

PD-ABK 876
94061

**PAKISTAN CHILD SURVIVAL PROJECT
TRIP REPORT**

**Pakistan Child Survival Project
Management Sciences for Health
Contract 391-0496-C-00-0769-00**

**Louis L. Bucciarelli
August 31, 1993**

BEST AVAILABLE DOCUMENT

PCSP Consultancy Trip Report

Pakistan Child Survival Project
Islamabad, Pakistan

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Trip Report: Pakistan Child Survival Project, Islamabad
Dates In-country: July 23 - August 19
Level of Effort: 24 days

1. **Purpose of Visit:** This four week trip was planned to implement the PCSP Demobilization Plan at the provincial and federal level. This was completed in close coordination with the Government of Pakistan counterparts at the provincial and federal level, and with the guidance of the USAID counterparts.

2. **Specific Activities:**

I. Provincial Level:

a. **Vehicles:** As presented at the BHSC/USAID/TAT August 9 meeting, the following vehicles were transferred and the proper documents completed (Transfer of Title and Memorandum of Receipt):

Balochistan	2	Punjab	1
NWFP	2	Sindh	2

b. **Equipment:** Also presented at the above meeting, all provincial equipment has been transferred to the respective provincial governments. In the Punjab province, a Memorandum of Understanding was completed to ensure the continued use of this equipment by the HIS Extension.

JBL and MSH completed the inventory of all CSTU equipment, and forwarded this information to USAID. USAID to prepare necessary documents for GoP signature and to forward copies to MSH/Boston and to JBL.

c. **Files:** All provincial files were reviewed and the necessary accounting and audit files were removed to the Federal level for transfer to JBL or to MSH/Boston.

d. **PCSP Core Documents:** In each province space was set aside to house a core set of key PCSP technical documents (see attached list with cover letters). The purpose of this resource area is to ensure that PCSP documents will be readily available for use as a resource for future child survival activities.

II. Federal Level:

a. **Vehicles:** Also presented at above meeting, the Transfers of Title were completed and Memorandums of Receipt prepared for the two federal vehicles to be transferred to the AJK and NA provinces.

In mid-September, two Federal vehicles will be transferred to the BHSC for use in support of the Communications Component, and the Training Component.

A Memorandum of Receipt will be received by MSH from AID for the three vehicles to be continued under the extension (2 for HMIS, and 1 for ADDR).

b. **Equipment:** At the time of this report, we had completed a review of the physical inventory of equipment with the exception of the federal computers. The physical inventory check for the computers was scheduled for the week of August 30. After

the physical cross check is complete, USAID and PCSP will conduct a cross-check between the PCSP inventory and the USAID inventory, and then a Memorandum of Receipt will be prepared by USAID for the equipment to be used under the HMIS Extension.

- c. Files: A review of federal files was completed, and the audit documents as well as a set of technical documents were sent to MSH/Boston. Field expense files were boxed in order of check number, labelled clearly, and sent to Boston.
- d. Bank Account: Discussed closing of bank account with ANZ Grindlays. They require a letter from MSH which requests that they close the account and write either a Rupee or Dollar check to MSH.
- e. PCSP Library: The PCSP library system is working well, and some additional titles have yet to be entered into the computer database. A list of titles to be input for the Training library was completed and categorized. Data entry of these titles is pending.
- f. Warehouse: Training materials were to be moved by August 15, but due to a conflict of schedules, the training staff could not meet with BHSC counterpart to complete schedule of distribution of these supplies. This meeting took place the third week of August, and the materials will be moved out of the warehouse as soon as possible. HMIS to distribute the contents of the warehouse by August 31.
- g. Amendment: Worked closely with MSH/Boston and PCSP Deputy Project In-Charge (JBL) in providing necessary information to MSH/Boston to respond to inquiries from USAID. Met with Mr. Ilyas, Dr. Ravji, and Dr. Lippeveld to discuss amendment process.
- h. End of Project Report: Worked with PCSP team to keep to timeline for completion of appendices as detailed in Dr. Silimperi's memo. Completed several appendices while in Pakistan. Worked with TAT to compile a disk set of the material for the End of Project reports.
- i. Tara Upreti Repatriation: Assisted Dr. Upreti in preparations for repatriation.
- j. Benefits and Quetta telephone line: These separate issues were documented by the PCSP Deputy Project In-Charge (JBL), and forwarded to MSH/Boston. These cases were resolved satisfactorily by JBL, and no further action needed.

III. Meetings:

- a. USAID mid-Consultancy Meeting - August 5: Met Dr. Rushna Ravji and Mr. Ahmed Kassim to discuss progress to date on the demobilization of the provincial offices, and to discuss plans for the following two weeks and the demobilization of the federal office.
- b. BHSC/USAID/TAT Meeting - August 9: Presented accomplishments to date on the demobilization of the project, and plans for the next period on the demobilization of the federal office.

- c. Evaluation Presentation Meeting - July 28: Attended this meeting where Rob Bernstein, Team Leader presented the preliminary findings of the evaluation to the Federal Director General of Health, the Basic Health Services Cell staff, Provincial Director Generals of Health, USAID, and the Technical Assistance Team.
- d. USAID Debriefing - August 17: Met with Dr. Rushna Ravji and Mr. Ahmed Kassim to present results of TDY assignment. Discussed outstanding issues with USAID, and which items required additional follow-up.

3. Specific Follow-up Activities:

Due to the hectic travel schedule of the first two weeks, and the difficulty leaving Quetta (which created almost two full extra days in Quetta), the number of work days in Islamabad was sharply reduced (especially given the Pakistan Independence Day holiday on August 13). Therefore, some of what was to have been accomplished in Islamabad was not possible, and will be completed long distance.

I. MSH/Boston Actions:

- a. Amendment - MSH/Boston Contract Office to complete response to USAID on amendment questions from Mr. Ilyas.
- b. Files - complete additional review of files and log into MSH/Boston archives. Ensure one set of technical documents on file at MSH library.
- c. Demobilization - Continue support from MSH/Boston.
- d. Bank - Ready letter to ANZ Grindlays to close the account.
- e. End of Project Report - Complete all appendices and work with Dr. Silimperi to complete Research, Management, Drugs & Logistics sections of the report.
- f. Dr. Silimperi to plan next trip to Pakistan.

