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COMPLETION REPORT: END OF CONTRACT

prepared by

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**UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
TO PAKISTAN**

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OVERVIEW/SCOPE OF WORK: The Private Sector Advisor's chief responsibilities consisted of expanding support for family planning service delivery through private sector channels including developing strategies and program directions, designing, managing and evaluating USAID-funded private sector family planning activities. He was to have principal responsibility for establishing and maintaining liaison with the GOP, local NGOs, private sector organizations, other donors to the population sector and international organizations and U.S.-based institutions concerned with private sector population activities. There were seven specific tasks stemming from the principal responsibility. Of these, four were directly related to management of the Mission's portfolio of local and international NGO grants; one involved developing private sector policies and strategic direction for the Mission including dialogue with senior Mission and GOP officials, one called for coordinating and promoting USAID-population activities and objectives with the GOP and other donors, and one saw involvement in evaluation studies of AID population-sector activities in Pakistan.

SUMMARY OF PERFORMANCE: During the course of the two-year assignment, most of my efforts (about 75 percent), were focussed on managing the portfolio of USAID grants to four U.S.-based PVOs and one local NGO, primarily those with The Asia Foundation, Pathfinder International, and the Family Planning Association of Pakistan (FPAP), and, to a lesser degree, those with AVSC and CEDPA. This effort also involved extensive monitoring of sub-grantee activities in the field. Other assignments which consumed substantial portions of my time included the transfer of contraceptive technologies to Pakistan (about 8 percent) and negotiating/sourcing/managing the provision to technical support to the Family Planning Association of Pakistan (8 percent). To a lesser degree, but of no smaller consequence, my efforts were directed to the management of contraceptive resources within Pakistan, specifically supplies of condoms belonging to both the public sector and the social marketing project.

I was not substantially involved the development of the Mission's population policies or strategies during my tenure, except for a brief period when I assisted in developing the itinerary and accompanied members of the PRIFAM project development team on tour in the Punjab and Sindh provinces in February, 1993.

Environment: At the time (late July 1991) I reported to the Office of Health, Population and Nutrition (HPN), the Mission was under administrative order to comply with the Pressler Amendment to the Foreign Assistance Act. The Useful Units of Assistance for the Population Welfare Planning Project were in place and these consisted only of completion of on-going PVO activities. No new initiatives were attempted or contemplated until the latter part of 1992 when Congress approved legislation that permitted the funding of further population activities in Pakistan, Pressler notwithstanding. During the months of January and February 1993, I was directly involved with a project paper design effort which ultimately failed when the "anti-Pakistan" environment in Washington, D.C. seemed to crest on the linkages between Pakistanis and terrorism, and the dismissal of the democratically elected government of Prime Minister Nawaz Shariff in March 1993.

Initial Assignments: The immediate task I was asked to undertake, aside from familiarizing myself with the on-going projects, was to dialogue with the Ministry of Population Welfare concerning the transfer of contraceptive technologies to Pakistan and to coordinate, facilitate and manage the visit of PATH experts concerned with this initiative. Shortly after my arrival, I was asked to take charge of the organizing, coordinating and recording the proceedings of the monthly meetings of donors to the population sector. Three months after my arrival, the PACD of the PWP Project was extended for an 11-month period, and I was requested to assist the NGO Coordinator, a FSN, request, receive and negotiate proposals and prepare attendant PIO/T documentation to extend the existing portfolio of projects commensurate with constraints of the Pressler Amendment legislation.

Outputs: The PATH experts concerned with assessing the feasibility of transferring certain contraceptive manufacturing technologies to Pakistan visited Pakistan in October 1991. I accompanied them to Lahore and Karachi and to meetings with Ministry officials in Islamabad. I commented on their draft report and later, in met with Ms. Britton to negotiate the final draft of their report in April 1992. I prepared several draft Scopes of Work having to do with further feasibility of condom and IUD manufacturing and met with interested businesses/organizations. However, attempts to further the transfer of either technology were abandoned in mid-1992 as their seemed little basis, from the demand and marketing aspects and in terms of the utilization rates after the Ministry's policy of condom price increases took effect, to support local manufacturing investments.

