Ex post evaluation – Pakistan

Sector: Health, family planning, HIV/AIDS
(Basic health infrastructure, CRS code 12230)
Project: CP- Basic Health Programme in FATA (BMZ No. 2008 66 517*)
Implementing agency: FATA Secretariat

Ex post evaluation report: 2019

All figures in EUR million	Project (Planned)	Project (Actual)
Investment costs (total)	5.88	5.81
Counterpart contribution	0.50	0.50
Funding	5.38	5.31
of which budget funds (BMZ)	5.38	5.31

*) Random sample 2018

Summary: The project, which was implemented in cooperation with GIZ, aimed to contribute to improving the precarious health situation of the population in the poor crisis region of the FATA, i.e. the Federally Administered Tribal Areas in Pakistan. For security reasons, the FATA have not been accessible to (international) visitors for many years. It was not until 2018 that the FATA were integrated into Pakistan's provincial governance system. The project aimed to improve health care by financing tuberculosis diagnostics and treatment as well as promoting mother-child care and health care services in remote areas. The measures are supposed to be implemented in part by the FATA Secretariat, but mainly by non-governmental organisations (NGOs) with experience in the FATA. The project was designed under the scope of FC/TC cooperation. The measures mentioned have expanded and continued the TC projects already started in the FATA (TB control and health care reform).

Objectives: The objective at impact level (overall development goal) was to contribute to improving the health situation of the poor population in the FATA in the short term (due to the difficult local conditions). The programme also aimed to contribute to peacebuilding in one of the most conflict-prone regions of the world (dual objective). The objective at outcome level (FC module objective) was to create or improve access to and the quality of public health care for the target group.

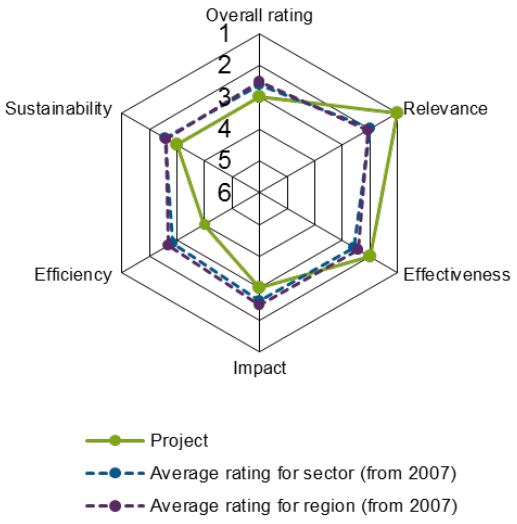
Target group: The target group was the population of the FATA region, women and children in particular.

Overall rating: 3

Rationale: In view of the precarious health situation in the FATA crisis region, the FC project was very relevant. However, it was only possible to partially address and overcome the implementation challenges. The crisis context and an inexperienced project executing agency not only made planning, implementation and monitoring more difficult but also adversely affected the project impacts and sustainability.

Highlights: Since it was barely possible for international consultants to travel to the project region at any time, the cooperation with FATA-experienced NGOs has proven effective. Results were available on a website at all times, and extensive photographic material documented the progress of the project in reports.

The risk that the goods financed under FC would not only benefit the target group but also other groups in this fragile context, such as Taliban fighters, could not be mitigated by the project design until the very end.



Rating according to DAC criteria

Overall rating: 3

Ratings:

Relevance	1
Effectiveness	2
Efficiency	4
Impact	3
Sustainability	3

Basic notes

Since the start of the programme, the security situation in the Federally Administered Tribal Areas (FATA) of Pakistan has deteriorated dramatically as a result of political developments in the overall region[1]. It was not possible to conduct an on-site audit in the crisis region at the time of the project appraisal (PA), which meant that the project was classified as an emergency project to respond to natural disasters, crises and conflicts in accordance with point 47 of the FC and TC Guidelines and therefore, the project design was subject to corresponding restrictions with regard to the data situation, indicator survey, awarding procedure and monitoring. Systematic interviews and/or surveys on site were not possible. At the time of the ex post evaluation, contacts at the executing agency, the consultants involved in implementation or other donors in the health care sector could no longer be contacted or could not provide any information on the project. In view of the precarious security situation in the region even today, the ex post evaluation was thus conducted as a desk review on the basis of available documents and supplementary information such as studies and surveys (secondary data), and the plausibility and continued validity of the data used for the final review in 2017 were verified and, if necessary, supplemented.