II. PCSP Actions:

- a. HIS and Training - to complete distribution of warehouse training equipment as soon as possible.
- b. End of Project Report - TAT to complete next draft of their sections for inclusion in the report. Appendices to be completed with the assistance of the TAT and with support from MSH/Boston.
- c. PCSP & Training Library - Complete data entry as soon as possible.

III. USAID Actions:

- a. Send copies of Transfer of Titles, Memorandum of Receipt, and Memorandum of Understanding to MSH/Boston for Provincial and Federal level equipment, vehicles, and CSTU equipment.
- b. Prepare Memorandum of Receipt (or similar document) for the transfer of responsibility of vehicles (3) and equipment (federal) from the PCSP (MSH) to USAID for use by the HMIS extension.

Appendix 1July 29, 1993 Transfer of Title Letters

I have letters for the following provinces:

Province:	Engine No.
Health Dpt. Balochistan	HZ80-0000893
Health Dpt. Balochistan	HZ80-0000942
Health Department Sindh	HZ80-0000921
Health Department Sindh	HZ80-0000896
Health Department, AJK	HZ80-0000924

I am missing the following:

Health Department NWFP	HZ80-0000925
Health Department NWFP	HZ80-0000877
Health Department Punjab	HZ80-0000858
Health Department NAs	WRGY60-110740

In addition, I do not have any of the Transfer of Title letters for the equipment letters also signed by the provincial and federal officials.

Memorandum of Receipt - Vehicles:

I have MRs for the following provinces:

Province:	Chassis No.
Health Dpt. Balochistan	HZ80-0000893
Health Dpt. Balochistan	HZ80-0000942
Health Department NWFP	HZ80-0000925
Health Department NWFP	HZ80-0000877
Health Department Punjab	HZ80-0000858
Health Department AJK	HZ80-0000924
Health Department NAs	WRGY60-110740

I am missing MRs for vehicles for the following provinces:

Health Department Sindh	HZ80-0000921
Health Department Sindh	HZ80-0000896
Health Department Punjab*	second vehicle

Memorandum of Receipt - Equipment:

I have MRs for the following provinces:

Province: Health Dpt. Balochistan
Health Department Sindh

I am missing MRs for equipment for the following provinces:

Health Department NWFP
Health Department Punjab*
Basic Health Services Cell/Federal Level*

* My understanding of the transfer process for equipment and vehicles to be used under the HMIS extension is that MSH will receive a document similar to a Memorandum of Receipt for these items to document the transfer of authority from MSH to USAID (who may then re-delegate this authority to the HMIS extension). Please confirm with Mr. Kassim if this is his understanding of the process.

Appendix 2**PAKISTAN CHILD SURVIVAL PROJECT**

TO: GoP/USAID/TAT
FROM: Louis Bucciarelli
CC: Diana Silimperi
DATE: August 9, 1993

Subject: Update on Demobilization for August 8 meeting

PROVINCIAL LEVEL1. Vehicles

Balochistan	2	Punjab	1
NWFP	2	Sindh	2

Completed -Transfer of Title and Memorandum of Receipt

2. Equipment

Balochistan	Punjab*
NWFP	Sindh

Completed -Transfer of Title and Memorandum of Receipt. (*) for Punjab there is a Memorandum of Understanding for the equipment to be used by the HIS extension

Pending -Transfer of Title and Memorandum of Receipt to be prepared for CSTU equipment.

3. Files

Completed -Reviewed all provincial files and transported audit files to Islamabad

Pending -Review of these files at federal level

-Provide provincial offices with a complete set of PCSP core technical documents

FEDERAL LEVEL4. Vehicles

NAs	1
AJK	1

Completed -Transfer of Title, Memorandum of Receipt

Pending -BHSC (2 vehicles) to be transferred middle of September

-HIS (2 vehicles) to be used during extension

-ADDR (1 vehicle) to be used during extension

5. Equipment

Ongoing -Perform cross check of USAID and PCSP inventory

Pending -Receipt for office equipment and supplies

6. Files

Ongoing -Review of hard and soft files

Pending -Provide set of PCSP core technical documents to MSH and to PCSP library

-Financial and audit files to be sent to MSH/Boston

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7. End of Project Report

- Ongoing*
- Completion of all End of Tour provincial reports
 - TAT to complete their sections by Aug 20
 - Compile set of appendices for report

Appendix 3

**PAKISTAN CHILD SURVIVAL PROJECT
MEMORANDUM**

TO: Rushna Ravji
FROM: Louis Bucciarelli
CC: Diana Silimperi, Theo Lippeveld, Tara Upreti
DATE: August 5, 1993

Subject: Agenda for Thursday, August 5 meeting

PCSP Items - Update on Progress to Date:

1. Provincial Vehicles & Equipment
 - Transfer of Title, Memorandum of Receipt, Memorandum of Understanding
 - TAT/USAID efforts to retain provincial vehicles for use of project
 - MSH support for Punjab vehicle until September 30, 1993
2. Federal Vehicles
 - Transfer of Title, Memorandum of Receipt
 - BHSC to be transferred middle of September
 - Receipt from HIS extension for PCSP vehicles
3. Federal Equipment
 - Perform cross check of inventory with Atta Bhatti week of Aug 8
 - Receipt from HIS extension for PCSP equipment (ToT for PCSP purchased equipment and MoU for HIS extension?)
 - Office supplies under the PCSP to be transferred to GoP?
4. Provincial Files
 - Provincial review complete, and appropriate files in Islamabad
 - Review at federal level
 - PCSP set of core technical documents at provincial level
5. Federal Files
 - Review of hard and soft files scheduled for next week
 - Complete set of technical documents to MSH and to federal library (to AID?)
 - Financial and audit files to be sent to MSH/Boston
6. End of Project Report
 - TAT to complete their sections by Aug 15
 - LLB to compile set of "soft" files and complete appendices for finalizing the report in Boston with assistance from TAT.
 - Project Officer Approval

