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MID-PROJECT EVALUATION REPORT

POPULATION WELFARE PLANNING PROJECT
(391-0469)

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LIST OF ABBREVIATIONS AND DEFINITIONS

AID/W	Agency for International Development, Washington Headquarters
BHS	Basic Health Services
CDC	Center for Disease Control
CPS	Contraceptive Prevalence Survey
Dais	Traditional Birth Attendants/Indigenous Midwives
DG	Director-General
DPIRC	Demographic Policy Implementation Research Center
DPWO	District Population Welfare Officer
DRP	Directorate of Reproductive Physiology
FPAP	Family Planning Association of Pakistan
FWA	Family Welfare Assistant
FWC	Family Welfare Center
FWV	Family Welfare Visitor
FWW	Family Welfare Worker
FY	Fiscal Year
GOP	Government of Pakistan
Hakeem	Indigenous Health Practitioner
IBRD	International Bank for Reconstruction and Development
IE&C	Information, Education and Communication
IUD	Intra-Uterine Device
MCH	Maternal and Child Health
M&S	Monitoring and Statistics Wing of the Population Welfare Division
NARC	National Agriculture Research Center
NGO	Non-Governmental Organization
NIPS	National Institute of Population Studies
NRIFC	National Research Institute for Fertility Control
NRIRP	National Research Institute of Reproductive Physiology
PDC	Population Development Center
PFS	Pakistan Fertility Survey
PIDE	Pakistan Institute of Development Economics
PWD	Population Welfare Division
RHU	Reproductive Health Units (Class A and B)
RIA	Radio Immunoassay
RRA	Radioreceptor Assay
TBA	Traditional Birth Attendant
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Emergency Fund
USAID	U.S. Agency for International Development, Pakistan Mission
VSC	Voluntary Surgical Contraception

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I. Introduction and Summary of Findings and Recommendations

A. INTRODUCTION

USAID/Pakistan invited a team of four persons to carry out a mid-term evaluation of the Population Welfare Planning Project. The evaluation was conducted from October 14 to November 15, 1984. The team members were:

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The objectives of the evaluation were three-fold:

1. To assess progress by the Government of Pakistan in implementing its Population Welfare Plan in general and the USAID-financed project activities in particular. The four main components of the USAID project are:

- a. Management Information, Research, and Evaluation
- b. Logistics Systems and Contraceptives Supplies
- c. Bio-medical and Socio-medical Research
- d. Professional and Personal Awareness and Motivation

2. To make recommendations, including a possible redesign of the USAID project, to improved the chances of the project making a significant contribution to the population program of the Government of Pakistan.

3. To provide an analytical base and justification for possible increased funding by USAID in U.S. fiscal year 1985, by either confirming the validity of the current project design or by providing an adequate rationale and detailed description of a proposed redesign of the project.

The methodology used by the evaluation team consisted of:

a. Review of basic documents, including the Fifth and Sixth Five Year Population Plans of the Government of Pakistan; project paper and grant agreements; prior evaluation reports of the Pakistan population program; project documents and reports of the GOP's Population Welfare Division, the United Nations Fund for Population Activities, the World Bank and other sources.

b. Interviews with senior officials of the Population Welfare Division, Ministry of Planning and Development, Ministry of Health,

Statistics Division of the Ministry of Finance, private organizations, international donor organizations, and USAID.

c. Field visits to Lahore, Karachi, Hyderabad, and Peshawar to meet with provincial and district staff of the Population Welfare Division and officials of private organizations and to observe the functioning of the population welfare program at Reproductive Health Units (Class A and B), Family Welfare Centers, central warehouse, and authorized contraceptives distribution agents.

The evaluation team is painfully aware of the limitations of "30 day wonders" coming into a country to make an evaluation of a complex program. The members are aware of their limited knowledge and understanding of the social, cultural, religious, political and economic milieu in Pakistan. The team appreciates the time, patience and hospitality offered by so many Pakistani officials in explaining their programs, plans and problems. The team is especially grateful to Dr. William Jansen and Mr. Khwaja Ahmad for their help and guidance throughout the evaluation period. The team would also like to add a special word of thanks to Mr. Mohammed Yawar Jan for patiently typing and retyping drafts of this report.

B. SUMMARY OF FINDINGS AND RECOMMENDATIONS

1. Background

Funding of the major project component, contraceptive procurement, will be expended by June 1985, ahead of schedule. All other components are far behind schedule. These include technical assistance, training, research, provision of warehouse and computer equipment, construction of the central warehouse and the facility for the National Research Institute for Fertility Control (NRIFC). Social science research has slowed considerably with the functional elimination of the Population Development Center (PDC) and continuing delays in the establishment of the National Institute for Population Studies (NIPS).

2. Management Information, Research and Evaluation

- a. USAID and PWD should use some of the funds allocated for research to be undertaken by NIPS to conduct some research activities that can be started now. For example resources should be made available to M&S and PDC to initiate monitoring, evaluation and operations research projects.
- b. NIPS should be approved and an implementation plan developed as soon as possible.
- c. The personal motivation component should be dropped and the funds used for additional technical assistance and research activities.
- d. The project assistance completion date (PACD) should be extended to September 30, 1989 and the third Contraceptive Prevalence Survey postponed until late 1988 or early 1989.

3. Logistics and Commodities

- a. Figures coming from the field regarding off-take of condoms appear to be a reasonable basis for projection, and the "rationing" of the commodity by the warehouse seems to have had limited effect on off-take. The "USAID Estimate" of condom needs developed recently by Anthony Boni should be used as a basis for ordering. Average monthly off-take should be monitored and future orders should be adjusted accordingly. An additional \$14,400,000 is needed to meet commodity demands for the current project period (i.e. through September 1987). To provide commodities through U.S. FY 1989 would require an additional \$18,500,000.
- b. The operation of the central warehouse in Karachi should be strengthened and the development of provincial warehouses for contraceptives strongly discouraged. In spite of inadequate physical facilities, the current operation is functioning well. The main justification for provincial warehouses has been that a safety stock is needed at this intermediate level. However, once the supply of condoms in-country is adequate, the central warehouse plans to bring the district stores up to a 3-month supply. With the quality of transportation in this country, and the ability of the central warehouse to respond to needs, the system will operate more smoothly without provincial warehouses. The system could be strengthened by:
 - i. expediting the construction of the new central warehouse;
 - ii. providing two delivery vans to the central warehouse; and,
 - iii. using the current director of the central warehouse as a consultant to districts in warehouse management.

4. Biomedical and Sociomedical Research

- a. PWD should identify and begin processing two individuals for long-term training, one in epidemiology/biostatistics and one in biomedical (clinical) research, to begin by the fall of 1985.
- b. Within three months, PWD should identify three candidates for short-term training to begin by the spring of 1985. The remainder of the short-term training should be completed by the fall of 1987.

- c. Long-term TA (up to two years each) should be provided by an experienced epidemiologist/biostatistician and a physician (clinical investigator) in reproductive medicine.
- d. The present staffing pattern and organizational structure of the NRIFC should be revised and expanded.
 - i. The position of director (NRIFC) should be at the same level as the head of NIPS and the DG (M&S). (This would apply to the director of the NRIRP as well.)
 - ii. An additional post should be created at the deputy director level and a qualified biostatistician/ operational research professional recruited.
 - iii. Additional research staff (grade level BPS 11-17) as requested by the director (NRIFC) should be approved and recruited.
- e. Laboratory equipment/instruments for the histopathology, hematology and biochemistry/metabolism laboratories planned in the new building should be provided. A complete listing of the required equipment should be submitted to USAID by NRIFC and the technical wing of PWD as soon as possible.
- f. A clear delineation of responsibilities between NRIFC and NRIRP for biomedical laboratory activities is essential to avoid duplication, assure high quality of work and conserve limited resources. For example, the RIA Assays of steroid and polypeptide hormones for both institutions should be done at the NRIRP in Islamabad.

II. Background

The Government of Pakistan has long recognized the serious implications of continuing rapid population growth for national security and national socio-economic progress. Programs to slow the rate of population increase through greater public awareness of the advantages of spacing and limiting births and through wider availability of contraceptives have had limited success. The high birth rate (41 per 1,000 population) and a fairly low death rate (12 per 1,000 population) result in a population growing at 2.9 percent annually, one of the highest growth rates in the world. Contraceptive prevalence rates are approximately 7 to 10 percent of married women of reproductive age, a rate which provides benefits to individual couples but which is far too low to have any impact on national population growth rates. More perplexing is the fact that contraceptive prevalence has not changed markedly over the past decade, despite periodic intense efforts to increase both public awareness and the availability of contraceptives.

After a near termination of field activities in the late 1970s, the Government of Pakistan initiated a new national population welfare program in 1982. The new program seeks to reach and serve a large share of the population through a network of Family Welfare Centers, Reproductive Health Units for surgical contraception, authorized contraceptives distribution agents (chemists, shopkeepers, etc.), and a social marketing scheme to broaden substantially the number of contraceptives distribution outlets.

Social, cultural, religious, political, and bureaucratic constraints continue to limit opportunities for rapid expansion of the Government's population welfare program. These constraints have been highlighted by others in great detail and need only be summarized here.

A. POLITICAL COMMITMENT. Senior government officials have expressed concern about the negative implications of continued rapid population growth. But that concern has not led to an adequate program of public information nor to systematic support by national and provincial political authorities. The commitment to seriously implementing the population program has been inconsistent and the effective utilization of both foreign and domestic support has been poor.

B. RELIGIOUS CONCERNS. Real or potential opposition by organized religious groups appears to limit governmental actions in setting population welfare policies at the national level. Attitudes of local religious leaders toward population welfare programs are said to vary widely. Officials of the Population Welfare Division at the district or lower levels indicated to the evaluation team that religious leaders in the villages frequently were supportive or at least neutral on the subject of family planning. Much of the information about the attitudes of religious leaders is anecdotal or based upon research conducted in the 1960s or 1970s. Governmental concern about the attitudes of organized religious groups is most evident now in the continuing delays in establishing a communications strategy.

C. BUREAUCRATIC LIMITATIONS. The organizational structure for implementing the national population welfare program has created its own constraints to program implementation. One constraint, in particular, is represented by the fact that the program element of information, education and communications (IE&C) is reserved for implementation at the national level. However, the delivery of services including the provision of information to clients, is the responsibility of the provinces. The result is a confusion of responsibility and a constraint to program implementation. Lack of a national communications strategy or policy has been translated into a de facto policy of no public communications. Although the evaluation team was assured by officials at the national level that educational materials were available at Family Welfare Centers and authorized contraceptives distribution agents, in fact, no materials were evident in any of the Centers or distribution agents visited by the team. All local officials were keenly interested in having materials available, but indicated no materials and no money for materials were available to them.

D. NON-INVOLVEMENT OF THE MINISTRY OF HEALTH. The Ministry of Health operates some 2,400 Rural Health Centers and Basic Health Units, as well as hospitals at the provincial and district levels. Maternal and child health services are provided at these facilities and offer a natural setting for the inclusion of family planning services as well. When the Population

Welfare Division was established under the Ministry of Planning and Development, one of the agreements was that the Family Welfare Centers of the Population Welfare Division would offer MCH services to its clientele and the Ministry of Health facilities would add family planning services to its MCH programs. To date, the Population Welfare Division has added MCH services, but few MOH facilities offer family planning services. The main exception is in the area of surgical contraception where MOH facilities and staff are used. The Population Welfare Division provides a cash reimbursement to the MOH for each procedure.

E. STATUS OF WOMEN. Less than 10 percent of adult females are classed as literate, with the figure higher in the cities and substantially lower in rural areas. This state of high female illiteracy, coupled with strong cultural-religious barriers to movement outside the home and limited employment opportunities, is not likely to change soon. Although increasing numbers and percentages of school age children are entering the school system, the percentage of females enrolled has not changed appreciably. Female literacy has generally been found to be a powerful secondary influence on desired family size and on the use of contraceptives.

