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Pakistan: Second family planning programme

Ex post evaluation

OECD sector	13030 / Family Planning	
BMZ project ID	1993 65 008	
Project-executing agency	Ministry of Health, Department of Health, Punjab; Department of Health, Balochistan	
Consultant	EPOS consultant, Bad Homburg	
Year of ex-post evaluation	2005	
	Project appraisal (planned)	Ex post evaluation (actual)
Start of implementation	Q3 1994	Q4 1994
Period of implementation	48 months	81 months
Investment costs	EUR 91.5 million	EUR 50.8 million
Counterpart contribution	EUR 25.5 million	EUR 7.2 million
Financing, of which Financial Cooperation (FC) funds	EUR 25.5 million	EUR 15.7 million
Other institutions/donors involved	World Bank, DFID	World Bank, DFID
Performance rating	3 (sufficient developmental effectiveness)	
• Significance / relevance	2	
• Effectiveness	3	
• Efficiency	3	

Brief description, overall objectives and project objectives with indicators

The programme objective was to improve the quality and efficiency of the service provided by the health care system in the provinces of Punjab and Balochistan. In addition to the public sector, particular attention was paid to non-governmental organisations (NGOs). In terms of the financial support, priority was given to basic preventive health care provision for women and children, family planning measures and measures to combat transmitted diseases. The key measures were extending and refurbishing existing health care establishments and establishments providing training for health care staff, and supplying medico-technical equipment, furnishings and fittings and basic medicines. The “second family planning programme” was a joint financing measure involving the Pakistani government, the World Bank, the British Department for International Development (DFID) and German Financial Cooperation (FC). The German contribution financed construction measures, medico-technical equipment, furnishings and fittings and medicines as well as, to a limited extent, operating costs for the public and private sector (NGO) and consultancy services.

The overall objective of the programme was to contribute to improving health care for poor people (especially for mothers and children) in rural and disadvantaged urban areas in Punjab and Balochistan (target group) and to reducing fertility rates while guaranteeing individual freedom of choice. No quantitative targets were set for the indicators for achievement of the overall objective.

The programme objective was to improve the quality and efficiency of the services provided by the health care network in the provinces. Particular attention was paid to basic preventive health care services for women and children as well as to family planning measures and measures carried out by public and non-profit NGOs to combat transmitted diseases. In order to assess the success of the programme, it was agreed that five years from the start of the programme the following target values should have been achieved:

- The number of users of the health care establishments included in the programme should have doubled;
- The "contraceptive prevalence rate" in the areas covered by the programme should have doubled.

Programme design / major deviations from the original programme planning and their main causes

As planned in the programme appraisal report, the total programme comprised four components:

- Strengthening the existing health care services by introducing integrated measures in the area of mother-child health care and coordinating public and private health care services. This included extending, rehabilitating and equipping state and NGO health care services.
- Staff development measures in the state health care sector.
- Strengthening the health care services and organisational development in the state health care sector.
- Measures at the level of Islamabad Capital Territory (ICT) to strengthen health care services and to improve capacities for carrying out research projects.

Deviating from the plans in the programme appraisal and in response to the interim evaluation carried out by the World Bank, from 1997 various measures such as the provision of contraceptives ceased to be implemented as they were no longer considered necessary. At the same time other measures such as TB prevention in Balochistan were added to the programme to a limited extent.

The FC contribution comprised the construction of new clinics for mother-child welfare, the refurbishment, extension and equipping of small hospitals and health care and family planning centres (mother and child health centres, MCHs), which are run by NGOs, and the equipping of state training centres for medical staff in ICT, Punjab and Balochistan. The original number of 15 MCHs was not achieved as the NGOs that applied did not all meet the programme's selection criteria. A private training centre for health care staff was also set up. The equipment for blood banks was installed in 60 state hospitals. The state sector was also supplied with more than 100 ultrasound equipment and incubators. A total of 82 hospitals were supplied with operating and examining tables and a full range of small medical equipment. Compared with the volume envisaged in the programme appraisal report, there was a general reduction, but not for components that had already been planned in detail. As contraceptives and medicines were supplied by other programmes, these components were cut by one-third compared with the originally planned resources but there was no negative impact on the efficiency of the health care establishments.