Other:

7. Phil Hyun and John Tomaro evaluation

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Appendix 4

TO: Dr. S.M. Mursalin, HMIS Coordinator, BHSC, Punjab
FROM: Mr. Louis Bucciarelli, Program Associate, PCSP
CC: Dr. Addul Qadir Khan, Director General Health, Punjab
Dr. Theo Lippeveld, Chief of Party (A), PCSP
Dr. Diana Silimperi, Senior Program Associate, PCSP
DATE: August 12, 1993

Subject: PCSP Resource Documents

It was very nice to meet with you, and to have lunch with you in the office. The assistance of Dr. Mobeen and yourself in reviewing the files was much appreciated. During my recent visit to the Lahore Pakistan Child Survival Project office it was agreed upon that a space would be provided for the PCSP produced technical documents.

At that time a list was prepared of the documents which were needed to complete the set of technical documents. I have enclosed these documents, and hope that this library of PCSP documents will be maintained for easy reference in the future.

In addition, I have enclosed some labels, which may be attached to the other PCSP resource documents to complete this set. A list of the complete set of technical documents is attached for your reference, and the items which were requested are marked.

Thank you for your assistance in creating this library, and please let me know if I can be of any further assistance.

TO: Dr. Akhlaq Hussain, Deputy Director, BHSC, Balochistan
FROM: Mr. Louis Bucciarelli, Program Associate, PCSP
CC: Dr. Abdur Rehman Khan, Director General Health, Balochistan
Dr. Theo Lippeveld, Chief of Party (A), PCSP
Dr. Diana Silimperi, Senior Program Associate, PCSP
DATE: August 12, 1993

Subject: PCSP Resource Documents

It was very nice to meet with you, and to discuss with you briefly the future of the CEC. The assistance of Dr. Akhtar and Dr. Riffat in reviewing the files was much appreciated. During my recent visit to the Quetta Pakistan Child Survival Project office it was agreed upon that a space would be provided in the CEC for the PCSP produced technical documents.

At that time a list was prepared of the documents which were needed to complete the set of technical documents. I have enclosed these documents, and hope that this library of PCSP documents will be maintained for easy reference in the future.

In addition, I have enclosed some labels, which may be attached to the other PCSP resource documents to complete this set. A list of the complete set of technical documents is attached for your reference, and the items which were requested are marked.

Thank you for your assistance in creating this library, and please let me know if I can be of any further assistance.

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TO: Dr. Abdul Khaliq Mangnejo, Project Director, BHSC/PCSP, Sindh
FROM: Mr. Louis Bucciarelli, Program Associate, PCSP
CC: Dr. Sajjan Memon, Director General Health, Sindh
Dr. Theo Lippeveld, Chief of Party (A), PCSP
Dr. Diana Silimperi, Senior Program Associate, PCSP
DATE: August 12, 1993

Subject: PCSP Resource Documents

During the recent visit Mr. Shahabuddin Valimohamed to the Karachi Pakistan Child Survival Project office to meet with yourself, it was agreed upon that a space would be provided for the PCSP produced technical documents.

At that time a list was prepared of the documents which were needed to complete the set of technical documents. I have enclosed these documents, and hope that this library of PCSP documents will be maintained for easy reference in the future.

In addition, I have enclosed some labels, which may be attached to the other PCSP resource documents to complete this set. A list of the complete set of technical documents is attached for your reference, and the items which were requested are marked.

Thank you for your assistance in creating this library, and please let me know if I can be of any further assistance.

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TO: Dr. Sharif Ahmed Khan, Deputy Director (WFP & FATA), NWFP
FROM: Mr. Louis Bucciarelli, Program Associate, PCSP
CC: Dr. Nadir Khan, Director General Health, NWFP
Dr. Theo Lippeveld, Chief of Party (A), PCSP
Dr. Diana Silimperi, Senior Program Associate, PCSP
DATE: August 12, 1993

Subject: PCSP Resource Documents

It was very nice to meet with you, and to see the set up of your office. Your assistance in reviewing the files was much appreciated. During my recent visit to the Peshawar Pakistan Child Survival Project office to meet with Dr. Hamida Rahim and yourself, it was agreed upon that a space would be provided for the PCSP produced technical documents.

At that time a list was prepared of the documents which were needed to complete the set of technical documents. I have enclosed these documents, and hope that this library of PCSP documents will be maintained for easy reference in the future.

In addition, I have enclosed some labels, which may be attached to the other PCSP resource documents to complete this set. A list of the complete set of technical documents is attached for your reference, and the items which were requested by Dr. Rahim and yourself are marked.

Thank you for your assistance in creating this library, and please let me know if I can be of any further assistance.

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HEALTH MANAGEMENT INFORMATION SYSTEM - (Project Documents)

1. Overview of HIS Activities (May 1991-September 1993)
2. Assessment Study on HIS - PCSP, April 1991
3. Estimates of Child Survival in Pakistan by Michel Garenne and Sarah Zaidi, Sept 1991.
4. Report on First National Workshop - HIS-PCSP, May 28-30, 1991
5. Expected Outcomes: Design of HMIS/FLCF Workdocument for 2nd National Workshop.
6. Consensus on Design of HMIS/FLCF: Report on the 2nd National Workshop
7. Workdocument: for Third National Workshop on HMIS, July 7-8, 1992
8. Data Collection Instruments of HMIS/FLCF - Report on the 3rd National Workshop
9. Recurrent Cost Study HMIS/FLCF by EDC for UNICEF, Jan 31, 1993
10. Trainers Manual: Training in HMIS/FLCF Use, District Level Workshop, Feb 28, 1993.
11. Training Materials: Training in HMIS/FLCF Use, District Level Workshop, Apr 5, 1993.
12. Instruction Manual for FLCF Staff - HMIS/FLCF, May 1993.
13. Instruction Manual for FLCF Staff (Urdu version) - HMIS/FLCF, April 1993.
14. Computer Implementation Plan: October 1991.
15. Trainer's Manual - Specific Computer Training in HMIS Monthly Report Application.
16. User's Guide - Monthly Report Module (Ver 1)
17. User's Guide - Health Institutions Database (Ver 2.0)

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DRUGS AND LOGISTICS - (Project Documents)

1. Report of National Workshop on Essential Drugs, June 3-4, 1992.
2. Drugs and Logistics Summary Report #1, August 1991.
3. Drugs and Logistics Summary Report #2, March 1992.
4. Drugs and Logistics Summary Report #3, September 1992.