The project concept did not aspire to achieve sustainable structural impacts. Still, the sustainability of the project, which not only covered the procurement of consumables, but also construction and training measures, is assessed as far as possible, in particular in terms of the extent to which a foundation was laid for any follow-up projects (compatibility).

Relevance

Until 2018, the FATA (the tribal areas in northwestern Pakistan) constituted a special Pakistani territory which had been taken over by the British in 1947; it did not form an independent province but was directly subordinated to the central government. The territories are administered by the civil FATA Secretariat, which was removed from the provincial government of Khyber Pukhtunkhwa in 2002 and was based in Peshawar. The entire territory, divided into seven “agencies”, spanned a length of more than 1,000 km along the border with Afghanistan. The region, which is considered the Taliban's retreat, is the most economically backward and – due to its topography and social order which is predominantly based on clan and tribal loyalties – the most inaccessible region of Pakistan, one that is largely excluded from political processes.

The socio-economic development and health of the population in the FATA were very low at the time of the project appraisal (2009). Around 60% of the population lived below the poverty line. The literacy rate was extremely low at 17%, and as low as only 3% for women. Health care in the region was precarious, as evidenced by the poor values of the sectoral indicators (core problem). There was insufficient access to health care services in the FATA (2,290 inhabitants per hospital bed[2]) and a general lack of acceptance, especially for mother-child care and family planning, as well as a lack of medical personnel. In

1 On 2 March 2017, the Pakistani government announced its intention to gradually integrate the tribal areas into the adjacent northwestern province of Khyber Pakhtunkhwa. The integration is scheduled to take around five years. On 31 May 2018 President Mamnoon Hussain signed the amending law to dissolve the territory and merge it with the province of Khyber Pakhtunkhwa.

2 Or 0.44 hospital beds for every 1,000 inhabitants. In 2010, the number for OECD countries is 4.9 beds per 1,000 inhabitants.

the FATA, the density of doctors at the project appraisal was one physician for every 7,670 inhabitants (Pakistan 1:1,404). The maternal mortality rate of 380/100,000 births, the infant mortality rate of 86/1,000 live births and the child mortality rate of 104/1,000 live births (under 5 years of age) were among the highest in the region. Prenatal care has been and continues to be virtually non-existent (only for 25.7% of women compared to 63.4% in Afghanistan) and, if it is provided at all, it is often by friends or relatives. Less than 30% of births were attended by a professional and only 26.5% of women were monitored and/or assisted by a midwife or doctor after childbirth. In addition, people in the FATA and throughout Pakistan still suffer from poliomyelitis, a virus which, other than in Pakistan, is only endemic in Afghanistan and Nigeria. In addition, the incidence of tuberculosis (TB) in Pakistan was high during the project appraisal and still is today. In 2008, the country ranked sixth in the world for TB incidence with estimated new cases of 297,000 per year. In addition, this is compounded by many forms of TB that are resistant to the standard drugs. According to a national prevalence study conducted in 2010/2011, TB prevalence is 342 per 100,000 persons, i.e. about 620,000 inhabitants were infected with TB at the beginning of the project. Malnutrition further increased susceptibility to diseases.[3] Aggregated and reliable data for the FATA is not available. However, it is fair to assume that the situation in the FATA is worse than in Pakistan as a whole.