In terms of coordination among donors to the population sector, my role as coordinator, facilitator and secretary at the meetings continued throughout my tenure. In all, 16 meetings of the donors' representatives were held during my 24 month contract. These meetings were thought to be generally informative and helpful in disseminating information and reports on population and social action program related topics. One meeting was organized at which

the donors met with the Secretary, MPW, to discuss the MPW's goals and objectives for the Eighth Five-Year Plan.

In terms of the grants to NGOs, my chief responsibilities were The Asia Foundation, Pathfinder International and the Family Planning Association of Pakistan. During the period January-March 1992, the NGO Coordinator, Babar Hussain, and I prepared and processed five major PIOTs. I was primarily responsible for The Asia Foundation and Pathfinder International. In the negotiations with The Asia Foundation during February, I proposed to the Country Representative, Frank Dines, that he should contact Mr. Anthony Drexler as a possible candidate for the key technical assistance position which had been vacant since November 1991. Subsequently, TAF hired Drexler for an initial period of four months as its Financial Management Advisor to the NGOCC and then retained him for an additional 12 months as TAF's Management Advisor to the NGOCC. Drexler is credited with having developed a sound financial and accounting system for the NGOCC which is accountable to the donors as well as the GOP. He is also credited with establishing an effective Management Information System (MIS) for the numerous subgrantees of the NGOCC, allowing it to report expenditures and program results and permitting analysis of program effectiveness from cost-effective and cost-benefit standpoints. TAF's contribution to the development of an effective resource management capability is widely attributed among donors to the TAF involvement and specifically the work of Drexler.

Subsequent Assignments:

PATH: PATH was otherwise involved in Pakistan with the issue of condom quality assurance of the large stocks of condoms (approx. value: \$10 million) imported by USAID during the 1988-1991 period, particularly after the distribution and sales of condoms declined dramatically when the Ministry's increased price policies took effect in late 1991-early 1992. I prepared two Scopes of Work designed to assist the MPW formulate and establish a condom quality assurance plan and which resulted in PATH experts visiting the NRIFC condom testing laboratory, upgrading its equipment and the training and certification its staff.

My efforts in the management of contraceptive stocks also involved alerting AID/W and USAID to the poor storage conditions of both the public and private sector stocks of condoms and resulted in the restacking of condoms in the Central Warehouse, after improvements had been made to the pallets and to the ventilation system, and the relocation of Sathi stocks to a more adequate warehouse under joint control of USAID and the MPW.

FPAP: In May 1992 I was requested to undertake negotiations with the leadership of this major NGO for the provision of technical assistance for the development of a MIS. I made two visits to Lahore and negotiated/sourced and assisted in the procurement of

two expatriate consultants. In November 1993, USAID paid for the services of an expatriate consultant who spent three weeks inside FPAP and produced the outline of a plan for the development of a MIS for the organization. In April, USAID signed a contract for the services of a second expatriate who spent nearly 10 weeks at the FPAP Lahore headquarters. I was involved in the negotiations and sourcing of this second consultant who produced a comprehensive analysis of the organization's MIS needs and established the preliminary basis for an automated data processing MIS. During this period, I was instrumental in arranging for and procuring necessary computer software in support of the consultant's assignment. FPAP's leadership is extremely satisfied with the latter consultant's performance and has asked for his assistance in a follow-up assignment that probably will be funded by British ODA.

Monitoring: With respect to monitoring of U.S.-based PVO grant portfolios with local NGOs, during the tenure of my assignment, I made over 24 field/site visits to different projects and to the NGCCC administrative headquarters in Karachi. I also accompanied AID/W's Dr. James Shelton, Director Population Research and Development, on two of his three visits to Pakistan during my tenure.

OBSERVATIONS AND COMMENTS: This section is divided into two parts. One comments on the role of the Private Sector Advisor in the Office of Health, Population and Nutrition; the other summarizes the status quo at the end of the Population Welfare Planning Project in light of the non-approval of subsequent USAID support to the population sector.