F. FREQUENT CHANGES IN PROGRAM STRATEGY. During the past thirty years, the national population welfare program has undergone frequent major changes in strategy and policy:

- | | |
|---------|--|
| 1955-60 | Minimal GOP contributions to the family planning efforts of private organizations. |
| 1960-65 | GOP support for family planning services at MOH/MCH centers, utilizing field workers for outreach. |
| 1965-70 | A revised family planning program was created, relying mainly on village midwives to provide services and information. |
| 1970-75 | GOP emphasized full-time motivation teams monitoring the local distribution of condoms and pills, while de-emphasizing the IUD, important in earlier programs. Program responsibility was placed with a vertical family planning division within the MOH, emphasizing continuous motivation of acceptors and widespread availability of contraceptives (contraceptive inundation). |
| 1975-80 | A period marked by concern of donors about the limited effectiveness of the program and of political disruption which led to a suspension of activities in 1978-79. |
| 1980-85 | GOP created a Population Welfare Division within the Ministry of Planning and Development in an effort to coordinate more effectively with other ministries and integrate population programs with other development programs. A partial de-federalization of the population welfare program has been operationally effective for just a year. |

Each major shift of population strategy and program emphasis has delayed program implementation while policies, procedures and personnel changes were made.

The constraints listed above can be influenced little, if at all, by donor agencies. And many of the listed constraints can be modified only over a long period. It is within this setting that the A.I.D. Population Welfare Planning Project was developed and must operate.

The purchase of contraceptives has been accelerated in comparison with the Project's implementation plan. All other project activities are substantially behind planned implementation schedule. Little of the funds obligated for technical assistance, training and other costs have been earmarked for specific sub-project activities.

The following section of the report reviews each of the four components of the Population Welfare Planning Project, utilizing a standard format: Background; Current Status of Project Component; and Recommendations.

III. Detailed Project Evaluation

A. INTRODUCTION

The Population Welfare Planning Project (391-0469) was authorized on March 17, 1982, covering planned obligations of \$25,600,000 of ESF grant funds, plus Rs.21,000,000 (\$2,013,000), with a project assistance completion date (PACD) of September 30, 1987. The initial Project Agreement was signed on August 10, 1982. With four subsequent amendments, \$23,900,000, plus Rs.21,000,000, has been obligated, leaving a balance of just \$1,700,000 for obligation in U.S. fiscal year 1985.

The grant funds were allocated as follows:

(in U.S. \$000)	
- Management Information, Research and Evaluation	2,882
- Logistics System and Contraceptive Supplies	20,772
- Bio-medical Research	591
- Professional and Personal Awareness and Motivation	660
- Project Evaluation and Contingency	695
Total	<u>25,600</u>

The Mondale rupees were allocated for construction of a central warehouse in Karachi and a building for the National Research Institute for Fertility Control in Karachi.

The following table shows the traditional AID breakdown of project costs as authorized in the Project Paper along with actual obligations and earmarkings of funds through September 30, 1984:

	<u>Project Agreement</u>	<u>Obligations as of 9/30/1984</u>	<u>Disbursements as of 9/30/1984</u>
Technical Assistance	2,107	1,604	206
Training	1,024	626	47
Commodities	21,042	20,778	16,971
Other Costs	840	497	140
Contingencies	587	395	100
TOTAL	<u>25,600</u>	<u>23,900</u>	<u>17,464</u>

Mondale rupees were earmarked in July 1984 for architectural and engineering services for the Karachi central warehouse (Rs.970,000) and for the NRIFC building (Rs.952,000).

Below is a more detailed examination of each of the four project activities.

B. MANAGEMENT INFORMATION, RESEARCH AND EVALUATION

1. Background

The first component of USAID's Population Welfare Planning Project is support to the PWD in the areas of management information, research and evaluation. Specifically, AID agreed to provide \$2.88 million (over five years) to the Population Development Center (PDC) for eight types of activities: surveys, seminars and workshops, evaluation studies, training, publications, technical assistance, service statistics and data processing.

In 1981, the PWD submitted a proposal to the GOP to create a semi-autonomous institute for population research, data collection and processing, and program evaluation and feedback. The PDC was given tentative approval to operate on an ad hoc basis by merging two Directorates of the PWD: the Research and Statistics Unit and the Demographic Policy Implementation Research Center (DPIRC). One year later, after the Population Welfare Planning Project was signed, the PDC was not an official organization.

A Pakistani consultant, living and working abroad, was hired by USAID in 1983 to review the structure and function of the PDC and recommend modifications. In 1984 the PWD submitted a revised proposal to the GOP containing the consultant's recommendations and changing the name to National Institute of Population Studies (NIPS). When it is fully operational, the revised organization will have 4 divisions with a staff of 123, including 55 professionals. The objectives of NIPS include:

- a. undertaking a program of substantive and methodological research in the areas of program evaluation, demographic impact on development planning, and inter-relationships of population and development variables;

- b. undertaking in-house research in these areas and contracting out research;
- c. establishing a population growth survey system;
- d. organizing periodic meetings for Pakistani population experts and for international experts;
- e. examining the validity and reliability of demographic data and making it more widely available;
- f. developing demographic models to analyze population factors in social and economic policies;
- g. assisting in the evolution of comprehensive population policies;
- h. providing technical assistance to the Population Welfare Division in the identification and design of program strategies and monitoring of program objectives;
- i. reducing the distance between decision makers and population researchers by facilitating the use of research findings in the policy process;
- j. training in research methodology to its staff and to staff of other organizations;
- k. undertaking experimentation in innovative approaches to population and development and to improve vital statistics and other related data; and,
- l. preparing an annual report on the state of population.

Recently, the monitoring and statistics function was removed from NIPS and returned to the PWD at a DG level (the M&S Wing) because these activities are more appropriately done in-house than by a semi-autonomous organization. This leaves only the old DPIRC, now renamed PDC, to form the nucleus of NIPS, but it cannot function because of staff vacancies.

2. Current Status of Project Components

a. Technical Assistance, Training and Research

The nature of technical assistance, training, commodities and research activities originally planned for this component is shown in Table 1. Under technical assistance, USAID and the PWD have been searching since 1983 for a long term U.S. advisor to work with NIPS but with no success. To date, only five person-months of short-term technical assistance has been provided: Sultan Hashmi (1 person-month) to work on the design of NIPS; Gary Lewis (2 person-month) to assist in the CPS; Robert Magnani (1 person-month) to assist the Census Commission; and, Parker Mauldin (.5 person-month) and Mr. Wajihuddin (.5 person-month) to assist in reviewing the 6th Five Year Plan for Population.

TABLE 1Project Activities : Management, Information, Research and Evaluation

<u>Activities</u>	<u>Proposed</u>	<u>Actual</u>
A. <u>Technical Assistance</u>		
1. Long-term Advisor	1	-
2. Long-term Pakistani Researchers	3	-
3. Short-term U.S. Advisors	30 (person months)	5 (person months)
B. <u>Training</u>		
1. Long-term U.S. Training	2	-
2. Short-term International Training	13 (trips)	1 (trip)
3. In-country Training	5	-
C. <u>Research</u>		
1. Prevalence Surveys	3	1 (now in progress)
2. Other Surveys/Studies	(# not specified)	-
3. Seminars and Workshops	30	-
D. <u>Commodities</u>		
1. Computer Equipment	1	-

In the training area almost nothing has been done. No individuals have been identified and sent for long-term (degree) training in the U.S. The only short-term training has been in connection with the contraceptive prevalence survey (one trip). In the research area, only the first contraceptive prevalence survey has begun, over one year late. Few other surveys or studies by the PWD have been done; (an evaluation of the Hakeem project and an analysis of the family health care project). In fact, the M&S unit is to be commended for doing these studies given its normally heavy workload. In addition, the Futures Group has worked with PWD and provincial officials in preparing RAPID analyses for all four provinces. Revised draft analyses for the four provinces have been received.

There has been little need to hold seminars or workshops to review and disseminate demographic information since no major studies have been completed. This should change in the future when the provincial RAPID models are finalized and the CPS study completed.

Problems and Constraints

Part of the difficulty in initiating research and evaluation activities has been the failure to identify and recruit a long-term U.S. advisor with appropriate credentials willing to come to Pakistan. One factor in the inability to recruit a person has been changes within PWD over the level of experience and expertise acceptable in such an advisor. The situation is further complicated by the fact that the organization (NIPS) to which the advisor would be attached does not yet exist. Part of the problem could be resolved by recruiting an individual through an institutional arrangement. This would provide a mechanism whereby additional short-term technical expertise to supplement and complement the long-term consultant could be drawn upon when needed.

The fact that no training funds have been used exacerbates the frequently mentioned shortage of qualified staff who can undertake research and evaluation studies. Had individuals been sent to the U.S. for long-term (degree) training in the early part of the project, they would be available now to design and implement the needed studies.

A problem will arise if the current computer system (a Hewlett Packard) is transferred to NIPS because both NIPS and the M&S Wing need the facilities for monitoring, evaluation, and research activities. When the project was approved, this was not an issue since the M&S Wing was part of the PDC (NIPS). Fortunately, the low cost of powerful microcomputers means that both organizations can have strong computing capabilities within the existing budget (see Annex 1).

b. NIPS

Because final approval for NIPS continues to be delayed, virtually no activities have occurred in the eight areas USAID agreed to support^{1/}.

^{1/} The delay revolves around differences of opinion within the GOP over the scope of work for NIPS, its autonomy and the rank of its executive director.

Problems and Constraints

It appears that the goal of establishing a high level semi-autonomous institute (NIPS) has overshadowed the need to undertake population research and evaluation studies. The continuing efforts to get approval for NIPS have diverted considerable staff resources from conducting research and evaluation studies. This is distressing because there are numerous small studies that need to be done (e.g. analysis of FWCs, analysis of RHCs and a survey of contraceptive distribution agents). Even the PDC, which is to be the nucleus of NIPS, cannot undertake any research and evaluation activities because of insufficient staff.

Although there is an outline for the ultimate structure of NIPS, there is no plan for achieving that structure; no schedule for how research activities, staff, and other resources are to be phased in. Without an implementation plan, the start-up of NIPS, once it is approved, will take even longer. This would be disastrous because of the activities that should be started now: long-term training, research and evaluation studies, and seminars and workshops.

PDC is all that remains to form the core of NIPS since the M&S Wing was created. Yet it cannot initiate research because of staff vacancies and the lack of clear support by the PWD. At present, PDC consists of a DG and several junior staff; there are seven professional positions unoccupied (1 Director, 2 Deputy Directors, and 4 mid-level professionals). The argument given for not filling these positions is that the incumbents would be employees of the PWD and therefore could work only for the semi-autonomous NIPS by deputation. The argument can be resolved by offering the incumbents a choice of either being employees of PWD or of NIPS. But this choice should not be offered until NIPS is approved. If the vacancies were filled and strong support provided by the PWD, then research and evaluation studies can be initiated in the absence of NIPS.

c. Monitoring and Statistics

Not only is the M&S Wing responsible for establishing program targets, compiling program statistics, and monitoring program performance, but it has also recently been given the task of managing the warehouse and the logistics system. The Wing is to be commended in its efforts to manage these activities, especially in light of the many structural changes that have occurred as a result of provincialization. These changes have hampered the Wing's ability to collect, analyze and disseminate statistics since the district, provincial and federal staff have new reporting responsibilities. Given its wide and changing responsibilities, it is not surprising that the M&S Wing has not initiated many monitoring activities.