The measures were conducted in the provinces of Balochistan, Punjab and ICT in accordance with plans. For the implementation of FC, World Bank and DFID measures in the state sector, a project coordination unit (PCU) was set up in each province and closed again at the end of the programme. The state Punjab Health Foundation was entrusted with coordinating the NGO measures in Punjab. The PCU in Balochistan coordinated the NGO measures in that area.

The major delay in implementation (planned: 48 months from mid-1994; actual: 81 months) and considerable funding reductions (World Bank: by USD 25.7 million; DFID: by USD 0.8 million; FC: by EUR 9.8 million) cannot be attributed solely to the insufficient absorptive capacity of the Pakistani authorities (time-consuming bureaucratic processes). The programme design, which involved working with two provincial governments and the central state level at the same time, would now be considered too complicated. The use of four different procurement systems (one for each donor and one for Pakistan) led to disproportionately high transaction costs.

Key results of the impact analysis and performance rating

In the final follow-up report of 2001, on the basis of a World Bank analysis, the Implementation Completion Report (ICR, 26 June 2000) stated that

- Use of the MCHs for advice during pregnancy went up during the period of the project (1993-1999) from approx. 11% to approx. 20% in Balochistan and from 11% to approx. 24% in Punjab.
- The prevalence rate of modern contraceptive methods went up in the same period from approx. 2% to 7% and from approx. 13% to approx. 27% in Punjab.

The target level of the indicators for the achievement of the programme objective was thus reached. This positive trend also continued after the end of the programme:

- In 2003 44% of pregnant women were given an antenatal medical examination by a trained midwife / state establishment; the prevalence rate of contraceptive methods went up to 36% overall, with 27% of women using a modern method.
- In 2001 26.2% of the women in Balochistan were given an antenatal medical examination; the prevalence rate of contraceptive methods was 15.9%, with 12.9% of women using modern methods.

In summary, it can be retained that the indicators are still being met today, but since the final follow-up they do not register the same growth rates as in the late 1990s. It must be noted that the data in the ex post evaluation no longer relate specifically to the health care establishments or programme areas included in the programme but cover the whole province in each case. The programme has led to an overall quantitative and qualitative improvement in primary reproductive health care. The ICR by the World Bank in June 2000 focused particularly on the availability of family planning services as well as the increase in use of the services by the people, as is confirmed by the following user data:

- Increase of 52% in antenatal examinations in Punjab between 1993 and 1998
- Increase of 120% in antenatal examinations in Punjab between 1993 and 1998
- Increase of 67% in the use of family planning services in Punjab between 1993 and 1998
- Increase of 67% in the use of family planning services in Balochistan between 1993 and 1998

A contribution to achieving the overall objective seems to be very plausible.

The fact that the primary and district health care establishments are better supplied with medico-technical equipment and the appointment and further training of additional staff, particularly women, in the state health care establishments as part of the programme has made significant contributions to the better achievement of the objective.

The inclusion of the NGOs in a state programme also had structure-building effects such as the extension of the training institutions and the focus on women and children. The capacities created are still making a contribution today to the achievement of MDG 3 (promote gender equality and the political, economic and social empowerment of women, particularly in the area of education), 4 (reduce child mortality) and 5 (improve maternal health). It was appropriate for German DC to concentrate on the area of reproductive health and it still is. For the first time traditional obstetrical assistants have been included in a state programme of awareness and educational measures; the reference system for risky pregnancies has thus been improved.