LIST OF TRAINING MATERIALS

1. Training methodology
2. Nutrition trainers manual
3. Nutrition participants manual
4. Nutrition readings
5. Integrated trainers manual
6. Integrated participants manual
7. Book on diarrhoea (supervisory skills)
8. Readings on diarrhoea
9. ARI (blue book)
10. Immunization book
11. Participants manual - Supervisors
12. Trainers manual - Supervisors
13. Participants manual - Paramedics
14. Trainers manual - Paramedics

Appendix 5**Provincial Office Closure:**

The following offices will be closed on July 31, 1993 for the PCSP: Peshawar, NWFP; Karachi, Sindh; and Quetta, Balochistan. On July 31st Ahmed Kassim will be in Peshawar, Shahabuddin Valimohamed will be in Karachi, and Louis Bucciarelli in Quetta.

The objective is to ensure the smooth transition of responsibility for vehicles, equipment, office supplies, and core set of technical documents to the GoP.

Computers: Transfer of Title documents have been prepared and signed for all computers to transfer the title from USAID to the GoP.

Vehicles: Transfer of Title documents have been prepared to transfer the vehicles and are to be signed by the Provincial Director Generals, signed by the Federal ADG, and by USAID. The vehicles will be distributed as follows, of the 7 Federal vehicles: 2 for BHSC (ToT), 1 for NAs (ToT), 1 for AJK (ToT), 2 for HMIS (not to be transferred at this time), 1 for ADDR (also not yet to be transferred), and of the 8 provincial vehicles: 2 for Balochistan (ToT), 2 for Sindh (ToT), 2 for NWFP (ToT), and 2 for Punjab (ToT - however one vehicle to remain for use by the HIS extension under a Memorandum of Understanding with Punjab Province).

The physical transfer of the vehicles will take place as follows: all provincial vehicles will be driven to each of the provincial USAID Liaison Offices on July 31st, and will be received by the Provincial Government as soon as possible. In the case of Balochistan where there is no overnight parking space for the vehicles, the provincial government will receive the vehicles on the same day. At the time the provincial government receives the vehicles, a Memorandum of Receipt (Chalan) will be prepared and signed for the record.

Furniture: Transfer of Title documents for the furniture and office equipment have been prepared and are to be signed by the Provincial Director Generals, signed by the Federal ADG, and by USAID. This furniture and office equipment will remain in the provincial offices, and will be transferred on paper only.

Supplies: During the provincial office visits a list of the supplies will be compiled and a memo of transfer will be attached for the signature of the Project Director (see attached).

Keys: Regarding office keys, to be handed over to the Project Director on July 31.

Files: The purpose of reviewing the files is to 1. identify core technical documents to be transferred to the provincial counterparts, 2. identify and transport to Islamabad Financial/Audit files, and 3. Destroy other various files. When reviewing the financial and audit files, we should transport all of these files to Islamabad for review. Do not leave behind or discard financial documents, potential audit records or personnel information at the provincial level.

The following criteria are to be used when examining the project files:

1. Are they a part of the core technical document list? If yes, mark on the list the number of copies of this document. If no, go to #2.
2. Do they pertain to financial/audit/personnel information? If yes, transport back to Islamabad for review. Remember, we would rather err on the side of being too conservative, if in doubt, include to be sent to Islamabad. If no, go to #3.
3. Do they have historical significance? If yes, leave with the provincial office to be included with the core set of technical documents to be left behind at the provincial level. If no, destroy these files at the provincial level.

In general, correspondence between GoP and the PCSP can be discarded; minutes/reports or other documents which summarize technical outputs should be kept at the provincial level. Remember to complete checklist of key technical documents at provincial level, so that if documents are missing they can later be sent from Islamabad to complete the set.

PCSP core technical documents should be separated from the files and should be kept in a bookcase clearly marked "Pakistan Child Survival Resource Documents."

Soft Files: Review list of directory of files. Copy to disk and bring to Islamabad files which contain reports, summary information, or other key computer files (i.e. provincial End of Project reports for HIS and Training). All various files not to be used by GoP may be deleted.

Meetings: If possible, during this visit arrange a meeting with the Provincial DG. For the transfer of the office, the Project Director and Health Department Secretary should be present as well.

Attachments:

1. Key set of technical documents
2. Form letter for province transfer of supplies
3. Sample Stationary/Supplies Inventory

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NOTES ON THE STATUS OF DR. IJAZ AHMED'S CASE

1. Dr. Ijaz Ahmed was issued a letter on July 19, 1990 for an interim employment for three months from July 1 to September 30, 1990 with Jaffer Brothers (Pvt) Limited to work with USAID funded Child Survival Project (Annex I). This was done on the instruction received from MSH for the same.
2. This interim appointment was extended for another one month i.e. up to October 31, 1993 vide our JBL letter dated September 29, 1990 (Annex II).
3. The interim appointment was further extended till December 31, 1990 through JBL letter dated November 22, 1990 (Annex III).
4. On advice from MSH Deputy Chief of Party, the employment of Dr. Ijaz was confirmed with effect from October 1, 1990 till December 31, 1992 - refer JBL letter dated January 10, 1991 (Annex IV). In this letter it was clearly stated in **OTHER CONDITIONS section (a)** "*You shall adhere to the terms and conditions of your employment as outlined in the attached job description and Employee Handbook, which is subject to change from time to time*". It was nowhere mentioned in the Employee Handbook or in the job description or in the above referred letter that JBL will pay pension contribution to the government for any employee.
5. His final settlement was prepared on December 3, 1991 clearing all the outstanding amount and paid him all the benefits which was entitled as per above referred contract letter. However, he refused to take the amount against gratuity (Annex V).
6. We understand that he was employed by M/s. Rawal Associates for some time to work with USAID funded Primary Health Care Project and we don't know whether they paid any pension contribution to GOP?
7. We checked with our Legal Advisor and according to him, JBL is not liable to pay any such contribution to GOP for any JBL employee employed for PCSP.