Problems and Constraints

There are several areas where the M&S Wing has identified weaknesses: i) filling and training qualified monitoring and statistics staff at the district and provincial level; ii) publishing and disseminating service statistics; and iii) developing a program monitoring manual and training staff in monitoring and evaluation activities. These weaknesses can be minimized by hiring a long-term advisor who would be responsible for assisting M&S staff to design and initiate monitoring and evaluation projects and to train staff.

Until NIPS is approved and operational, the M&S Wing and the PDC are the only groups within the PWD that can undertake studies of program performance and program characteristics. First, however, a set of evaluation studies need to be identified, approved, and executed. Based on conversations with PWD officials at all levels, the following illustrative list of priority topics was developed (the duration and estimated cost of each study should be viewed as illustrative):

- a. Small-scale analysis of family welfare centers and family welfare workers.

objective: to determine FWW's perception of the demand for family planning services; bottlenecks to service delivery; and allocation of time to various FWC activities.

duration: 6-9 months

estimated cost: \$10,000-12,000

- b. Small scale analysis of Reproductive Health Units (A and B).

objective: to determine the age and parity of contraceptive surgery clients and to verify the number of cases.

duration: 3-6 months

estimated cost: \$5,000-8,000

- c. Survey of family planning clients at selected FWCs.

objective: to obtain a socioeconomic profile of clients and to identify reasons for program drop-outs.

duration: 12 months

estimated cost: \$15,000-20,000

- d. Small scale analysis of contraceptive distribution agents in key areas.

objective: to more accurately determine factors affecting offtakes from these program outlets; to explore the means of increasing the popular usage of public program distribution agents; and to assess the potential for point of sale advertising for public program contraceptives.

duration: 9-12 months

estimated cost: \$10,000-15,000

- e. Study of the continuation rates for various contraceptive methods.

objective: to update studies done almost twenty years ago on the continuation rates for IUDs, condoms, and pills.

duration: 12 months

estimate cost: \$15,000-20,000

- f. Survey of all district population welfare officers.

objective: to assess the adequacy of provincial and federal support to various program tasks (e.g. commodities, targets, training, and IE&C); and to obtain suggestions for program modification and improvement.

duration: 3-6 months

estimated cost: \$5,000-8,000

3. Recommendations

- a. USAID and PWD should reprogram some of the funds allocated for NIPS so that some training and research activities can be started now.

- i. Several small surveys should be initiated by the DG for NIPS in collaboration with the M&S Wing.

To date, there has been little effort at evaluating the various components of the population welfare program, especially the key elements like the FWCs, the RHUs and distribution agents. The DG of NIPS and the M&S Wing should be given the authority to design and initiate several studies within the next few months. Ideally, two studies, such as the one on FWCs and RHUs, could be completed by mid-1985. The studies could be done either by hiring individuals on a short-term basis under the direction of the DG for NIPS, or by filling the existing vacancies in the PDC. The latter alternative is preferable if this can be done promptly since these people could then become part of NIPS. However, if NIPS is approved within the next month, it would certainly be the most appropriate organization to undertake the studies.

- ii. The PWD should identify as soon as possible two individuals for long-term training in the U.S.

The most pressing need for long-term training is in the area of family planning research and evaluation which is most likely to be obtained through an MPH program (e.g. Johns Hopkins, Michigan, or the University of North Carolina). Demographic training is also needed but is of a lower priority. The training should be in a degree granting program so that the trainees receive either an MPH or MA (typically such programs are between one and two years). In order to enroll in an MPH or MA program by next

fall, the individuals and the recipient institutions must be identified by January 1985. Delaying the identification and placement of individuals for long-term training beyond these dates means that the trained persons would not return until 1987 or 1988.

- iii. The DGs for M&S and NIPS should be given authority to approve and fund small research and evaluation projects.

Giving the DGs for M&S and NIPS the authority and responsibility to approve small research and evaluation studies would facilitate the implementation of such studies. For example, the DGs for M&S and NIPS should be able to authorize an evaluation project up to a 10,000 or 15,000 dollar ceiling. This ceiling is sufficient for most of the studies mentioned earlier. A consequence of this would be a clear directive from the PWD that research and evaluation studies have high priority. Up to now such a directive has been lacking. Unless such authority and directive is given, it is likely that important research and evaluation activities will continue to be delayed, pending the formation of NIPS, or encounter lengthy delays through the bureaucratic approval process.

- iv. M&S should plan a schedule of seminars and workshops on program performance and target setting, RAPID presentations, and CPS results.

It is time for PWD officials at all levels to review and discuss actual performance versus target performance over the past several years. A workshop should be held in each province and involve provincial and district officials as well as federal officials. The results of these workshops would be the basis for revising targets and identifying program weaknesses.

- b. Additional resources should be made available to M&S to initiate monitoring, evaluation and operations research projects.

1. The M&S Wing has requested and should receive a long-term advisor who is an expert in monitoring family planning programs.

The M&S Wing has an urgent need for assistance in developing a manual for program monitoring at the district, provincial and federal levels.

Currently little monitoring is being done; even the service statistics, while available, are not published. Part of the problem was provincialization which has complicated monitoring responsibilities as each province now has its own (understaffed) monitoring and statistics unit. A long-term advisor would assist in training federal, provincial and district staff in program monitoring.

A second function of the long-term advisor would be to assist in designing and implementing evaluation and operations research studies. One useful study would be to compare the performance of World Bank districts to non-World Bank districts (World Bank districts are to receive additional staff above the norm.)

The advisor should be part of a larger institutional package of long-term assistance to the PWD. Ideally the package would also include an advisor to NIPS (researcher/demographer) and two to NRIFC (one clinical investigator and one epidemiologist/biostatistician).

- ii. Short-term technical assistance should be made available for the research and evaluation studies discussed under recommendation (a) above.

Since it will be some time before the long-term advisors for M&S and NIPS are in place, short-term technical assistance (1-2 months each) may be necessary to help design and execute the studies listed earlier. In fact, it might be useful for a short-term advisor to arrive within the next two months and assist the DGs for M&S and NIPS in designing several key studies (e.g. analyses of FWCs and RHCs).

- iii. The data processing facilities of the M&S Wing should be strengthened.

The M&S Wing is operating with a Hewlett Packard and a slow printer. While this system appears to meet their current needs (except for the printer), the system is old, small and slow. Given the low marginal cost and the tremendous power of microcomputers, serious consideration should be given to equipping M&S (and NIPS) with microcomputers. A microcomputer system, such as the one detailed in Annex 1, should be sufficient to meet the current needs of M&S, and

provide the power required to process and analyze data from monitoring and evaluation studies. The installation and training should be phased in connection with the recommended evaluation studies.

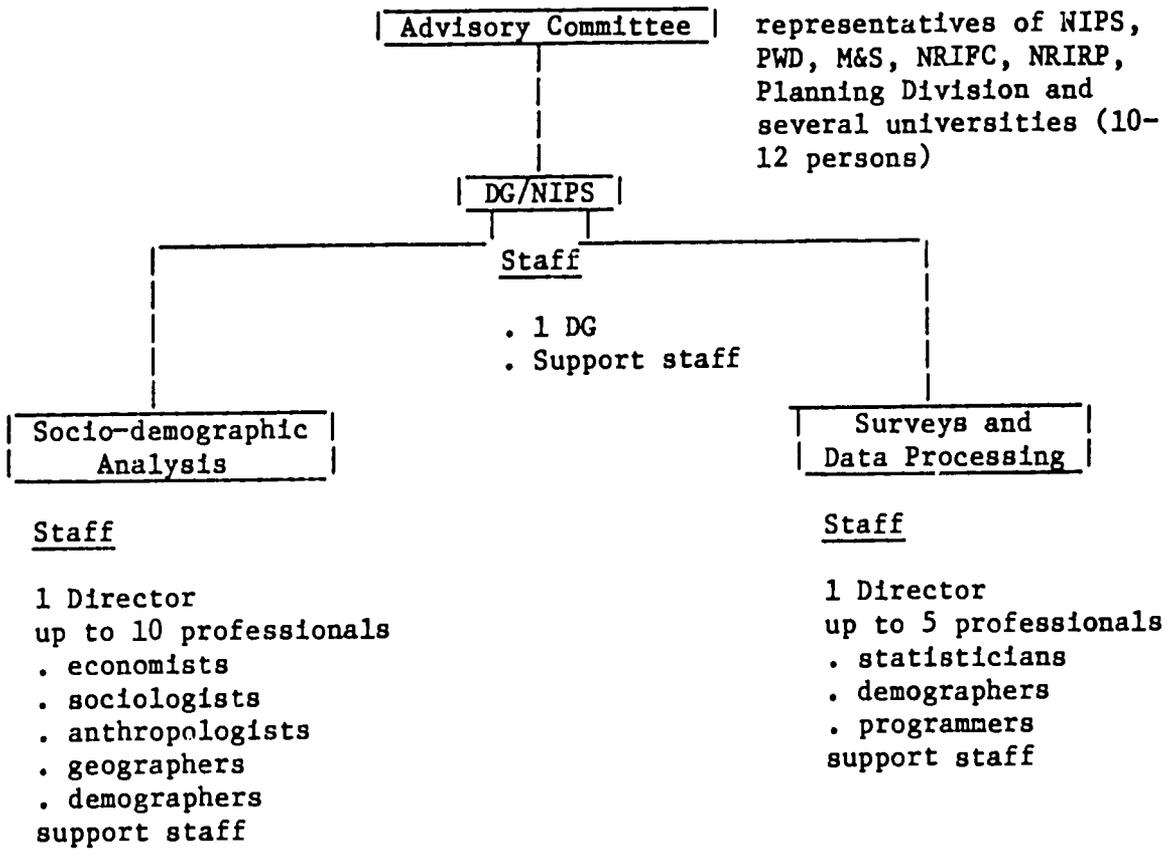
c. NIPS should be approved and an implementation plan developed as soon as possible.

The delays have gone on long enough and are undermining morale within the PWD as well as delaying the implementation of research and evaluation studies. The argument that NIPS would duplicate activities being carried out elsewhere is not valid. For example, no other organization is conducting evaluations of family planning program performance.

The NIPS' proposal describes a large and complex semi-autonomous organization. But the proposal provides little guidance as to how the staff will be phased in and what research studies will be started each year. In order to minimize start-up delays and to counter some of the arguments against NIPS (its large size and duplicative research agenda), a scaled-down implementation plan should be designed now. For example, based on discussions with PWD officials, a scaled-down version of NIPS would contain two divisions, 15-18 professional staff from various disciplines, and 10-15 support staff. (See Figure I). There would be four general areas of research: evaluation of components of the population welfare program (e.g. FWCs and RHCs); behavioral research (e.g. male attitudes toward family planning); population and development research (e.g. population projections and implications for sectoral development); and surveys (e.g. prevalence survey). This structure and functions of a scaled-down NIPS are illustrative; the details and a full implementation schedule need to be worked out by PWD officials.

FIGURE - I

Illustrative Structure for a Scaled-down Version of NIPS



1. Consideration should be given to making the directors of NIPS, M&S, NRIFC and NRIPR the same grade level.

A very important reason for establishing the same grade for the directors of NIPS, M&S, NRIFC and NRIPP is that, together, these entities constitute the full spectrum of a national population institute, namely biomedical research, socio-medical research, socio-demographic research, and program research. In the absence of a single unified organization and to promote integrated, coordinated research, the directors of each organization should meet as equals on a periodic basis to discuss ongoing projects and new research topics. It might also be appropriate for members of the Federal Statistics Bureau, the Census Commission and various universities to attend these meetings. This would provide a forum for information exchange and would minimize duplication. But, if the director of one of the organizations was of a different grade, effective communication and a true collaborative relationship between organizations would be much more difficult to obtain.