We consider the overall developmental effectiveness of the second family health care programme to be sufficient (rating 3) and justify this on the basis of the sub-criteria of effectiveness, efficiency and significance/relevance:

- The programme objectives were achieved and the positive trend is continuing undiminished. A satisfactory solution for the maintenance or initial procurement of the financed medico-technical equipment in the public sector has, however, not been found for all establishments. Overall, we judge its effectiveness to be sufficient (sub-rating 3).
- The programme design was also relevant from today's perspective. It was appropriate to gear it to the poorer people in urban and rural areas and the measures were a suitable means of contributing to the improvement of the health situation of these sections of the population. The general equipping of the rural health care establishments with medico-technical equipment, the first link between state and civil society reproductive health care facilities and the first training and registration of traditional obstetrical assistants and incorporating them in the rural health care provision had structure-building effects. The measures carried out in the programme have plausibly made a positive contribution to achieving the overall objective. Even after the programme was over, the indicator values did not decrease but increased moderately with the result that reference may be made to a sustainable improvement in reproductive health, albeit at a very low level. The programme thus achieved satisfactory, relevent and significant effects (sub-rating 2).
- The ultimate reduction of 61.5% in the originally planned volume, the clear extension of the implementation period and the considerable increase in consultant costs point to performance difficulties. In particular, the tender procedure in the public components of Punjab Province must be assessed as inefficient. In this respect, the programme design with three donor institutions and non-harmonised procurement procedures and three executing agencies (DoH Punjab, DoH Balochistan, MoH) is considered too complex. After the reduction in funds, the total costs – apart from the rise in consultant costs – were assessed as appropriate (production efficiency). Given the relatively high level of self-funding from tariff revenues (including cross-subsidies), the allocation efficiency, particularly in the NGO component, is high. There is a problem with insufficient cost-coverage in the public sector, which is also caused by low capacity utilisation. Overall, we rate the project's efficiency as sufficient (sub-rating: 3).

General conclusions and recommendations

We drew the following conclusions for future projects:

- In taking account of NGOs in the context of FC financing, the same efficiency requirements with regard to financial sustainability must apply to the operation of the facilities as to every other executing agency. Minimum size, operating concept (business plan), cash flow accounting, etc. should be checked in advance. Consultancy companies offer standardised procedures in this respect, which are suitable to check individual NGOs as well as a larger number of NGOs within a sector.
- Given the strong (and continuing) growth of the private and NGO sector, a legal ruling is required as to supervision of all health care establishments. This can be professional self-supervision or appropriate state supervision.
- From the current perspective ("Paris Declaration" on donor harmonisation), the partner organisations must ask, if the Pakistani procurement system was not used (alignment), why just one of the three partners' different systems was not used (DFID, World Bank and KfW procurement procedures). The mere coordination of these different procedures for one common programme ties up unnecessary capacities. In addition, the experience of other donors has shown that programmes which involve both the provincial and the national governments are rarely successful. For German DC to focus on individual provinces and giving up the concept of operation being shared by MoH and DoH is thus assessed as consistent.
- Involving NGOs in implementation can be assessed as a successul concept in this case and should be given consideration in other countries.

Abbreviations

DFID	Department for International Development
DoH	Department of Health
FC	German Financial Cooperation
ICR	Implementation Completion Report
ICT	Islamabad Capital Territory
MCH	Mother and child health centre
MoH	Ministry of Health
NGO	Non-governmental organisation
PCU	Project coordination unit

Assessment criteria

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

Criteria for the evaluation of project success
The evaluation of the "developmental efficacy" of a project and its classification during the ex-post evaluation into one of the various levels of success described in more detail below concentrate on the following fundamental questions:

- Have the **project objectives** been achieved to a sufficient degree (**project effectiveness**)?
- Does the programme generate sufficient **significant developmental effects** (programme **relevance** and **significance** measured in terms of the achievement of the overall developmental 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 **appropriate** with a view to achieving the objectives and how can the programme's microeconomic and macroeconomic impact be measured (**efficiency** of the programme design)?
- To the extent that undesired **(side) effects** occur, can these be tolerated?

We do not treat **sustainability**, a key aspect to consider when a project is evaluated, as a separate evaluation category, but rather as an element common to 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 independently and generate positive results after the financial, organisational and/or technical support has come to an end.