Therefore, there was a urgent need to improve emergency care, mother-child treatment and to integrate the FATA into the DOTS tuberculosis control programme[4] These identified measures were generally suitable for contributing to the target achievement: the aim was to contribute to improving the health situation of the poor population in the FATA by improving access, availability and quality of public health care. The highly relevant aspect of family planning had to be excluded at the request of the executing agency. Overall, the project was also intended to have a peacebuilding effect in one of the most conflict-prone regions in the world, although in the present context, nothing more was expected than to send a message to the population that it was not forgotten in the provision of basic services. The impact chain is also plausible from today's perspective with this constraint. The definition of a stabilisation objective (dual objective) in this particularly conflict-ridden region state-of-the-art.

Out-of-pocket payments (OOP), i.e. private payments for health care services, were and are particularly high in Pakistan. At the project appraisal, the share of public expenditure in the health care sector was only 33%. It was not possible to finance either medicines or important consumables to a sufficient extent. The fact that additional ongoing costs would be incurred by the public health agency as a result of the project was factored in during the design phase of the project. An attempt was made to limit these costs by redeploying existing staff (to mobile health care services).

In response to the volatile security situation, the resulting planning difficulties and the weak capacities of the FATA Secretariat, which acted as the executing agency, low-complexity measures were identified for implementation by local NGOs and the FATA Secretariat (with consultant support). This approach is deemed to be appropriate. Moreover, the programme was also designed as an open programme such that further details could be defined during implementation. This flexibility and the low expectations consistently expressed about the project impacts were clearly embedded in the design.

The FC project was implemented as a module in a joint development cooperation programme in the health care sector and thus in close cooperation with TC, whose projects in the tribal regions (TB control and health care system reform) were complemented by FC-financed infrastructure. The project evaluated here supplemented the FC commitment in the North-West Frontier Province (Basic Health, BMZ No. 2000 66 282, TB Control Programme, BMZ No. 2000 66 290[5], TB Control Programme in KP/FATA II, BMZ No. 2009 66 143, Reproductive Health, BMZ No. 2005 65 010), in Azad Jammu & Kashmir (Reconstruction of Health Care Infrastructure, BMZ No. 2005 66 398) and in the northern mountainous regions (Health Care Programme, BMZ No. 2004 65 039). It was part of the Pakistani government's Sustainable Development Plan (SDP) 2006-2015, which also defines goals in the health care sector, and was consistent with the goals of the G8 initiative for Pakistan at the time – classified as a fragile anchor country – and with the goals of the BMZ's focus on the health care sector.

---

3 MICS FATA 2009, Pakistan Demographics and Health Survey (PDHS) 2006-2007, Population Census 1998.

4 DOTS stands for Directly Observed Treatment, Short Course and is the recommended (outpatient) treatment for TB.

5 Ex post evaluation report 2015; rating 2.

From today's perspective, the project was highly relevant in contributing to improve the health situation of the population in the FATA given the difficult conditions.

Relevance rating: 1

Effectiveness

The module objective was to create or improve access to and the quality of public health care for the target group. More specifically, the aim was to strengthen tuberculosis diagnosis and treatment and improve emergency and mother-child care as well as health care services in remote areas. At the project appraisal and during the project implementation, no indicators were specifically defined due to the security and information situation.

The decision not to define project objective indicators is also considered appropriate from today's perspective. Due to the volatile security situation, the project region could still not be accessed at the time of the ex post evaluation and many contacts are no longer in office following the new political developments (integration of the FATA); this means verifying the use of the financed infrastructure and services are unreliable. No clear information on the structural, medical and personnel condition of the health care services was available at the time of the ex post evaluation either. Indicators for the programme´s objective achievement can at best provide reliable data that allow the status at the time of the project appraisal to be compared with that at the ex post evaluation in order to measure the effects of the procured goods. There is no clear description of the initial situation of the project.