One argument given in the past for a higher grade (grade 22) for the director of NIPS is that it is necessary to help ensure the autonomy of NIPS. While this may be true, it is also probable that autonomy will come from generating credible and useful research. The key is for NIPS to be given the freedom to choose population research and evaluation topics; the freedom to implement all studies, whether they are self-selected or requested by PWD; and the freedom to publish the findings. These freedoms are not necessarily contingent on having a higher ranking executive director of NIPS and can be achieved with the same grade level as the directors of the NRIPR, NRIFC, and M&S.

- ii. An institutional contract should be used for a long-term advisor for NIPS.

For a variety of reasons, it has not been possible to recruit a long-term advisor for NIPS, which may be one reason why little research and evaluation has been done with USAID project funds. But it is precisely this reason why a long-term advisor is required, as there is

a need for long-term technical assistance in designing and implementing policy relevant research. The evaluation team recommends four long-term advisors in the research, monitoring and evaluation areas (i.e. a socio-demographer, a monitoring/evaluation specialist, epidemiologist/biostatistician and a clinical investigator). An institutional contract is preferable because of the continuity such an arrangement provides and the ease of recruiting supportive short-term consultants. It should also be noted that it is impossible to find one or two individuals with all the requisite skills.

iii. The vacancies in PDC should be filled in order to provide NIPS with a core staff capable of doing research.

PDC is all that remains to form the nucleus of NIPS. But the only professional staff at PDC is a DG (the DG for NIPS) and several junior persons. There are seven vacancies: a director, two deputy directors, and four mid-level professional positions. Recruitment for these positions should begin as soon as possible so that several research and evaluation studies can be started by early 1985.

d. The personal motivation component of the project should be dropped and the funds used for additional technical assistance and research activities.

Since NIPS is not yet a functioning organization, some of the monies for the personal motivation component should be allocated for more immediate needs. Eliminating this component would provide funds for at least eight person-months of research and technical assistance.

e. The PACD should be extended to September 30, 1989 and the third contraceptive prevalence survey (CPS) delayed until late 1988 (or early 1989) or reconsidered concerning its appropriateness at that time.

The Population Welfare Planning Project calls for three prevalence surveys over five years beginning in 1982. The first survey is over two years late in starting, and is only now in the field. Within the current PACD (September 30, 1987), three major CPS studies are certainly not needed. There is no evidence to suggest that prevalence (7-10 percent) is increasing

sufficiently to warrant two more large scale surveys by the end of 1987. However, a CPS type study of males is crucial since condoms account for 60 percent of all contraceptives used. A sub-sample of males in the second survey should be matched with a sub-sample of women from the current survey to yield information on the consistency of attitudes and knowledge about contraception within households. The third CPS should be kept as a possibility for late 1988 or early 1989, but should be assessed as to its appropriateness on the basis of data generated in the earlier surveys.

C. LOGISTICS AND COMMODITIES

1. Background

Approximately 80% of the funds under the Population Welfare Planning Project were planned for the purchase of contraceptives, mainly condoms and oral contraceptives. In preparing the original project proposal, the authors noted the unusually high preference for condoms in Pakistan. However, in making projections of usage, they drew upon experience in other countries and projected that the demand for condoms would be somewhat muted as the Population Welfare Program made other methods, namely orals, IUDs, and surgical sterilization, available on a widespread basis. The estimates, therefore, projected only moderate increases in condom demand. However, the actual demand for condoms has increased substantially during 1984, while the increase in demand for orals and IUDs has been limited. Table 2 shows actual distribution compared to original projections. Table 3 shows distribution patterns during the first seven months of 1984, demonstrating the recent increase in demand for condoms.

The result has been a chronic shortage of condoms in-country. The PWD has tried to cope with this problem by rationing the numbers of condoms sent to districts. Although the logistics system is designed such that the district stores should have 3 months of supply of condoms on-hand, the Central Warehouse has honored only requests to supply current consumption, leaving virtually no safety stocks at the district level.

It is difficult to ascertain the effects of this chronic shortage on meeting actual demand in the field. Most provincial and district personnel feel that the rationing has been managed carefully enough so that already established distribution points (family welfare centers and authorized agents) have had sufficient stocks to satisfy their demand. However, there is a feeling that a larger supply would have allowed more expansion of the program to more distribution points.

During September 1984, Mr. Anthony Boni, AID/Washington made a one-week visit to Pakistan to address the critical problem of shortages. Using recent distribution figures as a basis, he projected demand and prepared PIO/Cs for sufficient supplies of condoms to satisfy demands and bring in-country stocks up to a level equivalent to a full year of usage by the end

TABLE 2Actual versus Projected Use of Contraceptives^{a/}
(thousands)

	<u>1982</u>	<u>1983</u>	<u>1984</u>
Condoms - Projected	44,100	48,900	56,200
Actual	7,890	43,211	58,564
Orals - Projected	1,430	2,236	3,497
Actual	233	571	741
IUD ^{b/} - Projected	118	136	164
Actual	78	96	152

a/ Projected on Calendar Year; Actual based on Pakistani Fiscal Year ended June 30.

b/ Projected on the basis of contraceptive prevalence; Actual based on the number of cases.

TABLE 3Offtake, First Seven Months of 1984
(thousands of units)

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>July</u>	<u>Total</u>
Condoms	4,508	4,111	5,924	6,632	7,153	7,048	6,630	42,006
Orals	58	64	75	67	71	75	70	480
IUD	12.3	12.6	16.6	12.5	12.5	13.3	12.4	92.2

of U.S. FY 1986. A major task of this evaluation, therefore, was: a) to assess the reasonableness of reported distribution figures as a basis for projections; b) to assess the effects of planned service delivery expansion on future demand; and, c) to make projections for ordering purposes.

2. Current Status of Project Component

a. Structure of System

The commodities are received at the Central Warehouse in Karachi. The warehouse is actually two facilities separated by about 10 miles. One facility is an old A.I.D. warehouse and houses the administrative offices, spare parts (automotive) storage, and storage for sensitive and high-cost items. This space is inadequate for offices, as there is no air-conditioning, no ceiling insulation and ventilation is limited. The second facility is a 10,000 square foot building with a crumbling concrete floor and inadequate protection from the weather. This warehouse is used for storage of bulk commodities, mainly condoms and oral contraceptives.

In spite of very poor physical facilities, the Central Warehouse appears to be doing a good job of responding to needs within the system. Other than the problem of rationing of condoms, we heard no complaints in the field regarding receipt of supplies. Indeed, it seems that careful management of the rationing process by the Central Warehouse has been key in avoiding shortages at distribution points. Commodities are requested monthly by districts with a report that informs the warehouse of offtake during the past month and current inventory (this is a copy of a report that is also sent up through the program for management information). Although there is usually a requested amount, it is scrutinized by Central Warehouse staff in relation to past offtake and stock position before it is approved. Some districts send no request figure, only usage and inventory, and depend upon the warehouse to "push" out the proper quantity. All records are kept manually, using inventory control ledgers and individual files for each district. Detailed information was readily available.

A major task of this evaluation has been to determine whether the offtake figures reported are dependable. Interviews in the field indicate that demand for condoms is very strong, and indeed has risen considerably during the past half-year. Furthermore, since the product is sold, and each district is subject to a yearly audit in which offtake is reconciled with deposits of proceeds for a sample of months, the reported offtake figures are more likely to be reliable. In summary, reported offtake of the recent past should be considered a reasonable basis for future projections.

There has been a demand (strongest in Punjab) for provincial warehouses. The development of these warehouses for contraceptives should be strongly discouraged. In spite of inadequate physical facilities, the current operation functions well. Also, transportation is often more easily available from Karachi, the largest city and only major port, directly to district headquarters than from the provincial capitals to the districts. Inclusion of an additional level to the system would only be disruptive. The main justification for provincial warehouses has been that a safety stock is

needed at an intermediate level. However, once the supply of condoms in country is adequate, the Central Warehouse plans to bring the district inventories up to a 3-month supply. With the quality of transportation in Pakistan, and the ability of the Central Warehouse to respond to needs, the system will operate more smoothly without provincial warehouses for contraceptives.

b. Logistics Manual

One of the tasks specified in the project plan is the preparation of a logistics manual. Technical assistance concerning the form the manual should take was provided during 1983 and a working group was formed jointly between the Office of Monitoring and Statistics, PWD and USAID. A draft manual was prepared which was reviewed by Jack L. Graves and Anthony Hudgins of CDC/Atlanta and discussed in Washington on October 2, 1984 with Mr. Wasey, the USAID representative on the working group. Both specific and general recommendations were given. The manual now must be finalized based on the reviews in Washington and the comments provided by provincial program officials. Then training sessions in the use of the manual should be held in all four provinces. General recommendations are reiterated in the recommendation section.

c. Warehouse Construction

Due to the inadequacy of existing central warehouse facilities, funds were provided in the project for the construction of a 50,000 square foot warehouse in Karachi. Actual construction has been delayed, and the GOP approved only a 25,000 square foot building with the potential of adding a second floor that would double capacity. USAID/Islamabad contracted for A&E services in July 1984. Completion of the building is expected in 1986.

One major justification for the reduction of the capacity of the building was the proposed provincialization of the system (which may or may not occur). If it does not occur, and a full year's supply of commodities is eventually accumulated at the Central Warehouse, the capacity of the planned warehouse may be strained.

d. Training and Technical Assistance

The project called for two types of training. The first type was short-term out-of-country training for officials in charge of the logistics system. This was accomplished by the attendance of two GOP officials at a logistics management workshop in Jakarta during 1983. The second type of training called for was in-country training for lower level (provincial and district) personnel. This training is predicated on the availability of a finalized logistics manual, and thus has not been accomplished.

e. Computerization

The original project called for computerization of the logistics system. At this time, the system is operating successfully with only manual records, and, therefore, a computer is not really needed. With

increased provincialization of the entire management information system, though, the situation may change. An assessment should be made in approximately one year (late 1985) to reconsider this aspect.

f. The "cafeteria approach" to oral contraceptives

The GOP recently decided that a broader range of oral contraceptives was needed to satisfy client needs. Despite USAID's reservations about using the "cafeteria approach", USAID has supplied 700,000 cycles of Norminest low-dose combination orals and 200,000 cycles of Ovrette progestin-only orals. The evaluation team (and USAID) believe that certain safeguards and precautions must be undertaken to assure the proper administering of these different formulations and avoid possible adverse reactions from clients. These various orals have not been distributed, and, indeed, should not be distributed until instructions have been distributed in their use and forms have been modified for ordering of orals. Noriday 1+50 supplies will be exhausted by mid-1988. Noriday will then be replaced by Femenal (a 1.1 million cycle shipment is en-route).

3. Recommendations

a. Commodity Procurement

Figures coming from the field regarding offtake of condoms appear to be reasonably accurate, and, although it is difficult to assess the complete effect of the rationing of condoms, current use still appears to be a valid basis for projecting condom needs. The USAID estimate of condom needs developed recently by Anthony Boni should be used as a basis for ordering. Average monthly offtake should be monitored, and future shipments should be adjusted accordingly.

There is considerable perceived demand in the field among physicians and clinic paramedical staff for the Copper-T IUD. It was stated that even illiterate patients had come to the clinic asking for it. Furthermore, the Copper-T is more effective in preventing pregnancy than the Lippes B and C IUDs currently used by the program. Copper-T IUDs should therefore be supplied.

UNFPA currently supports surgical contraception activities in GOP facilities by supplying commodities and reimbursing facilities on a per-case basis. However, UNFPA funds are strictly limited. If surgical contraception activity expands to the level of government targets, these funds will be exhausted quickly. PWD should examine the possibility of other donors supplying Yoon Fallop Rings and other commodities related to the GOP surgical contraception program to allow the UNFPA budget to be expended on additional per-case reimbursements.

