Pakistan: Northern Areas Primary Health Care Programme

Ex-post evaluation

OECD sector	Basic health care (12220)	
BMZ project number	1992 66 198 (Investment) 1993 70 107 (Complementary measure) 1993 109 (Training measure)	
Project-executing agency	Aga Khan Foundation, Pakistan	
Consultant	-	
Year of ex-post evaluation	**2003**	
	Project appraisal (scheduled)	**Ex-post evaluation (actual)**
Start of implementation	3. quarter 1993	2. quarter 1994
Period of implementation	72 months	72 months
Total cost	EUR 6.4 million	EUR 5.2 million
Counterpart contribution (project-executing agency and target group)	EUR 2.8 million	EUR 1.6 million
Financing, of which Financial Cooperation (FC) funds	EUR 3.6 million	EUR 3.6 million
Other institutions/donors involved	-	-
Performance rating	2	
• Significance/relevance	2	
• Effectiveness	2	
• Efficiency	2	

Brief Description, Overall Objective and Programme Purposes with Indicators

The purpose of the project is to improve preventive basic health care for mothers and small children in the programme districts of the Northern Areas of Pakistan. Indicators for this are the share of births attended by lay midwives ("trained birth attendants"), tetanus vaccinations for pregnant woman and full vaccine protection for all small children up to 12 months old. This is intended to make a contribution to improving the state of health in the Northern Areas (overall objective), the yardstick for this being the decline in maternal and infant mortality.

With the active participation of the municipalities, 14 health centres have been built and equipped with medical apparatus. In addition, the secondary level Medical Centre in Singal (small hospital) was fitted out with medical-technical equipment. Offices were rented and equipped and vehicles provided for the four field teams tasked with supervision and technical advice in running the health centres and with training volunteer community health workers and trained birth attendants. To strengthen the management capabilities of the personnel and to

assist in the initial operating phase of the health centres, a complementary measure and a training measure were carried out.

Project Design/Major Deviations from the Original Project Planning and Their Main Causes

The activities of the sectoral executing agency of the Aga Khan Foundation (AKF), the non-governmental organization Aga Khan Health Services Pakistan (AKHSP), in the Northern Areas began in 1974 and are concentrated on setting up a preventive mother-child programme. AKHSP works in tandem with the public health service. As compared with the government system, it is largely concerned with prevention. The participatory approach is based on the village and women's committees that now cover almost all parts of the Northern Areas. AKHSP's health infrastructure is largely located in two districts, Gilgit and Ghizer. Accommodated in rented rooms, AKHSP personnel was already engaged before the start of the FC programme at the locations of the health centres scheduled for construction.

The main results of programme implementation are: the erection of 14 health centres and the initial provision of medication and consumables, fitting out the Singal Medical Centre with medical-technical equipment (X-ray apparatus, laboratory equipment, etc.), the provision of all-terrain vehicles as well as two ambulances, office rental and equipment (computers, office furniture) for the four field teams and financing of recurrent costs (salaries, maintenance). The population participates through local committees for each facility, which convene regularly and set treatment fees individually for each health centre, for example.

Through upgrading measures for health personnel and improvement of the monitoring & evaluation system, the project also ensures long-term high-quality health services for more than 153,000 people.

The only noteworthy interim change from the original project planning is the upgrading of 5 of the 14 health centres into so-called family health centres: Thanks to better trained specialists (so-called communal health nurses), the male population above the age of five is also treated here (expansion of target group).

AKHSP was supported under a FC follow-on programme for public health services and some non-governmental organizations and now serves a total of about 300,000 people in the Northern Areas; another programme is in preparation.

Key Results of the Impact Analysis and Performance Rating

The medical-technical equipment of the health centres is adequate. As planned, the specialist staff in each consists of 2 so-called lady health visitors trained for two years (1 year as a midwife, 1 year in public health). The referral institution, the Singal Medical Centre, also has the requisite technical facilities and personnel at its disposal. The specialists are highly motivated and well qualified, which is only partly the case in comparable facilities in the government sector. Other services are provided by about 275 volunteer community health workers and over 350 trained birth attendants responsible for promoting health awareness in the municipalities, first aid, the treatment of basic illnesses, normal birth attendance (midwives) and identifying and transferring risky births to the health centres. Regular supervision by the 4 field teams (5 specialists headed by an experienced physician) ensures a high quality of service.

Cooperation with the public health services in everyday work (transfer, coordination of ambulances) is smooth. AKHSP has also undertaken responsibility for vaccinations (incl. tuberculosis). Cooperation with the public health authorities in the region poses a problem,

however, because they plan to extend their services free of charge - unlike AKHSP services against payment - without conferring adequately on needs planning with AKHSP and its available facilities. In the medium term, this could make for keener competition between free government services and AKHSP's high-quality services against payment.

Meeting recurrent costs through user fees at health centre level has developed well (from 16% in 1992 to 45% in 2002), while in the Singal Medical Centre the rate has stagnated at about 60%. As examples of individual health centres show there is still scope for a gradual rise in charges. AKHSP personnel need to pursue these aspects more systematically. These recurrent costs, however, make up only about half of the total, since the services of the field teams, the regional centre in Gilgit and those of other Aga Khan organizations have not been taken into account. Despite the current interruption in FC follow-up finance, the project executing agency, the Aga Khan Foundation, is able to mobilize the requisite funds so that we see no threat to financial sustainability.