SHAHABUDDIN VALIMOHAMED
Deputy Project Incharge, PCSP

Dated : July 28, 1993

cc : Theo/Louis/Ahsan Durrani

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**NOTES ON THE STATUS OF ANSAR NAQVI'S CASE REGARDING
PCSP QUETTA OFFICE TELEPHONE BILL**

1. It was brought to my notice by one of the PCSP provincial officer of Quetta about huge telephone bill i.e. for Rs.98,124/-. Considering the importance of the matter, I canceled my trip to Khuzdar and stayed back in Quetta to enquire into the matter.
2. I took the telephone bill to Pakistan Telecommunication Corporation office in Quetta and checked the details of calls made. I called Mr. Ansar Naqvi, PCSP Provincial Secretary, Quetta and enquired about the calls made. He accepted that most of the calls listed on the details of telephone calls were made by him and they are all his personal calls. However, he further pointed out that some telephone calls are neither his personal calls nor calls of PCSP officials.
3. He gave an undertaking that he will obtain the corrected bill from PTC and will settle all the outstanding amount due on him against the personal calls which comes to Rs.62,528/- by June 20, 1993 (Annex I). He failed to do so.
4. He started remaining absent. I kept on doing follow up through our JBL Coordinator in Quetta to locate him but in could not get hold of him.
5. On July 14, 1993, I received a letter from Ansar alleging Dr. Akhtar that he stopped Ansar to enter the PCSP office without any reason. Also demanding for the salary for todate and termination letter (Annex II).
6. After discussing with our Legal Advisor, a letter was issued to him on July 20, 1993 directing him to make the payment of Rs.62,528/- within three days of receipt of the letter failing which necessary legal action will be taken against him. He received this letter on July 25th (Annex III).
7. We received a reply via fax on July 27th from Ansar requesting for recovery of payments in monthly installments of Rs.500/- and to reduce the overall claim (Annex IV).
8. A letter was issued to him on the same day i.e. July 27th disallowing his above request and directing him to make payment by July 31st or else necessary legal action will be taken against him for recovery of the above referred claim (Annex V).
9. I personally discussed the case with our Legal Advisor and asked him what will be the outcome if we go for litigation. He advised that in such cases the court allows the person to make payment in installments and normally the person pays one or two installments and then no further payments. The case has to be re-lodged with the legal department and it goes on and on and the Company ends up in incurring more expenses

MINUTES OF THE MEETING OF BHSC/USAID/TAT

DATE : AUGUST 09, 1993
DAY : MONDAY
TIME : 10:00 A.M.
VENUE : BHSC CONFERENCE ROOM ON 3RD FLOOR

Present : Dr. Mushtaq Chaudhry
Dr. Malik Manzoor A. Khan
Dr. Riaz Malik
Dr. Theo Lippeveld
Dr. Tara S. Upreti
Mr. Zahid Hussein
Mr. Ahmed Kassim
Mr. Shahabuddin Valimohamed

Absent : Mr. Sattar Chaudhry
Mr. Jon Simon
Dr. Talat Rizvi

Following was the agenda of the meeting:

1. Review minutes of the last meeting
2. Review of Component Activities
3. Miscellaneous

DETAILS OF THE ABOVE AGENDA FOLLOWS:

Dr. Theo requested to include debriefing on demobilization in the agenda to be discussed during this meeting after Review of Component Activities.

1. Minutes of the last meeting were reviewed and approved by all the participants.
2. Brief presentations on component activities were made by the respective Advisors/Specialist. The component achievements were reviewed and planned activities discussed. During component overview, Dr. Tara said that the evaluation report was encouraging and we are pleased with their suggestion for improvement.

Dr. Malik Manzoor A. Khan informed the group that it would be difficult to disburse the salary of consultants for ICST, being funded by UNICEF, through BHSC account. Dr. Mushtaq Chaudhry suggested that the disbursement of salary to the consultant(s) may be done through COP(A) of PCSP or some other source. Dr. Theo suggested to have an informal meeting with UNICEF and explore other alternatives.

BEST AVAILABLE DOCUMENT

3. Mr. Louis Bucciarelli informed the group on the status of demobilization process (Details attached). Mr. Ahmed Kassim informed that transfer of title documents have been forwarded to Dr. Malik Manzoor A. Khan for signatures. He further said that one of the project vehicles - Nissan Patrol - which has been transferred to NA - is still seen on the road, where it should have been parked at USAID for physical transfer. Mr. Shahabuddin will check on this issue and will make sure that this vehicle is not taken out on road by PCSP driver.

He also informed the group that his colleague, Mr. Atta Bhatti, is taking physical inventory of the PCSP furniture, equipment etc. which will be matched with the USAID inventory. All these furniture and equipments will be managed by PCSP during HMIS extension.

4. Mr. Shahabuddin informed the group that telephone connection at PCSP Quetta and Karachi offices will most probably be transferred to concerned provincial health department within next two weeks. Necessary communication with concerned personnel at Pakistan Telecommunication and provincial health department is being done.

Next meeting will be on Monday, August 23, 1993 at 10:00 a.m.

D-3/BWKLYMTN

**Minutes of Evaluation Team Briefing
for the Government of Pakistan (GoP)
July 28, 1993
at the Basic Health Services Cell, Islamabad**

The meeting started at 9:30 in the meeting room of BHS Cell, Ministry of Health under the chairmanship of Dr. S. Mohsin Ali, Director General Health (DGH). The proceedings started with recitation from Holy Quran by Dr. Riaz Malik, Assistant Director General, BHSC.