Contraceptive Procurement Tables have been prepared and are shown as Table 4 and 5. An additional \$14,400,00 is needed to meet commodity demands for the current project period (i.e. through September 30, 1987). To provide commodities through U.S. FY 1989 (i.e. through September 30, 1989) requires an additional \$18,500,000. The following assumptions were made in preparing the contraceptive procurement tables:

1. Shipping time is assumed to be two months.

TABLE - 4 LOGISTICS ANALYSIS TABLE
(in 000's)

FY 1986 ADS

Country: Pakistan

Program: Population - Welfare Programme

Product: Condom 52 NR (Sultan)

DATE November 13, 1984

Source of Data for Beginning-of-Year Stock: Inventory 10/30/84 plus Expected receipts
minus expected offtake by 1/1/1985

	CY 1985	CY 1986	CY 1987	CY 1988	CY 1989
1. Beginning-of-Year Stock (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	24,000	89,000	150,000	165,000	171,000
PLUS					
2. New Supply of Same Product					
(a) AID supplies received to date					
(b) additional AID quantities scheduled for but not yet received	169,000	87,000			
(c) other sources of supply of same product (host country/other donors)	-	-			
MINUS					
3. Estimated Product Use	104,000	125,000	150,000	165,000	171,000
MINUS					
4. Desired End-of-Year Stock Level (equal to 100% of estimated use in subsequent year)	125,000	150,000	165,000	171,000	171,000
EQUALS					
5. NET SUPPLY SITUATION/AID REQUIREMENT (negative number signifies additional supplies of product required from AID; positive number signifies no AID requirement and need to calculate line item 16. (1+2-3-4=5))		(\$5.3 million) -99,000*	(8.75 million) -165,000	(9.06 million) -171,000	(9.06 million) -171,000
6. Estimated End-of-Year Stock Level SEE INSTRUCTIONS FOR THIS LINE ITEM. (4+5=6)	89,000				

*need for second half of 1986

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TABLE - 5 LOGISTICS ANALYSIS TABLE
(in 000's)

FY 1986 ADS

Country: Pakistan

Program: Population Welfare Division

Product: FEMENAL Oral Contraceptives

Source of Data for Beginning-of-Year Stock: Inventory plus expected receipts
Assume use begins in March 1985

DATE: November 13, 1984

	CY 1985	CY 1986	CY 1987	CY 1988	CY 1989
1. Beginning-of-Year Stock (PLEASE READ INSTRUCTIONS TO FILL IN THIS LINE ITEM)	1,100	1,081	1,297	1,427	1,570
PLUS					
2. New Supply of Same Product					
(a) AID supplies received to date	-	-	-	-	-
(b) additional AID quantities scheduled for but not yet received	-	-	-	-	-
(c) other sources of supply of same product (host country/other donors)	-	-	-	-	-
MINUS					
3. Estimated Product Use	820	1,081	1,297	1,427	1,570
MINUS					
4. Desired End-of-Year Stock Level (equal to ___% of estimated use in subsequent year)	1,081	1,297	1,427	1,570	1,727
EQUALS					
5. NET SUPPLY SITUATION/AID REQUIREMENT (negative number signifies additional supplies of product required from AID; positive number signifies no AID requirement and need to calculate line item 16. (1+2-3-4=5)	-801	-1,297	-1,427	-1,570	-1,727
6. Estimated End-of-Year Stock Level SEE INSTRUCTIONS FOR THIS LINE ITEM. (4+5=6)					

ii. The system ultimately needs a full year's supply in-country to function most smoothly. This would allow a 1 month supply at distribution points, a 2 month supply at clinics, a 3 month supply at the district stores, and a 6 month supply at the central warehouse.

iii. For condoms, an increase of 20% in 1985 over current consumption of 7.3 million per month was assumed to take into account the possible effects of rationing and increases in efficiency in the supply system. During 1986 and 1987, additional increases of 20% each year were assumed due to expansion of the service delivery capability. During the two following years, an increase of 10% each year was assumed.

iv. For Femenal orals (which will replace Noriday currently being used), it was assumed that the Femenal currently being shipped would not begin being used until March 1985, and that use would increase in 1985 by only 10% over current use of 75,000 per month (this increase restrained by the introduction of competing preparations under the "cafeteria approach"), 20% in each of 1986 and 1987, and 10% in 1988 and 1989.

v. Tables were not prepared for Copper-T IUDs. However, expected initial demand would be approximately 200,000 per year.

vi. Since the plans for introduction of Ovrette and Norminest oral contraceptives have not been finalized, and there is no use experience in the country, tables were not prepared at this time for these two products.

b. Logistics Manual

The draft logistic manual was discussed with a USAID representative in Washington on October 2, 1984. At that time, general recommendations and an annotated copy of the draft were delivered to AID/W. Preparation of the logistics manual should continue in spite of the uncertainty caused by the current ongoing process of provincialization. Some general comments and recommendations concerning the manual follow:

i. The sections of the manual should be sequenced such that the tasks at the lowest level are described first and the highest level last. This design is both easier to understand, and can easily be divided up for distribution.

ii. The manual as it is now written contains no detailed instructions on completing the forms.

iii. Procedures and forms at the FWC and district level should be as close to current procedures as possible.

iv. Procedures should be compatible with new procedures for management information arising out of the provincialization process.

v. Initially, the manual should be prepared for the current system (without provincial warehouses).

vi. The number of different forms should be minimized.

vii. Logistics information will now have to reflect the "cafeteria approach" desired by the program, namely that there will be 3 different types of orals supplied instead of one.

c. Central Warehouse

The development of provincial warehouses should be strongly discouraged and operation of the Central Warehouse should be strengthened. Construction of the new warehouse should be expedited and two delivery vans should be provided immediately. The current director should be called upon to function as an in-country consultant to districts in warehouse management. This would require agreement of program management officials as well as travel funds so that this person or his storekeeper could visit 10 to 15 districts per year.

As larger quantities of condoms will soon be arriving, district stores will be brought up to 3 months supply reserve stock by mid-1985. At this time, the Central Warehouse will also begin to fill up. Logistics staff should anticipate this and prepare to lease additional space until the new warehouse is available.

d. Management of the "Cafeteria Approach"

Since the GOP has decided to offer a broad range of oral contraceptives, USAID has supplied Ovrette progestin-only orals and Norminest low-dose combination orals in addition to Noriday moderate dose orals currently supplied. A 1.1 million cycle shipment of Femenal is expected to arrive by the end of 1984 to replace Noriday 1+50 as supplies are exhausted in mid-1985. The three new orals should not be distributed until: i) instructions are prepared for their use; and, ii) forms for reporting use and requesting supplies are modified. A draft instruction letter is appended as Annex 2.

D. BIO-MEDICAL AND SOCIO-MEDICAL RESEARCH

1. Background

In 1981, when the Population Welfare Planning Project was being prepared, the GOP did not request any assistance for the Directorate of Reproductive Physiology (DRP) which, with the NRIFC, also is responsible for conducting bio-medical and socio-medical research. Following approval of the Project Paper in March 1982, prolonged debate erupted within the PWD regarding:

— whether or not the two organizations should remain separate, autonomous or semi-autonomous institutions within the PWD or be united, and

— where to build the permanent structure(s).^{2/}

For nearly two years, no real progress was made in resolving these issues. As a consequence, construction was postponed. Finally, in January 1984, at an internal meeting of the PWD dealing with "how to improve family planning research activities", it was decided to set up an ad hoc committee composed of six eminent scientists and very senior members of the medical profession. The committee was chaired by the Secretary (PWD) and was formally charged with the responsibility of advising the PWD on how the family planning research activities currently being carried out could be better streamlined and organized. (The committee's report is on file at USAID/Pakistan.)

During February 1984, the committee members visited both organizations (NRIFC and DRP) and interviewed faculty from Quaid-e-Azam University (Islamabad) and Karachi University engaged in fertility related research. In March 1984, the final report of the committee was issued, stating that:

-- The two organizations should remain separate with one undertaking clinical (human) bio-medical and socio-medical research (NRIFC) and the other, now renamed the National Research Institute of Reproductive Physiology (NRIRP), to conduct basic (bench-type) research in the area of applied reproductive endocrinology and physiology.

— The NRIFC should remain in Karachi, where it has excellent working relations with several hospitals and operates three research clinics providing clients for their studies, and the NRIRP in Islamabad, where it can continue to benefit from its association with NIH.

— Both organizations should remain semi-autonomous institutions administered by the PWD.

-- Both organizations should construct their own facility as soon as possible, complete with a "full complement of laboratory facilities, equipment and instruments and sufficient manpower" to achieve their defined objectives.

Once this deadlock was resolved, progress since then has been quite rapid. GOP approval has been granted to both organizations and a potential site has been identified in Karachi for the NRIFC. In addition, NIH has agreed to provide a two acre plot of land free of charge within the NIH complex for the NRIRP. Unfortunately, at present, no donor has been identified to assist in the cost of constructing and equipping the NRIRP.

^{2/} The NRIFC has been located in rented facilities in Karachi since its inception in 1982. By contrast, the DRP, which was established in 1969, has always been located in "borrowed space" at the National Institute of Health (NIH), Islamabad

2. Current Status of Project Component

a. Building Construction

The proposed site for the NRIFC is a nearly rectangular plot of land measuring 330' x 139' (4843 square yards - about one acre). It is located in Clifton, a newly developing residential/light industrial suburb of Karachi. The site is situated about 300 yards from the ocean (actually just beyond the primary dunes).

A contract for the A&E firm should be signed by December 1984 with construction to start about 9-12 months later (fall 1985) and completion of the building expected about 18 months after that (spring/summer 1987).

Construction costs will probably be considerably higher than budgeted because:

-- The site selected is a sandy beach area. A reinforced foundation probably requiring pilings will be necessary to support the building.

-- In Karachi in the summer, temperatures often exceed 110 degrees Fahrenheit with relative humidity in the 80-90% range. This, coupled with the adverse effects of salt air breeze, will necessitate increasing the air-conditioned space from 5,000 to 10,000-15,000 square feet to protect delicate laboratory instruments and data processing equipment.

-- The extent of the building's laboratory facilities was not clear at the time of the original construction cost estimate. (The histopathology, hematology and general chemistry labs will all require additional wiring and outlets, sinks/drains, pipes and outlets for gas, compressed air and vacuum as well as hot, cold and distilled water lines.)

-- No funds were provided to purchase and install the necessary lab equipment (benches with slate tops, desks, floor and wall mounted cabinets and drawers, etc.)

The line drawings detailing the space, function and room requirements submitted by PWD were inadequate and had to be re-worked for two reasons:

-- Sufficient detail was lacking to enable the A&E firm, when selected, to prepare useful preliminary sketches (schematics and engineering drawings).

-- The recent GOP decision to limit certain laboratory studies such as the RIA assay of steroid and polypeptide hormones to the NRIRP in Islamabad eliminates the need for certain types of laboratory space.

USAID/Pakistan's Office of Engineering has been working with the directors of both organizations to address these problems. Adequate line drawings should be available by the time the A&E contract is awarded.

Construction is estimated to cost between U.S. \$1.1 million to U.S. \$1.5 million. The building as currently envisaged should fulfill the NRIFC's immediate and future needs. Space allocation roughly is as follows:

<u>FUNCTION</u>	<u>SPACE</u>	<u>APPROX. AREA</u> <u>(SQUARE FT.)</u>
Teaching Area (Seminars/Workshops)	1-Auditorium 2-Seminar Rooms 1-Canteen Male/Female Rest Rooms	4,800
Biomedical Research Area	4-Laboratories ^{a/} 1-Cold Room 1-Electronic Shop 1-Maintenance Shop	6,900
Sociomedical Research Area	6-Offices 1-Data Process Room 1-Computer/Photocopy Unit	2,900
Library	1	1,200
Administrative Area	12-Offices	1,200
Maintainance Area	1-Receiving/Shipping 5-Storage Rooms 4-Rest Rooms	2,000
Common Area	Corridors & Halls	3,000
	TOTAL	22,000

^{a/} The NRIRP will collaborate with the NRIFC in performing RIA Assays and other basic research studies required.

b. Condom Testing Equipment

After more than two years of delay, the condom testing equipment has been ordered (PIACT). It should arrive in mid-December along with the field representative who will set up the equipment. Another representative will train the staff in the equipment's use in January 1985.

