in Pakistan programme.
- 4.3. We applaud DfID's work in funding Lady Health Workers and urge donors and policymakers to take further account of the importance of discrimination as an underlying factor preventing women from accessing reproductive, newborn and maternal health services.
- 4.4. We strongly support DfID's commitment to reproductive health and we call on the select committee to affirm this. Further, as the largest external health funder in Pakistan with funds channelled to the government through budget support, DfID is well placed to press the health department to achieve its ambitious targets, including ensuring the availability of contraceptives in every government health outlet.
- 4.5. Where faith communities are working to break down social barriers to family planning, we argue that these efforts should be supported by donors and policymakers.
- 4.6. We note with concern the lack of substantive engagement on youth issues on the part of DfID and UK partners, and we recommend the select committee raise the question of how a youth dimension could be appropriately built into DfID Pakistan's work.
- 4.7. We urge the committee to highlight the detrimental effect that the lack of reliable energy resources is having on development, and to recommend that DfID raise with the Government of Pakistan the need to ensure continuity and reliability of energy supplies.
- 4.8. We argue that development work should seek to improve community relations, particularly in a country where intercommunal relationships are fragile, and that projects which do not consider this an objective are a missed opportunity. We urge the committee to encourage support for national development actors like the Church of Pakistan who focus on providing social goods across all of the country's social, religious and ethnic groups.