A study conducted in 2017 by the WHO and Khyber Medical University[6] provides insight into the current situation of the health care infrastructure: since the team visited 90% of the 996 health care facilities in the FATA, it is reasonable to assume that the approximately 100 FC-funded facilities also were part of this study. As a result, all 851 of the visited health facilities provided basic health care services, but 300 of the facilities had some form of damage to infrastructure or equipment. Doctors were only found in hospitals at the highest reference level. Otherwise, the basic health facilities were mainly staffed by "medical officers" and "lady health visitors". Demand for medical personnel remains particularly high in North and South Waziristan and Mohmand. Due to the security situation, the FC measures planned in North Waziristan were never implemented. Except in hospitals providing the highest level of care, examinations of pregnant women are rarely performed. Only 25% of hospitals (district level, third level of the reference system), 43% of Tehsil headquarter hospitals (second level of the reference system), 36% of rural health facilities, 16% of basic health facilities, 7% of community health care services and 5% of civil dispensaries (first level of the reference system) offer prenatal care. The health facilities still lack equipment. Only 46.7% of the facilities visited had a refrigerator, 22% had safe delivery kits, 19% had sterilisation equipment and 23.7% had a delivery bed.

The method presumably most suitable for assessing the success of the FC project is still evaluating the services performed[7] (outputs) as a contribution to the target achievement. The NGOs provide proof of supplies and services via the project website.[8]

- Tuberculosis control component: delivery and distribution of medicines, reagents, consumables and equipment for TB diagnosis, the construction of a TB warehouse, the reconstruction of a TB centre and renovation/remediation work in five other TB centres, as well as the provision of vehicles and the execution of information campaigns and training of laboratory technicians, closely aligned with the TB control programme mentioned above. The introduction of an Electronic Management Information System facilitates patient management. These measures all make sense, are appropriate to the context and – if used – contribute to the target achievement.

- Mobile care systems: mobile teams were able to offer health care services even in remote areas. Basic diagnostics, minor operations and dental treatments were made possible in specially equipped vehicles.[9]

---

6 WHO (2017): Health Resource Availability and Mapping System in Health Facilities of FATA. Peshawar, Pakistan.

7 Final report of the consultant and project website: FATA Basic Health Programme (http://www.fatabhp.com/programme/tb-control-programme.asp (accessed on 15 March 2019).

8 FATA Basic Health Programme: http://www.fatabhp.com/index.asp (accessed on 11 March 2019).

9 The partner declined to equip these vehicles with GPS trackers, so actual routes could not be traced.

- Mother and child care: medical staff (traditional birth attendants) were trained and outpatient centres and clinics supplied with basic equipment, and safe delivery kits were provided in accordance with the above-mentioned reproductive health programme. Health facilities were renovated and equipped. Demographic Health Survey (DHS) surveys found that 71% of women in the FATA were examined at least once during pregnancy, but only 25.6% of women had more than four prenatal examinations.

- Emergency care: emergency care in selected hospitals and health facilities at different reference levels was improved by a local NGO with experience in similar FATA projects.

Supervision of procurement by the implementation consultant, implementation of the components by NGOs with FATA experience and coordination with TC ensured that the purchased equipment met the technical requirements and was put into operation as functionally required. The effectiveness of the project is therefore still rated as good, despite limited information on use.

Effectiveness rating: 2

Efficiency

It took 95 months to implement the project instead of the planned 36 months. For a project that was classified as an emergency in accordance with point 47 of the FC and TC Guidelines and that involved measures to be implemented quickly in a crisis region, this kind of delay is very critical. A certain delay was identified as a risk at the time of the project appraisal. Ultimately, the reasons included long approval processes for the programme budget to finance local costs and the lack of experience of the FATA Secretariat which was responsible for project implementation. The FATA Secretariat had only been granted decision-making authority for the planning and development of the FATA two years before the project appraisal and was an inexperienced institution that still needed to develop implementation expertise. Significant shortcomings were evident in the organisational and procedural structure, the management (planning, coordination, etc.) of activities, the transparency of the accounting system and the personnel and financial resources. Due to these limited capacities and institutional weaknesses, it was agreed that only the sub-component of “Mobile Health Care Services” would be implemented through the FATA Secretariat. The other sub-components were handled by two NGOs with FATA experience and a consultant. The intention was to prevent further delays, but existing coordination difficulties had a negative impact on efficiency. Although the challenges related to the weak implementation of the FATA Secretariat were recognised and the precarious security situation already existed at the time of the project appraisal, the consulting costs to compensate for this weakness rose by 188% (EUR 750,952 instead of EUR 400,000) and thus far exceeded the planned budget. Without this considerable involvement of consultants, however, implementation would barely have been possible given the critical security situation with high expected risks. Also underestimated was the need for repairs to medical equipment and infrastructure supply (water, electricity) from the disposition fund. These costs rose by more than 200%. The fact that planned and actual costs were the same in the end was due to the flexibility of implementation with corresponding effects on procurement.