The NRIFC has never had sophisticated equipment to perform condom testing until now. Interestingly, although detailed specifications for condom testing (tensile strength, etc) were established in 1972 by the Pakistan Standards Institution (and published as Pakistan Standard 1428:1979), other than visual inspection and testing for leaks^{3/}, nothing else is done by the NRIFC.

The deputy director is responsible for performing the "condom testing". He should have no difficulty learning to use the PIACT equipment and maintaining it.

c. Training

Although no candidates have, as yet, been proposed for long-term (2 one year) and short-term (10 three month average) training, a detailed listing of the course requirements for both groups has been prepared by NRIFC (Annex 3). The director (NRIFC) has requested assistance in identifying institutions/training centers in the USA and UK with relevant programs.

A major constraint to sending staff for training, particularly long-term, is that work stops in their absence. For example, when the deputy director (statistics) leaves, hopefully in the fall of 1985, socio-medical research activities will stop.

d. Technical Assistance

As originally proposed in the Project Paper, 15 consultants (each for one month) were programmed over the course of the project. So far none has been requested despite a rather desperate need for TA in research design (bio- and sociomedical studies), data processing, microcomputers, biostatistics, epidemiology and demographic analysis. Given the present state of the NRIFC (most of the available equipment and instruments are obsolete, broken and unrepairable and no data processing/analysis equipment is available), there is very little a one-month consultant could do. However, long-term assistance is essential in the following areas:

-- epidemiologist/biostatistician with LDC experience (24 months).

-- MD/Ph.D type biomedical/clinical investigator with strong background in reproductive medicine (24 months).

^{3/} Provisional Condom Standard Method, 6.1 to 6.2.3, IPPF Working Group on condoms, London, April 26-27, 1972.

In addition, if a computer analyst with strong statistical skills could be recruited for 3-6 months, this would be very useful. The time frame for the scheduling of the consultants (assuming the microcomputer system will be approved, ordered and delivered by the summer of 1985) would be as follows:

-- arrival of computer/statistician consultant to coincide with delivery of the microcomputer system (summer 1985).

-- epidemiologist/statistician consultant's arrival dovetailed with departure of deputy director (statistics) in the fall of 1985.

Providing a long-term consultant in this manner would facilitate the long-term training of the deputy director and allow work to continue in his absence. In addition, it would assist NRIFC in improving its research capability and provide on-site training for the remaining staff.

Assuming construction proceeds on schedule, arrival of the biomedical consultant probably should not occur until January 1987. (The timing of this consultant's arrival would also be consistent with the extension of the PACD to September 30, 1989.)

3. Recommendations

a. PWD should identify and begin processing two individuals for long-term training (one in epidemiology/biostatistics and one in biomedical/clinical research) to begin by the fall of 1985. Furthermore, the period of training should be increased (up to two years) depending on the type of program selected and the candidates' needs.

b. Within three months, PWD should identify three candidates for short-term training to begin by the spring of 1985. The remainder of the short-term training should be completed by the fall of 1987.

c. Long-term TA (up to two years) should be provided by an experienced epidemiologist/biostatistician and physician (clinical investigator) in reproductive medicine.

d. The present staffing pattern and organizational structure of the NRIFC should be revised and expanded.

i. The position of director (NRIFC) should be increased to the same grade level as the head of NIPS and the DG (M&S). This should apply to the director of the NRIRP as well.

ii. An additional post should be created at the deputy director level and a well-qualified biostatistician/operational research professional recruited.

iii. Additional research staff (grade level BPS 11-17) as requested by the director (NRIFC) should be approved and recruited.

e. Most of the laboratory equipment is obsolete (more than 15 years old) and unrepairable. Recently, several projects have been discontinued due to equipment failure. It is recommended that provision of laboratory equipment and instruments for the histopathology, hematology and biochemistry/metabolism laboratories planned for the new building be provided. A complete listing of the required equipment should be submitted early in 1985. (The director has requested TA (about 1 month) for this activity). Estimated cost of equipment: \$100,000.

f. At present the NRIFC has no data processing/computer capabilities. A microcomputer system such as an IBM-AT with appropriate accessories and software should be procured (estimated cost: \$11,500). Equipment should be ordered by January 1985 for delivery by July-September 1985. Short-term TA (3-6 months) will be needed to set-up and train existing staff in its operation. Timing of the TA should coincide with the delivery of the equipment as discussed above.

g. Clarification and delineation of the biomedical laboratory activities by the NRIFC and NRIRP are essential to avoid duplication, assure a high quality of work and conserve limited resources. Based on a review of the present capabilities and requirements of the NRIFC, it is recommended that:

-- No new RIA equipment be provided. (The NRIRP has access to an extremely well equipped RIA laboratory.)

-- In the new building (NRIFC), provision of an RIA laboratory should be deleted.

-- Small animal studies (rats, rabbits, mice) should be restricted to the NRIRP. (NIH where the NRIRP is located maintains an excellent small animal breeding house and primate center.)

E. PROFESSIONAL AND PERSONAL AWARENESS AND MOTIVATION

1. Background

The A.I.D. Project Paper noted the complex social, political, economic and religious environment in which the GOP's population program would have to operate. The Paper also identified the important role that national, provincial and community leaders could play in supporting and sanctioning the population program. Funds were provided for short-term promotional, motivational and educational visits in the United States or developing countries by up to fifty Pakistani leaders. The target groups were identified as population, health, education, social welfare and other professional and managerial personnel; federal, provincial and district officials; and prominent Pakistani leaders or policy influencers. To provide exposure of Pakistanis to a wide range of new ideas, funds were also allocated for fifteen U.S. experts in the fields of population, health, demography, social science, education and other relevant disciplines to visit Pakistan to consult or teach.

2. Current Status of Project Component

During U.S. fiscal years 1982, 1983 and 1984, USAID obligated \$626,000 for participant training and \$1,604,000 for technical assistance. The amounts allocated for professional and personal awareness and motivation, either for short-term visits abroad by Pakistanis or for U.S. visiting scholars to Pakistan, were not specified. To date, no funds have been used for U.S. visiting scholars. Five Pakistanis have been sent abroad at a total cost of \$10,000:

- M.A. Aghai, Director General, Population Welfare Division, and Farida Sher, Family Planning Association of Pakistan, attended an ESCAP meeting on Population in Bangkok.
- Begum Manawar Ali, All Pakistan Women's Association, attended a Women in Development Conference in Geneva.
- Dr. Fakhurnnisa, Pakistan Society for Planned Parenthood, attended a conference on family planning delivery and follow-up.
- Mr. Ashraf Hashmi, Correspondent for the Muslim (daily newspaper) attended the International Population Conference in Mexico as a member of the Pakistan delegation.

According to the Project Paper implementation plan, 20 persons should have been identified and sent for training by November 1984. By the same date, ten visiting scholars should have been programmed for work in Pakistan.

Two main problems appear to have slowed implementation of this portion of the project: slow implementation of other elements of the project and the lack of annual training and technical assistance plans developed and agreed to by the Population Welfare Division and USAID.

The Project Authorization, approved in May 1982, included as covenants the requirements that the Population Welfare Division, in consultation with USAID, should prepare by July 30 of each year an annual training plan detailing the number of participants and types and duration of training programs along with a tentative schedule. Similarly, the Population Welfare Division was to prepare an annual technical assistance plan covering long-term advisors, short-term consultants, and visiting scholars. Neither training plans nor technical assistance plans were prepared in 1982, 1983 or 1984.

3. Recommendations

a. The Population Welfare Division and USAID should work collaboratively to develop both an annual training plan and an annual technical assistance plan. In the process of doing so, program needs can be more clearly identified and steps planned in an orderly fashion to meet those

needs. The Population Welfare Division needs to be more active and aggressive in its efforts to identify those governmental and private leaders who would benefit most from exposure to active family planning programs in other developing countries, especially other Muslim countries.

b. The personal motivation concept should be abandoned. The funds would be better utilized for the institutional technical assistance contract described elsewhere in this paper. This would allow both the Population Welfare Division and the research institutes to concentrate their thinking on more precise technical assistance requirements for project purposes, rather than dealing with a large number of brief visits by visiting scholars.

F. GENERAL RECOMMENDATIONS FOR THE POPULATION WELFARE DIVISION

A visit of only one month provides limited opportunity to review and analyze a national population welfare program. But discussions with many persons and the opportunities to visit a small number of Family Welfare Centers, Reproductive Health Units, authorized contraceptive distribution agents, and private organizations led us to some general comments about the program.

There are some bright points and some troubling ones. On the positive side, demand for the means of spacing and limiting births appears to be growing. Offtake of condoms, oral contraceptives and IUDs has increased steadily in recent months. The number of contraceptive surgery procedures completed has increased, as have the number of Reproductive Health Units providing this service. The concept of utilizing distribution agents to broaden access to contraceptives is a sound one and the number of authorized agents is increasing. There is an effort to involve Ministry of Health clinics and centers directly in family planning; but this effort is proceeding slowly. The logistics system for moving contraceptives and other commodities to the districts, Family Welfare Centers and distribution agents is well organized and functioning. There are committed staff of the PWD who are well organized and are implementing good programs in the face of many constraints within the system.

Especially important is the initiation of a social marketing of contraceptives project that will draw on the considerable strengths of Pakistan's private sector. A social marketing effort will perform a critical complementary role to the public sector program. Without a social marketing activity, the chances of achieving stated population goals will be greatly reduced. Also new GOP policy guidelines regarding non-governmental organizations and creation of the NGO Policy Board and the Coordinating Council offer the possibility of far greater utilization of these organizations to supplement governmental population welfare programs.

There are still many troublesome constraints to developing an effective national program that might have an impact on fertility reduction. There is no communications strategy and, pending its approval, the implied policy is no public communications relating to population welfare or family planning. A clear communications strategy has been missing for over three years. Debates over design and defining the limitations for population

communication continue. It is high time a strategy is determined and implemented. The continued absence of a positive communications strategy will significantly limit program expansion, particularly through the authorized agents. More importantly, the lack of media communications and advertising raises serious questions about the viability of the proposed social marketing program.

A more powerful and continuing demonstration of high level political support and commitment is needed to give the backing, high quality staff, funds, and facilities required to expand the program successfully.

The partial decentralization of the population welfare program has left the provinces responsible for delivery of services but has deprived them of responsibility for the information, education and communications aspect of the program. This bifurcation of responsibility will continue to plague program expansion, so long as federal and provincial responsibilities and policies are not synchronized.

There has been little research on program evaluation and planning; this may be changed if the NIPS is approved and becomes functional soon. The cafeteria of activities offered by the Family Welfare Centers appears to have resulted in a heavy emphasis on MCH and income-generating schemes while reducing time and commitment to family planning. While contraceptive distribution and contraceptive acceptor targets may be being met, this may reflect targets set to accommodate heavy time commitments for other FWC activities (and hence too low) rather than targets reflecting potential family planning opportunities in the area. Further analysis would be a logical candidate for small scale research. Utilization of funds from donor agencies has been slow. Each donor has procedures which may be time-consuming. But internal policies and procedures of the GOP appear to be a major cause of delays in funds utilization.

What follows are some general recommendations on the overall Population Welfare Program.