This was followed by a welcome address by Dr. Mohsin Ali. The DGH explained that the purpose of this meeting was to present the findings and recommendations of the Evaluation Team, and to discuss the next steps needed for institutionalization of a Pakistan Child Survival "**Programme**" by applying appropriate experience, methods and materials developed under the Pakistan Child Survival "**Project**" (PCSP). The DGH hoped that WHO, UNICEF and the World Bank will play important roles as partners with the Government of Pakistan (GoP) in the implementation of a national programme based on the work initiated and supported by USAID in the PCS Project. The DGH further stated that a Pakistan Child Survival Programme would only be successful if the provinces "own" it after the formal termination of the PCS Project.

The members of the PCSP Evaluation Team were introduced by Dr. Riaz Malik and Dr. Robert S. Bernstein, Evaluation Team leader, presented the summary of findings and recommendations of the Team.

PRESENTATION OF FINDINGS AND RECOMMENDATIONS (see attached Tables):

Dr. Bernstein in his presentation emphasized that if, as suggested by the DGH, the Provinces do consider themselves as the "owners" of the main products of the PCS Project (the Health Management Information System for First-Level Care Facilities [HMIS/FLCF] and the Integrated Child Survival Training and Supervisory Checklist for FLCF Staff [ICST/FLCF]), the PCS Programme will become institutionalized and will continue to increase in effectiveness.

Dr. Bernstein expressed regret to GoP and the PCSP Staff for two shortcomings in the work of the Evaluation Team:

- (1) since the Team was made up of only four instead of the six members originally planned by USAID, it was able to focus on evaluating the facility-based work of the ICST/FLCF and HMIS/FLCF components, and was unable to adequately evaluate the work done under the Communications, Research, and Drugs & Logistics components, and

- (2) because the Evaluation Team worked as two separate groups on ICST/FLCF and HMIS/FLCF, there may be some communication gaps and errors in the draft final report.

However, Dr. Bernstein accepted the responsibility for any errors or omissions in the draft final report (due on 4 August), and asked USAID and GoP to permit all interested parties to review the draft so that the final report (which is due within one month after the draft is submitted) will be clear, practical and useful for the Government of Pakistan and its partners, and not a document for the shelf.

Dr. Bernstein indicated that although the evaluation has been termed as a "Final Evaluation" due to USAID reporting requirements, all interested parties recognize that it is too early for an evaluation of the effectiveness and impact of the project on its chief beneficiaries. Thus, the purpose of this evaluation is primarily formative and focuses on the process and major outputs of the PCS Project. In order to evaluate the effectiveness of the ICST/FLCF and HMIS/FLCF activities, GoP and its partners should plan for further evaluation of the work done after a reasonable period of time (at least 6-9 months or more from now).

The Evaluation Team acknowledged that a remarkable amount of work has been done with limited resources in much less time than originally planned, and encouraged GOP and PCSP to keep up the good work.

The Team hoped and stressed upon the GoP and international donor community to continue the work begun under the PCS Project and not make new starts in the areas of ICST/FLCF or HMIS/FLCF. The Team also hoped that this meeting will not only serve as a briefing, but will be the continuation of the consensus-building meetings to bring the federal and provincial leaders together to strengthen and "institutionalize" the work initiated in this project.

The following definitions were used by the Evaluation Team (note that, in each case, "supportive" refers to the approach used by supervisors and decision makers in making assessments and in taking action to strengthen progress and correct deficiencies):

Supervision is the practice of supportive, person-to-person assessment and strengthening of an individual person's job performance and motivation.

Monitoring is the practice of supportive supervisory assessment and strengthening of progress and performance in the implementation of planned activities by facilities (e.g., FLCFs) in a given administrative area (e.g., a Tehsil, District or Division) to ensure that activities are being carried out correctly and as planned.

Evaluation is the practice of supportive supervisory assessment and strengthening to determine whether the correct conduct of both facility management and strategies for prevention and control of disease are having the desired effect or impact on the health and well-being of beneficiaries in a defined administrative area (usually District-level or higher).

Stressing upon the importance of epidemiology in management of the PCS Project/ Programme, the Team noted that the use of supervisory checklists in ICST/FLCF and computerization of the HMIS/FLCF without establishment of sanctioned District/Province posts and in-service training for epidemiologists will not bring about the desired improvements in management and motivation within the Pakistan health system. The Team recommended that if GOP decides to establish a management-oriented epidemiology training programme, that material and methods developed by the Centers for Disease Control and Prevention (CDC, Atlanta, USA) in collaboration with WHO would be most suitable for this purpose.

While summarizing the findings and recommendations, Dr. Bernstein re-emphasized the Team's overall suggestion that GoP and its donor partners use, supervise, monitor and evaluate the work done under the PCS Project before making any new starts in ICST or HMIS.

DISCUSSION AND COMMENTS:

Mr. Sattar Chaudhry, Federal Health Education Advisor, asked if the benefits of training health staff have been transferred to the mother as recipient. The Team recommends that the effectiveness of ICST on improving the clinical and interpersonal communication practices of health workers and the health promotion practices of mothers should be evaluated six to nine months or more after the ICST/FLCF training and supervisory system have been in place.

Dr. Riaz Mustafa Syed, Exec. Sec. Special Projects, Punjab, asked why two very important components (Nutrition and Family Planning) were not given due importance in the design of the ICST/FLCF and HMIS/FLCF components of PCSP. The Team determined that (1) decisions about the priorities and design of ICST and HMIS were reached by consensus among federal and provincial policy makers and programme managers; (2) special efforts were made in the area of curriculum development for the Nutritional component of ICST/FLCF because such methods and materials were not previously available; and (3) several important strengths of the HMIS/FLCF are the comprehensiveness and potential flexibility which were designed respectively into the medical record-keeping system and the computerization of reports.

Dr. S. Mohsin Ali, Federal DG/Health, commented that the Child Survival Project has already helped the GoP/World Bank Family Health Project (FHP) by developing an integrated approach to improving health promotion as well as disease prevention and treatment (including nutrition training which was previously unavailable).