The production efficiency is negatively affected by cost increases. This is offset by efficiency gains resulting from the open project approach and the application of point 47 with streamlined implementation procedures. A varied picture emerges for allocation efficiency. The broad range of measures most likely counteracted particularly relevant shortages in the various components. Even though the impact of the measures cannot be estimated with greater accuracy, a positive influence on the effectiveness of the DC programme and thus on allocation efficiency can be assumed in this case. The allocation efficiency is clearly influenced negatively by the delays that occurred, especially in view of the fragile context and the urgency documented by the application of point 47.

The risk of a misuse of funds persisted until the end, even if it was not proven: during the final review, the executing agency was unable to submit the necessary contract documents and proof of use because, according to the executing agency, they were taken for safekeeping by the local consultant who was no longer available. The disposition fund was duly audited by an auditor without any objection.

Efficiency rating: 4

Impact

The objective at impact level (overall development goal) was to contribute to improving the health situation of the poor population in the FATA in the short term (due to the difficult local conditions). The programme also aimed to contribute to peacebuilding in one of the most conflict-prone regions of the world (dual objective).

Indicators were not defined at impact level during the project appraisal, nor were statements made on development effectiveness during the project implementation and final review. Due to the small-scale nature of the measures in the difficult conditions, it is virtually impossible to assign them to overarching developmental impacts. A trend can still be identified, however, into which the impacts of the FC measures can be integrated:

The conflict situation in the FATA has increasingly deteriorated since the PA with attacks by the Pakistani Taliban on NATO convoys, the military offensive of the Pakistan army and the retaliatory attacks by the Taliban. Over the course of this conflict, people's living conditions have also continued to deteriorate: there are 700,000 internally displaced refugees in the FATA, the heads of many families and thus the family's source of income have been lost, the already inadequate health care has deteriorated further and many people, especially women, suffer from mental illnesses as a result of the psychological strain caused by the armed conflicts.[10]

A vulnerability assessment in the FATA (2017) conducted by UNOCHA with the support of the World Bank, which interviewed 3,688 households, showed little positive development: only 3% of respondents in the FATA had access to health care services at community level, and 36% had access to basic health care in the surrounding area. None of the respondents had access to mother and child care. In the FATA, people have to travel on average 7 km to the nearest health facility. The mobile supply systems of the FC project and other donors had the potential to offer services in this area. An impact study financed by FC, Frölich et al. (2019)[11], among others, shows the correlation between increasing transport time to a hospital and decreasing use of the facility in Pakistan. Only 23% of those interviewed described the quality of health care as good. Even though discrimination is prohibited in Pakistan, women continue to be severely disadvantaged. In the Global Gender Gap Report of the World Economic Forum, which compares the living conditions of men and women, Pakistan ranked 144th out of 145 in the overall ranking in 2015. Domestic violence against women is among the highest in the world according to DHS surveys. In this environment, projects for mother-child care are slow to have an impact. The picture remains mixed: according to DHS data for 2017-2018, the birth rate in the FATA is on average 4.8 children per woman and thus remains the highest in the country. Only 49.1% of births in the FATA were attended by professionals. The mortality rates of children under the age of 5 in the FATA fell to 33/1,000 live births in 2018, while maternal mortality worsened to 395/100,000 births in 2014 (Pakistan: 178/100,000).