Recommendations

1. Decide upon a communication strategy right away. Defederalize part of the information, education and communications activities and provide adequate funds to provinces and districts for appropriate public information activities. Test the acceptability of public advertising in limited areas first. Make greater use of commercial advertising and marketing firms for innovative advertising to selected target audiences.
2. Begin the Social Marketing of Contraceptives (SMC) Program now. Any new SMC activities require considerable start-up time and delaying the initiation of implementation makes a functioning program even a more distant reality.
3. Simple written instructions (in Urdu and other principal languages in Pakistan) for correctly using oral contraceptives and the management of nonserious problems/side effects should be developed and provided to all OC users. (For nonliterate clients, printed material is available

and should be field tested for appropriateness.) The information contained in the instruction should include at least the following:

- a. When to start taking the pills,
 - b. what to do if: a pill is missed, BTB/spotting occurs, or no bleeding/spotting occurs after completing a cycle of pills.
4. Similarly written instructions and nonliterate printed material should be developed detailing: a) the most frequent nonserious problems/side effects of IUD's and what to do if they occur; b) how to correctly apply and remove a condom; and, c) how to insert foaming vaginal (spermicidal) tablets.
 5. At present, three (3) different formulations of Oral Rehydration Salts (ORS) are available in Pakistan. Each requires a different volume of water. When questioned, FWC staff often gave incorrect instructions which would result in hypo- or hyperconcentrated solutions being prepared. If possible, one formulation should be promoted for use nationwide.
 6. Misinformation regarding the management of problems associated with the use of injectable contraceptives and impaired fertility after discontinuing them is widespread, especially by physicians. Seminars, workshops and one-to-one teaching should be employed to update the knowledge of PWD staff and physicians.
 7. FWCs, where possible, should have adequate space to provide live-in accommodations for the FWW, especially in rural areas.
 8. The FWW is task overloaded. For the present, the FWW and staff should concentrate on providing a few key services (Expanded Program for Immunization, Family Planning and, prenatal screening) and doing them well. Once a few services are provided successfully, then additional services can be considered.
 9. Misinformation exists regarding the roles, activities and motivation of in-country NGOs and the PWD in promoting FP and MCH services. Increasingly, NGOs and PWD staff must come to view each other as partners not competitors.

G. RECOMMENDATIONS FOR PRIORITY AREAS OF ADDITIONAL FUNDING

The following five major areas have been identified as priority activities for which PWD should seek donor financing:

1. Contraceptives

Funds allocated in the USAID Population Welfare Planning Project for procurement of contraceptives have been largely exhausted in the first three years of the project. During the remaining life of the project (to September 30, 1987), we estimate a need for additional funds as follows:

- a. Condoms \$14,050,000
- b. Orals \$ 600,000

Please refer to Part III.B for analysis and justification.

- c. Copper-T IUDs \$ 300,000

There is considerable perceived demand in the field among physicians and paramedical staff for the Copper-T. It was stated that patients had heard publicly or by word-of-mouth information of this IUD, and had come to the clinic requesting it. Furthermore, the Copper-T is more effective in preventing pregnancy than the Lippes B and C IUDs currently used by the program. Militating against provision of the Copper-T is the fact that the Lippes Loops are locally manufactured and consequently are very cheap.

- d. Fallop rings and other commodities and equipment for voluntary surgical contraception \$200,000

UNFPA currently supports surgical contraception by supplying these commodities and paying facilities on a per-case basis. However, its funds are strictly limited, and, if surgical contraception activity expands to the level of government targets, UNFPA funds will be insufficient. Provision of the commodities by other donors would permit additional per-case reimbursement by UNFPA.

In addition, UNFPA supplies the PWD with the injectible contraceptive. If other donors could pick up some parts of the surgical contraception program supported by UNFPA, UNFPA will be able to purchase additional supplies of the injectible. More discussions are needed to determine the level of demand for injectibles and the possibilities of UNFPA providing additional supplies and covering the costs of an expanding surgical contraception program. The same discussions could clarify the potential for an increased PWD contribution to the surgical contraception program.

2. Research Facilities

- a. Justification for Supporting the Cost of Construction and Equipping the NRIRP

The recent report of the ad hoc committee has clarified the roles of the NRIFC (Karachi) and NRIRP (Islamabad) in conducting basic and clinical research in the field of reproduction. Furthermore, because of limited resources, it was recommended that both institutions limit the range of their research activities to minimize duplication. Thus the NRIRP, as currently conceived, will be primarily responsible for conducting basic, laboratory type investigations and for developing the required technology to perform these studies. Within this framework, it will be responsible for the analysis of sex steroids and polypeptide hormones by RIA, RRA and in vitro bio-assay methods and determining the metabolic, pharmacologic and toxicologic effects of sex steroids, oral and injectable contraceptives, and indigenous antifertility agents.

By contrast, the NRIFC will continue to be primarily responsible for conducting clinical trials and comparative studies of currently available and new contraceptives, sociomedical and sociodemographic studies and surveys, and to continue their association with WHO as a Collaborative Center for Clinical Research (CCCR).

Taken together, these two institutions, if adequately supported and staffed, can provide a solid base for expanding research in the field of reproduction and fertility control. Both have a history of producing creditable research work. The NRIFC, because of its association with the CCCR, is better known internationally. Of particular note are the studies reporting the characterization of indigenous medicinal agents with possible antifertility effects and the study reporting that Pakistan is rich in the raw material, diosogenin, used in the biosynthesis of oral contraceptives. As a result of the findings of this study, a local pharmaceutical company is producing diosogenin by extracting it from the root of a plant, Dioscorea deltoida, and marketing it outside the country.

Although as of May 1984, the NRIRP was accorded GOP approval to construct a new facility and has been given two acres of land within the NIH complex, as yet, no donor has been identified. Based on several meetings with the NRIRP director and a careful review of the PC-1, it is strongly recommended that PWD seek donor funding for this activity. In the event that funding is secured, the following additional recommendations are proposed:

1. Approval of a 4-8 week study tour to the USA for the director. The purpose of this tour would be to permit the director to visit several new research facilities and increase his knowledge of new instrumentation and methodology. Also it will provide him the opportunity to visit the Institute of Medicinal Plants (IMP), Northwestern University, Chicago. At the IMP, he could arrange for further investigation of the antifertility activity of the indigenous medicinal agents on which he has been working.

ii. TA for one month to assist the director in refining the design of the proposed building and selection of the most appropriate laboratory equipment and instrumentation. (To assist him in this regard, the director and a member of the evaluation team visited the new National Agriculture Research Center (NARC) in Islamabad. This facility which was constructed with USAID and other donor funds has probably the most advanced, well-equipped research laboratories in Pakistan.)

iii. Addition of a computer system (IBM-AT) similar to the one recommended for the NRIFC.

2. Justification for Supporting the Cost of Constructing and Equipping NIPS

Once NIPS is approved, presumably at a somewhat less ambitious level, the nucleus for having a national population center will exist. The components required for such a center are the following:

<u>ACTIVITY</u>	<u>ORGANIZATION</u>
Population Policy Research	NIPS
Sociodemographic Research	NIPS, M&S, NRIFC
Statistical Research	NIPS, M&S
Monitoring of FP Services	M&S
Sociomedical Research	NIPS, NRIFC
Biomedical Research	NRIFC, NRIRP
Basic Research	NRIRP

From an organizational and administrative point of view, having a single institution would be preferable. Such an arrangement exists in the recently completed NARC where the various divisions share a common administration and ancillary facilities such as a library, auditorium and computer center. At this point in time, each of the above organizations, with the exception of M&S/PWD, ultimately will have their own facility. This arrangement can work, but only if certain conditions are met:

-- NIPS, NRIFC and NRIRP must remain semi-autonomous (only administratively linked to PWD).

-- Each organization must have the authority to negotiate grants and contracts and establish endowments in order to conduct independent research relevant to their expertise.

-- Each organization's objectives must be clearly defined to minimize duplication.

-- A viable working committee composed of the directors of each organization is mandatory.

-- Directors of the participating organizations must all be at the same grade level.

The recent ad hoc committee report on biomedical research has been helpful in defining not only the type of research each organization (NRIFC & NRIRP) will undertake, but also the areas of overlap where collaboration is necessary. It remains to be seen whether these organizations can continue to work together, but so far it seems to be working. A similar exercise might be useful in determining the priorities and objectives for the three organizations involved in socio-demographic research--NIPS, M&S(DPW) and NRIFC.

Although it may seem premature, the time to begin thinking about where a facility for NIPS should be built is now, particularly since NIH has agreed to provide the NRIRP two acres of land within its complex. The availability of ancillary facilities - library, auditorium and cafeteria - should help to reduce the cost of construction. Moreover, since the whole

biostatistical division of the MOH will be moving to NIH, the potential for sharing data processing equipment and technology exists. Therefore, if and when the GOP decides to build a facility for NIPS, the site probably should be within NIH and PWD should actively seek donor funding for it.

Below are provided cost estimates for the three research institutes: NRIFC, NIPS and NRIRP. The costs for construction and equipment are rough estimates; expert advice is needed to more accurately determine the costs.

a. NRIFC \$1,500,000

USAID is already committed to finance the construction and equipping of a new facility for NRIFC in Karachi. As indicated in Part III.D, the original estimates are low. Construction costs have increased since 1982 and requirements for both the building and special equipment have changed.

b. NRIRP \$550,000

In May 1984, the PWD approved the PC-1 authorizing the construction of a building for the National Research Institute for Reproductive Physiology (NRIRP). The National Institute of Health (NIH), where the NRIRP is currently located, has agreed to provide a plot of land measuring two acres (9,680 sq. yards) free of cost. The estimated cost for construction of a 15,000 sq.ft. (8,000 sq.ft. air conditioned space) basic research facility including a separate animal house and laboratory equipment is Rs.7,600,000 (U.S.\$517,241). It is strongly recommended that PWD actively pursue donor funding of this project.

c. NIPS \$500,000

When NIPS is approved, funds are needed for the construction of a facility to house the professional and support staff (about 120 individuals), a computer center, a small library and several conference rooms. Estimated cost for construction of a 20,000 sq.ft. (5,000 sq. ft. air conditioned space) building: \$500,000.

3. Surgical Contraception Centers

The model "VC Clinic", a free-standing RHU-A unit located in Hyderabad, provides high quality services in an excellent environment. PWD should seek donor funding for construction, equipment, vehicles and staffing for about 10 centers which would provide surgical contraception and other contraceptive services on a full-time basis. Construction and start-up would be on a phased basis over five years. Estimated cost per center:

Initial (construction, vehicle, equipment etc): \$150,000/center;
 Recurrent costs: \$25,000 per year.
 Total (10 Units) = \$1,500,000 initially and \$250,000 annually.

4. Support for Non-governmental Organizations

The GOP has recently approved and established a Rs.19 million budget for a NGO population project and created a NGO Coordinating Council. This means that International NGOs, after GOP clearance, should be able to

fund Pakistani NGOs directly. This provides new opportunities for greater private sector involvement in population and family planning activities in Pakistan. There are several possible ways in which donors could increase support for NGO activities:

- a. by contributing to the NGO funds for use by Pakistani NGOs;
- b. by contributing to the NGO funds to cover costs of both international and Pakistani NGOs;
- c. by channeling bilateral funds to international NGOs; these agencies would utilize the funds only for activities in Pakistan, covering international and Pakistani NGO costs.

No dollar costs are given because the NGO Coordinating Council is new and operating procedures are not yet established. We recommend a period of "wait and see". If the NGO Coordinating Council proves to be a simple and effective means for increasing NGO involvement in population and family planning programs, then donors can determine the desirability, size and method of their contribution.

5.	<u>Improving District Population Welfare Programs</u>	\$1,000,000 initial cost
		\$ 250,000 annual cost

PWD, along with interested donors, should identify up to ten districts with dynamic district Population Welfare Officers (DPWOs), then work collaboratively with the provincial population officer and each DPWO to formulate a plan of action beyond current district activities to increase family planning performance. Donor contributions might include vehicles, funds for IE&C materials, service delivery costs, training of staff, equipment and supplies, and facility repair or construction.