The major health impacts of the programme can be summarized as follows:

- There has been an impressive improvement in the state of health of the population in the programme regions of AKHSP, particularly that of mothers and children, thanks to the various preventive programmes (vaccination, mother-child care). This is evidenced by the indicators trend which are distinctly better than in the public health areas or at national level. The efficient referral system of the volunteer village assistants to the health centres on to the emergency referral centres have contributed to this.
- Apart from some epidemic outbreaks, the statistics of the health centres recorded a downward trend throughout in diarrhoea and respiratory illnesses.
- The indicators for behavioural changes in the target groups (increase in prenatal checkups from 30% to 94%, attended births from 73% to 89% respectively from 1992 to 2000) give grounds to infer that health awareness was raised, a major prerequisite for the long-term improvement of health care.

The programme has made a major contribution to AKHSP's now indispensable role in health care, serving almost a third of the population in the Northern Areas. Very remote areas have not been left out, either, although the public health system provides minimum care there at best. The high-quality care is not just reflected in the improved health indicators, but also in the evident active participation of the population. They look on the health centres built with their active participation and cofinanced by them as their own property. Via the local committees, they have a permanent say in their organization.

The population in the Northern Areas is multi-ethnic. Altogether about 18% of the inhabitants are Muslim Ismaelites, with an above-average percentage living in the programme districts of Ghizer and Gilgit (60%); the remaining 40% are Shiite and Sunni. There have been no tensions amongst religious groups for a long time and there is no evidence of discrimination towards individual groups by AKHSP health services. The Northern Areas belong to Pakistan's poorer areas. Altogether, the project has a direct poverty relevance.

Prime beneficiaries of the project are women (pregnant women, mothers) in the poor rural population as well as their children. Training largely female health personnel has created work opportunities. Drinking water supply and sanitary facilities in the health centres are adequate, although better safety precautions need to be taken in refuse disposal.

The project's developmental effectiveness overall is gauged as satisfactory (Rating 2):

- Effectiveness: Overall, the programme purpose (qualitative and quantitative improvement of preventive care) has been met: The threshold values of the indicators for births

attended by lay midwives and for tetanus vaccinations - though set too low from the outset - were well exceeded and the indicator for small child inoculation coverage was just met. We rate effectiveness as satisfactory (Rating 2).

- Significance and relevance: The overall objectives of the programme (indicators: declining maternal and infant death rates) were attained. The targets themselves were relevant and realistic, but are contingent on a number of external factors (and were set at too low a level). The specific influence of the programme measures (particularly infrastructure) on these indicators cannot therefore be determined. Of significance, however, are the impacts of the high-quality health services in providing care for a considerable part (approx. a third) of the relatively poor population in the Northern Areas. Under the conditions in Pakistan, staffing the health centres with female personnel only must count as a major contribution to countering discrimination against women. The project can rate as relevant. The subcriterion of programme significance/relevance is rated as satisfactory (Rating 2).
- Efficiency: The project was implemented very rapidly and the investment costs kept below the planned figures. Finance of recurrent costs from FC funds, though, well exceeded the assumptions at project appraisal. Compared with those of the government sector, the AKHSP services are of a much better quality and the population continues to make a tangible contribution to cost recovery. On the other hand, the costs for service delivery are several times higher than in the - much underfunded - government sector (no exact figures are available). The efficiency of the programme therefore merits a satisfactory rating (Rating 2).

General Conclusions Applicable to Other Projects

A lesson learnt for other projects is that the indicators of an infrastructure programme should also measure the specific utilization of the facilities (for health centres for example use rates, quality of patient contact and patient satisfaction) in conjunction with relatively global health indicators that depend on many external factors and only to a very limited degree on project measures (e.g. infant mortality). Regular surveys at reasonable cost should be conducted for quality indicators.

Legend

Developmentally successful: Ratings 1 to 3	
Rating 1	Very high or high degree of developmental effectiveness
Rating 2	Satisfactory degree of developmental effectiveness
Rating 3	Overall sufficient degree of developmental effectiveness
Developmental failures: Ratings 4 to 6	
Rating 4	Overall slightly insufficient degree of developmental effectiveness
Rating 5	Clearly insufficient degree of developmental effectiveness
Rating 6	The project is a total failure

Criteria for the Evaluation of Project Success

The evaluation of a project's "developmental effectiveness" and its classification during the final evaluation into one of the various levels of success described below in more detail concentrate on the following fundamental questions:

- Are the **project objectives** reached to a sufficient degree (aspect of project **effectiveness)**?
- Does the project generate **sufficient significant developmental effects** (project **relevance** and **significance** measured by the achievement of the overall development-policy objective defined beforehand and its effects in political, institutional, socio-economic and socio-cultural as well as ecological terms)?

- Are the **funds/expenses** that were and are being employed/incurred to reach the objectives **appropriate** and how can the project's microeconomic and macroeconomic impact be measured (aspect of **efficiency** of the project conception)?
- To the extent that undesired **(side) effects** occur, are these tolerable?

We do not treat **sustainability**, a key aspect to consider for project evaluation, as a separate category of evaluation but instead as a cross-cutting element of all four fundamental questions on project success. A project is sustainable if the project-executing agency and/or the target group are able to continue to use the project facilities that have been built for a period of time that is, overall, adequate in economic terms or to carry on with the project activities on their own and generate positive results after the financial, organizational and/or technical support has come to an end.