Reliable data for the incidence rate of tuberculosis, TB mortality and TB prevalence is not available for the FATA. However, as Pakistan remains to one of the few “high TB-burden countries” in which the rate of new infection is not yet falling,[12] it is plausible to assume that this applies also for the FATA.

With regard to the dual objective, it is difficult to show that the small-scale measures of the FC project made a contribution to peacebuilding. Stable health care, which was supported despite the ongoing conflict, and the presence of German DC (albeit through consultants and NGOs) potentially contributed to alleviating people's suffering and sending a message of support to civil society. Nevertheless, due to the inaccessibility of the region and the security situation, it was not possible to rule out that not only the target group would benefit from FC services, but also other groups such as the Taliban.

Due to the low expectations already defined at the project appraisal (“initial moderate contribution”), it can be assumed that the project contributed to improving the precarious health situation in the FATA in the short term through the supplies and services provided.

Impact rating: 3

---

10 Wazir, M.; Din, I. (2015): Impact of War on Terror on Maternal Mortality in FATA.

11 Frölich, M, Landmann, A., Helmsmüller, S, Hoffmann, K. (2019): Impact Evaluation of the Support to Social Health Protection Programme in Pakistan. Final Report.

12 See EPE 2015: Strengthening the Tuberculosis Control Programme in Northwest Pakistan (BMZ No. 2000 66 290); Rating: 2

Sustainability

Due to the urgent nature (emergency procedure in response to natural disasters, crises and conflicts in accordance with point 47 in the FC and TC guidelines), the project had limited sustainability expectations. Evaluating sustainability presents a particular challenge in the difficult FATA crisis region.

Crises require the ability to act quickly and primarily aim to achieve fast, short-term impacts. As a result, in the context of crises, sustainability is interpreted through the lens of compatibility with subsequent projects, with measures not needing to have structural impacts per se. If structural impacts cannot be achieved for projects in a fragile context, it should be possible to create an option to continue working using long-term measures in a less fragile target situation.

This compatibility scarcely exists for measures undertaken such as the supply of consumables, medicines and basic equipment. It remains unclear to what extent the continued supply of medicines and sufficient personnel was ensured at the time of the ex post evaluation. On the other hand, measures designed to equip (including the construction of PV systems), build and renovate laboratories and health stations, finance and create structures for mobile health care services as well as train health care personnel have the potential to contribute to improving health care in the long term. In addition, follow-up projects are also expected to benefit from institutionalised cooperation with non-governmental organisations. However, no information is available on the status of the infrastructure, on maintenance and on the budget for maintenance.

Wherever possible, government structures were integrated with the FATA Secretariat. Due to the political unification of the FATA with Khyber Pakhtunkhwa, the resulting new role of the former FATA secretariat and the associated personnel changes, however, it is hard to assume this compatibility will apply.

Given the limited focus on sustainability at the project appraisal, sustainability can be rated as still satisfactory.

Sustainability rating: 3

Notes on the methods used to evaluate project success (project rating)

Projects are evaluated on a six-point scale, the criteria being **relevance, effectiveness, efficiency** and **overarching developmental impact**. The ratings are also used to arrive at a **final assessment** of a project's overall developmental efficacy. The scale is as follows:

Level 1	Very good result that clearly exceeds expectations
Level 2	Good result, fully in line with expectations and without any significant shortcomings
Level 3	Satisfactory result – project falls short of expectations but the positive results dominate
Level 4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
Level 5	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
Level 6	The project has no impact or the situation has actually deteriorated

Rating levels 1-3 denote a positive assessment or successful project while rating levels 4-6 denote a negative assessment.

Sustainability is evaluated according to the following four-point scale:

Sustainability level 1 (very good sustainability): The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The **overall rating** on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Rating levels 1-3 of the overall rating denote a "successful" project while rating levels 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (level 3).