We view this as an important possible activity, yet note with caution that the World Bank has provided funds for expanded district level activities. To date, there has been little action. Until PWD can demonstrate a capability to utilize available donor resources, it should not suit additional donor financing for this activity.

IV - PERSONS CONTACTED DURING EVALUATION

- A. Population Welfare Division, Islamabad
1. Mr. M. A. Kareem Iqbal, Secretary
 2. Mr. Mahbub Ahmad, Joint Secretary (Planning)
 3. Mr. Khan Ahmad Goraya, Director General (Program)
 4. Mr. Khalil A. Siddiqui, Director General (Monitoring and Statistics) and Project Director, Contraceptive Prevalence Survey
 5. Dr. Razzak Ruknuddin, Director General (National Institute for Population Studies)
 6. Dr. Shamim Afzal, Director General (Technical)
 7. Mr. Abdul Rasheed Khan, Director (non-governmental organizations)
 8. Mr. Bashiruddin, Director (Finance)
 9. Mr. Abid Kazmi, Director (Social Marketing of Contraceptives)
 10. Dr. Asma Khan, Director (Clinical Training), Karachi
- B. Ministry of Planning and Development
- Ms. Tasneem Mian, Chief, Demography Section
- C. Pakistan Institute for Development Economics
- Dr. M. Irfan, Senior Research Economist
- D. National Research Institute for Fertility Control (NRIFC)
1. Dr. Talat Khan, Director
 2. Dr. Razia Kazim Ali, Deputy Director
 3. Dr. Farhat Ajmal, Deputy Director
 4. Mr. M. Saeed Qureshi, Deputy Director (STAT)
 5. Mr. Ehsan M. Syed, Deputy Director
 6. Ms Farhana Erum, Asst. Director (LABS)
- E. National Research Institute for Reproductive Physiology
- Dr. Zahiruddin Khan, Director
- F. Ministry of Health
- Dr. Mushtaq Ahmad Chaudhary, Deputy Director General (Basic Health Services Cell)
- G. Donor Agencies
1. Mr. Raheem Sheikh, UNFPA Coordinator
 2. Mr. Bashir Parvez, World Bank Population Officer
 3. Mr. Peter Godwin, ODA/WB, non-clinical training advisor
 4. Mr. Guy Roppa, ODA/World Bank IE&C Advisor
 5. Dr. Vitoon, UNFPA Consultant on Surgical Contraception
 6. Dr. Farhim Ahmed Khan, WHO Representative

H. Non-governmental Organizations

1. Begum Suraiya Jabeen, Director (Program and Planning), Family Planning Association of Pakistan, Lahore
2. Dr. Basharat Ellahi, Director, Pakistan Society for Planned Parenthood
3. Mrs. Zeba Zubair, Pakistan Voluntary Health and Nutrition Association

I. Population Welfare Division - Punjab Province

1. Brig. A. Latif, Director General/Secretary
2. Dr. Khurshid Chaudhry, Director (Medical)
3. Dr. Inam Malik, Director (Reproductive Health Units)
4. Dr. Mrs. Saeeda Zafir, Director, Janki Devi Hospital
5. Dr. Mrs. Maruf, OB/GYN, Lady Wellington Hospital
6. Mrs. J. Naeem, Director (Evaluation and Monitoring)
7. Mr. Sultan, District Population Welfare Officer, Sheikhpura
8. Dr. Mohammad Aslam Khan, Director, Sheikhpura District Hospital

J. Population Welfare Division - Northwest Frontier Province

1. Mr. M. Ibrahim Khan, Director General/Secretary
2. Mr. Amir Bahadin Khan, Deputy Director (Monitoring & Evaluation)
3. Mr. Noor Badshah Khattak, Assistant Director (Communication and Training)
4. Mr. Khalid Naseem, Assistant Director (Clinical Services)
5. Mr. Mumtaz Ali Shah, Assistant Director (Reproductive Health)
6. Mr. Aurangzeb Khan, District Population Welfare Officer, Peshawar

K. Population Welfare Department, Sind Province

1. Mr. Shaukat Shaikh, Director General/Secretary
2. Dr. Sarfaraz Saifullah, Deputy Director (Reproductive Health)
3. Dr. Arjumand Rabbani, Deputy Director (Clinics)
4. Mr. N. B. Baloch, Deputy Director (Administration)
5. Mr. Sadiq Meerza, Deputy Director (Logistics and Training)
6. Mr. S. M. Ghaus, Deputy Director (Finance)
7. Dr. Akhtar Zia, Director, (Technical and "Model Clinic", RHU), Hyderabad
8. Mr. Ghulam Sarwar Jawaid, Deputy Population Welfare Officer, Hyderabad
9. Dr. Masroor Halepota, Medical Director, Countess Duffin Hospital

L. Central Warehouse Karachi

Mr. G. A. Bhutto, Director (Stores and Marketing)

M. Population Census Organization

Mr. Sajjad Hussain, Joint Census Commissioner

N. USAID/Pakistan

1. Dr. Donor M. Lion, Mission Director
2. Mr. Jimmie Stone, Deputy Director
3. Dr. Linda N. Lion, Chief/PDM
4. Mr. Roy Haftorson, ENG
5. Mr. Hasan Masood, ENG
6. Mr. Dean Pratt, Controller
7. Mr. William McKinney, O/PRO
8. Ms. Shahida Fazil, O/PDM
9. Dr. Cornelia E. Davis, C/HPN
10. Dr. William H. Jansen/HPN
11. Mr. Khwaja S. Ahmad/HPN
12. Mr. M.A. Wasey/HPN
13. Mrs. Enid Spielman/HPN

ILLUSTRATIVE MICROCOMPUTER SYSTEM FOR NIPS, M&S, AND NRIFC*

A. Hardware

1 IBM-AT (with 10 magabyte hard disk and 512 k)	\$ 5,000
1 black & white (or amber) monitor	500
1 Epson FX-100 dot matrix printer	800
1 8087 compressor	750
1 bPS system (with voltage regulator	1,000
	<u>\$ 8,050</u>
2 IBM-PC Units for work stations @ 3500 (with 256 k and monitor)	\$ 7,000
(depending upon wiring separate voltage regulators may be needed for each PC)	
1 letter quality printer	1,000
	<u>\$16,000</u>

B. Software

1 Fortran compiler	\$ 250
1 Pascal compiler 500	
1 Data Management Program (D Base III)	500
1 Spread sheet & graphics program (Lotus 1-2-3)	500
1 Statistical Program (SPSS)	750
1 Wordprocessor (Volkswriter or Wordstar)	500
	<u>\$ 2,750</u>

C. Miscellaneous Supplies

Diskettes, Cables, Ribbon, Paper, Tutorials etc.	\$ 1,000
	<u>\$19,800</u>

* The cost figures are approximations, the cost of three such systems is substantially less than the cost of the single system recommended in the project paper (\$188,067).

DRAFT INSTRUCTIONS FOR DISTRIBUTION OF
ORAL CONTRACEPTIVES

(to be sent to all Provinces, Districts, RHCs and FWCs)

The Population Welfare Division is currently supplying only one type of oral contraceptive throughout the program - NORIDAY 1/50. In order to allow more flexibility in serving the needs of our clients, we will begin supplying a total of three different type of orals: OVRETTE mini-pills and NORMINEST low dose orals in addition to the standard NORIDAY 1/50. Over the next two years, as supplies of NORIDAY and NORMINEST are exhausted, they will be replaced by FEMENAL and LO-FEMENAL. In order to minimize confusion in switching over OC users to the appropriate preparation, the following instructions are being issued:

- a) NORIDAY will continue to be the moderate dose (estrogen/progestin) oral contraceptive. Women currently using them should continue. As supplies of NORIDAY are exhausted (probably in mid 1985) these women should be shifted to FEMENAL.
- b) NORMINEST is a low dose combination of oral contraceptive and should be used for older women and women that are likely to be reliable in their pill-taking behavior. When the supply of NORMINEST is exhausted, women using this contraceptive should be shifted to LO-FEMENAL. If problems with break-through bleeding occur, the client should be shifted to NORIDAY or FEMENAL.
- c) OVRETTE is a progestin-only oral contraceptive that should be used only for older women and lactating women with proven pill-taking behavior. Women using this oral need to be closely monitored. It is very important that this preparation be taken at the same time each day. Break-through bleeding will occur in approximately 20% of the clients. Because of these drawbacks, it may be advisable to restrict distribution of OVRETTE to Reproductive Health Centers.

PROPOSED TRAINING FOR NRIFC

USE OF COMPUTER FOR STATISTICAL ANALYSIS

- (a) Linear and non-linear Regression
- (b) Extensive Residual Analysis
- (c) Analysis of Variance and Co-variance
- (d) Multivariate Analysis
- (e) Factor Analysis

Duration : Three Months

DATA BASE DEVELOPMENT AND MANAGEMENT

- (a) Data Base Requirements
- (b) File Organization including Pointers, Chains and Rings
- (c) Tree, Plex and Canonical Data Structures
- (d) Data Base Languages and Data Dictionaries
- (e) Multiple-key Retrieval Techniques
- (f) Data Compaction Techniques

Duration : Six Months

MANAGEMENT OF INFORMATION SYSTEM

- (a) Use of Computer Technology in Application of Government Information System
- (b) Design, Implementation and Scope of Government Information System
- (c) Coordination, Management and Improvement of Government Information System
- (d) Data Processing, Data Communication and Data Bank Administration
- (e) Development and Implementation of Standard Classifications and Codes for Consistency
- (f) Long range Planning for Development and Improvement of Government Information System
- (g) Distributed Data Processing versus Decentralization of information System
- (h) Standardization of Software Products and their Portability within the Government

Duration : Six Months

PERT/CPM LINEAR PROGRAMMING AND SIMULATION TECHNIQUES

- (a) Linear Programming
- (b) Simulation and Modelling
- (c) Queing and Sequencing
- (d) Elements of Modern Decision Theory
- (e) Resource Allocation and Control
- (f) Network Methods for Project Control
- (g) Application of Probability Model for Decision Making
- (h) Methods for Solving the Resource Allocation Problem

Duration : Three Months

COMPUTER APPLICATIONS MANAGEMENT

- (a) Statistical Analysis
- (b) Data Editing
- (c) Tabulation
- (d) Demographic Analysis
- (e) Time Series Processing and Management
- (f) Data Base Management
- (g) Logistic Management

Duration : Six Months

POST-GRADUATE COURSE IN DEMOGRAPHY:

Introduction to Population Science applied to Family Planning Health and Economic Development.

Advanced techniques of Demography, Statistics and Epidemiology, Bio-demography of Reproduction and the Evaluation of Family Planning Services.

Duration : One Year

Place : Centre for Population Studies at London University

<u>S.No.</u>	<u>Courses</u>	<u>Duration</u>	<u>Place</u>
1.	Analysis of Fertility Data	3 months	East-West Population Centre, (Honolulu), Hawaii
2.	Analysis and Interpretation of Demographic Data	9 months	University of North Carolina
3.	Multivariate and Fertility Analysis	3 months	East-West Population Centre, (Honolulu), Hawaii
4.	Demographic Statistics	12 months	ISPC, US Bureau of the Census, Washington, USA
5.	Evaluation and Research in Statistics	3 months	ISPC, US Bureau of the Census, Washington, USA
6.	Master Degree in Computer Science	1-2 years	Any University in USA
7.	Diploma in Computer Science	1 year	U.K.

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| 8. | Statistical Software Packages
(COCENTS, CONCOL etc)
(SPSS, UNEDIT, X, TALLY etc) | | ISPC, US Bureau,
Washington, D.C. |
| 9. | Post-graduate Course in demography | 1 year | Centre for Population
Studies at London
University, London |