Dr. Sajjan Memon, Director-General/Health, Sindh Province, mentioned that he had already submitted a budgetary planning document (PC-1) for continuation of the PCSP activities. Sindh needs financial help from the Pakistan development budget to support in-service training (e.g., ICST/FLCF and HMIS/FLCF). The World Bank-supported FHP has been approached for help in recurrent costs for HMIS/FLCF, and UNICEF has been requested to help in supporting ICST/FLCF carried out at Child Survival Training Units (CSTUs). Sindh already has had a sanctioned Epidemiologist post at the Province level for about one year, but the post has not yet been filled.

Dr. Nadir Khan, DG/Health, NWF Province, mentioned that in 65 HMIS workshops conducted in 615 FLCFs, a total of 1118 personnel were trained. He appreciated the HMIS and said that its design has been based on epidemiologic guidelines as well as on health priorities for NWFP. He mentioned that World Bank has been asked to include support for the HMIS in the Family Health Project.

Dr. Qadir Khan, DG/Health, Punjab Province, said that a PC-1 which includes provisions for support of HMIS/FLCF and ICST/FLCF is under preparation. He is looking for funding sources for sustainability of the project. Punjab is the only province which has established a Monitoring and Evaluation Cell ("MEC") at province level, and has assigned specific responsibilities for HMIS/FLCF to this Cell.

Dr. Abdul Rehman, DG/Health, Balochistan Province, mentioned that the HMIS training is being carried out in three out of six divisions of Balochistan namely Zhob, Makran and Sibi. Thus far, 391 personnel have been trained from 379 facilities. Dr. Rehman said that Balochistan needs a longer time for implementation of the HMIS because the technical comprehension of the staff is not very good. The second reason he gave was that some of the facilities are not yet manned and some are manned with under-qualified staff. Dr. Rehman mentioned that a Continuing Education Cell (CEC) is already functional, and a separate Computer Cell is also working on HMIS.

Dr. Syed Asghar Ali Shah, DG/Health, Azad Jammu and Kashmir (AJK), expressed his concern about the sustainability of HMIS/FLCF and ICST/FLCF because of financial constraints and a ban on submitting new schemes to the Government of AJK for approval.

Dr. Siraj-ul-Haq, World Bank, mentioned that when phase 1 of GoP/Bank's Family Health Project (FHP-1) was being planned, support for activities such as those within the scope of PCSP were not given priority because USAID funding appeared to be sufficient. But in phase 2 of FHP (FHP-2) and in related projects supported by the World Bank, sufficient funding is available for these activities if provincial policy makers and project managers decide to continue to implement and institutionalize the PCSP. Dr. Siraj pointed out that, in addition to FHP-1/2, three other projects supported by the World Bank are related to development of a sustainable Programme for Child Survival in Pakistan: the Social Action Programme (SAP, \$200 million), Pakistan Population Project (PPP, \$100 million) and Pakistan Nutrition Project (PNP, \$65 million). Funding for these projects is available not

only for developmental activities but also for incremental recurrent costs. In particular, the World Bank regards the HMIS/FLCF as an essential investment in health services management in Pakistan. These views of the World Bank are shared by its partners, KFW and ODA, which are working with GoP on FHP-1/2. The World Bank's funding mechanisms are very flexible. They allow for contingencies, un-allocated funds and fluctuations in the exchange value of the rupee. Dr. Siraj's opinion was that enough money is available for continuation of PCSP activities if the provinces decide to do so.

Dr. Siraj suggested that a **Donor Committee on MCH & Child Survival** should be formed to advise federal and provincial GoP policy makers in a consensus-building process to determine what are the priority areas and the relative advantages that each donor agency can bring to bear. He suggested that World Bank, UNICEF, WHO, ODA, ADB, GTZ and a representative from the Multi-Donor Support Unit (SAP) should form this Committee of Donors.

Dr. Rifaq Ismail, Acting Chief, HPN, USAID, expressed the opinion that once federal and provincial GoP policy makers have made a commitment to proceed, it should not be a major problem to obtain international donor support to supplement their efforts to develop and institutionalize a Child Survival Programme, including activities such as the ICST/FLCF and HMIS/FLCF initiated under PCSP. He also supported the idea of forming a Committee of Donors on MCH & Child Survival to assist GoP in coordinating these efforts.

Mr. Sohail Ahmed, Additional Secretary/Health, Punjab Province, said that funding under the SAP and provincial development budget will not be a problem, once provincial DGs/Health know the mechanism for getting such support. He said that in order to get PCSP follow-on projects approved by the provincial Planning Committees, (1) there should be documentation that MCH and Child Survival projects will be cost-effective (the World Bank's recent Global Report on Health in Development addresses this issue) and (2) proposals for continuation of support to institutionalize and extend programmes initiated under previous projects should highlight the achievements as well as the areas needing further support and strengthening.

Dr. Nadir Khan, DG/Health, NWFP, said that in this regard up to now in Pakistan, planning is centralized whereas implementation takes place at the peripheral (district) level. One potential benefit of the HMIS/FLCF will be to increase the cost-effectiveness of managing MCH and Child Survival services if federal policy makers permit the planning cycle to be carried out at district levels.

Mr. Sattar Chaudhry, Federal Health Education Advisor, said that the training initiated under PCSP for ICST/FLCF and HMIS/FLCF should continue, otherwise the efforts and investment will have been wasted. He also expressed the opinion that the lack of coordination and linkages between training in delivery and supervision of MCH and child survival services at CSTUs (ICST/FLCF) and training in recording, reporting and use of

management and health information at District-level workshops (HMIS/FLCF) have been a major weakness in PCSP.

Dr. Mushtaq A. Chaudhry, **Federal Project Director for PCSP & WFP**, said that there has not been sufficient time to determine whether GoP will get the desired effect from training activities initiated under PCSP, and that time was also needed to strengthen the PCSP training in supervision of individual FLCF staff delivering integrated child survival services (ICST) as well as supervision of FLCF staff responsible for recording, reporting and use of the HMIS for monitoring and evaluation. He was of the opinion that training will be most effective at the District level.

Maj. General Dr. M. I. Burney, **former federal EPI/CDD Coordinator and Executive Director of NIH**, said that new training, supervisory and service delivery strategies are required for integrating high-priority primary health care services at FLCFs because the old vertical strategies are too expensive and less effective.

Dr. Jason Weisfeld, **Senior Project Officer, UNICEF**, regretted that UNICEF was unable to recruit a suitable member in time to join the Evaluation Team, but expressed satisfaction that the Team had coordinated with UNICEF in developing its methods and carrying out its work. He said that UNICEF will continue to work with federal and provincial GoP leaders to support the implementation and institutionalization of activities initiated by PCSP, depending on available resources and the results of further monitoring and evaluation.

Dr. Malik Manzoor A. Khan, **Deputy DG/Health, BHSC**, said that what we need is a missionary spirit, otherwise all the training, centralized or decentralized will not mean anything. He stressed that the Evaluation Team's recommendations should be practical. He further emphasized the creation of Continuing Education Cells at Federal and Provincial levels for continuity and sustainability of PCSP activities in future.

Dr. M. Khalif Bile, **PHC Medical Officer, WHO**, said that the integrated training is a courageous step, and that now a very courageous step is required of transferring the results of this training at the end-user level.

Dr. Theo Lippeveld, **PCSP Chief of Party**, said that decentralized training at the District level is a very good idea, and the Child Survival Project is already doing it. He said that there will be improved linkages and coordination between training and supervision in HMIS/FLCF and ICST/FLCF during the extension period for HMIS.

Dr. Tara Upreti, **PCSP Training Advisor**, said that six out of ten districts with CSTUs established to carry out ICST/FLCF, have been refurbished with accommodation facilities in order to cut the cost of training.

CONCLUDING REMARKS AND NEXT STEPS

Dr. Mohsin Ali, in his concluding remarks said that the vertical programmes promoted in the past by WHO and donor agencies are without any concept of integration. He cited the decreasing levels of coverage for EPI antigens as an example due to a lack of commitment. Money is not a major problem--rather motivation and management are the problems. He was of the opinion that the GoP preference should be for strengthening integrated services for primary health care rather than building sophisticated hospitals.

He suggested that training and supervision for the HMIS/FLCF should be given the highest priority because of the importance of record-keeping and reporting as the essential link between improving the quality of health care services for individuals and improving the management and delivery of health care services for communities.

He suggested that the most efficient and effective way for GoP to coordinate further implementation and institutionalization of the HMIS/FLCF training and supervisory activities, and recurrent costs, was to initiate a federal Umbrella PC-1 and submit it to the ECNEC which will facilitate the approval of HMIS/FLCF implementation plans in provinces.

He agreed with the need for coordination of donor support; but, he said that existing mechanisms for coordination with donors at the federal level are adequate.

He said that plans are underway with UNICEF to establish an in-service Training Programme in Epidemiology and a Leadership Development Programme with WHO/EMRO. Trainees in Field Epidemiology will be awarded a 2-year fellowship and those in the LDP will receive membership in the College of Physicians and Surgeons. Successful completion of these training programmes should enhance the career development of physicians as District and Provincial Health Officers.

The following people participated in the meeting:

1. Dr. S. Mohsin Ali, D.G. Health, MOH, GOP, Islamabad
2. Dr. Abdul Qadir Khan, D.G. Health, Punjab, Lahore
3. Dr. Riaz Mustafa Syed, E.D., Special Projects, Punjab, Lahore
4. Mr. Sohail Ahmed, Additional Secretary Health, Punjab, Lahore
5. Dr. M. Sajjan Memon, D.G. Health, Sindh, Hyderabad
6. Dr. Nadir Khan, D.G. Health, NWFP, Peshawar
7. Dr. A. Rehman Khan, D.G. Health, Balochistan, Quetta
8. Dr. Syed Asghar Ali Shah, D.H.S., AJK, Muzaffarabad
9. Brig. M. Ashraf, D.H.S. N.A, Gilgit.
10. Maj. Gen. M. I. Burney, Advisor, NIH, Islamabad
11. Dr. Mushtaq A. Chaudhry, P.D., PCSP/WFP, Islamabad
12. Dr. Malik Manzoor A. Khan, D.D.G. Health, Islamabad
13. Dr. Riaz Malik, ADG, BHSC, Islamabad

14. Mr. Abdul Sattar Chaudhry, HEA, Islamabad
15. Dr. Talat Rizvi, ADG, BHSC, Islamabad
16. Mr. Bedar Abbas, AC, Nutrition Section, P&D, Islamabad
17. Dr. Rifaq Ahmed Ismail, Chief (A), HPN/USAID, Islamabad
18. Dr. Rushna Ravji, Project Officer, PCSP, HPN/USAID, Islamabad
19. Dr. Theo Lippeveld, HMIS Advisor, PCSP, Islamabad
20. Dr. Tara Upreti, Training Advisor, PCSP, Islamabad
21. Dr. Robert S. Bernstein, PCSP Evaluation Team Leader
22. Dr. Zahid Abbas, PCSP Evaluation Team Member
23. Dr. Siraj-ul-Haq, Consultant, World Bank, Islamabad
24. Dr. Jason Weisfeld, UNICEF, Islamabad
25. Dr. M. Khalif Bile, WHO Advisor for PHC, Islamabad
26. Dr. Jon Simon, PCSP/ADDR Advisor, Islamabad
27. Mr. Ahmed M. Kassim, Proj. Mgt. Specialist, USAID, Islamabad
28. Mr. Muhammad Mahmood, SPA (AJK/NA Unit), UNICEF, Islamabad
29. Mr. Zahid Hussain, Communication Consultant, AED, PCSP, Islamabad
30. Mr. Louis Bucciarelli, MSH, Boston
31. Dr. Nasim Haque, HMIS Coordinator, PCSP, Islamabad
32. Mr. Shafat Sharif, Computer Specialist, PCSP, Islamabad
33. Mr. Shahbuddin, JBL, PCSP, Islamabad
34. Mr. Ajaz Ahmad, Evaluation Team Secretary