I. Role of the Private Sector Advisor

1. Appropriateness of the job description. The job description was prepared prior to the enactment of Pressler legislation and then not updated to reflect the constraints imposed by the administrative orders that sought to obtain compliance with that legislation. However, events in the latter part of 1992, meaning the legislation that specifically exempted population related activities from the constraints of the Pressler Amendment, made the job description appropriate once again, albeit for a temporary period. More critically, the job description was multi-faceted and implied that the advisor was to have a major policy voice as well as having responsibilities at the implementation (detail) level such as preparing PIO/Ts. There were too many tasks for the level of policy involvement that was articulated. In fact I was treated as a staff member most of the time and from the offset, and not encouraged or permitted to work on areas having to do with developing policies and strategies, dialog with GOP officials, conducting feasibility studies and exploring new initiatives.

2. Supervision and management of the advisor. From the offset, there existed a situation in which the advisor reported

directly to the Chief of the Office, not to the Deputy Office Chief, who was also the Population Officer, nor to the Project Officer for the Population Welfare Planning Project. The Office Chief only rarely exercised supervision over my activities as the Private Sector Advisor and I was left mostly to determine what I should be doing. For example, I drafted a paper proposing a new initiative or approach to community involvement which was never acknowledged or responded to by the Office Chief despite several reminders. No clear-cut instruction was ever provided on the expectations that the Office Chief had of me as the Private Sector Advisor. Nor were there routine or even occasional planned meetings with the Office Chief wherein my work-plan and the progress achieved were discussed. If I needed to talk to the Office Chief, I would have to look for opportunities when she was not too busy to spend a few moments to discuss a particular issue, sign a travel order, a voucher, etc. My several requests for independent secretarial support for the NGO Coordinator and myself were ignored as well. As a result, I spent a substantial amount of time editing and directly preparing documents that could have easily been handled by a competent FSN secretary had there been one.

There was an open disagreement between the Office Chief and her Deputy over this supervisory arrangement. It was noted on several occasions by the Deputy that she had no authority over my work-plan nor could she authorize any travel or sign any vouchers as long as the Office Chief was officially in charge of the office. I was often excluded from full meetings of the PWP Project staff chaired by the Deputy Chief/Population Officer and the SMC project staff. I would be invited to "sit in on" only that portion of those meetings which had relevance to the NGOs or, on occasion, to sit in on meetings that dealt specifically with the management of contraceptive resources.

There was no clear-cut differentiation between the responsibilities of the NGO Coordinator and those of the Private Sector Advisor. There was often duplication of work and sometimes confusion over who had what responsibilities for NGO activities. The NGO Coordinator reported to the PWP Project Officer, although due to his special status, i.e., he had the confidence of the Deputy Chief, he was made to feel unwanted by the PWP Project Officer and, hence, reported directly to the Deputy Office Chief.

During the period when the Mission was feverishly preparing the PRIFAM concept paper and later, during the drafting of the PRIFAM Project Paper, I was almost totally excluded from the proceedings. Aside from accompanying the Project Design Team on its visits to Lahore, Faisalabad and Karachi, my only other contribution was a brief commentary on the early draft of the Project Paper.

In summary, I feel that I could not contribute my full potential to the position and, at times, felt that both the Office Chief and her Deputy regarded my presence as a nuisance rather than as contributory. During the two year period, I had no formal review

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of my performance nor did the Office Chief leave any formal/informal acknowledgment of my contributions nor record of her criticisms of my performance before she left for her next posting. I find this to be unprofessional, deplorable and demoralizing.

II. A Recapitulation of USAID support to the NGO Sector involving family planning activities.

1. USAID's direct and indirect support to the NGO family planning efforts constitutes about 80 percent of the total input of the NGO sector. In summary, USAID contributes about \$1.5 million (excluding commodities, technical assistance and overhead charges) to the NGO program annually and the projects supported with these funds account for about 650,000 CYPs annually. In total, over 2300 men and women are employed through the USAID grants of whom about 75 percent are women. The cessation of USAID support means that most of these men and women will lose their employment. Aside from the AVSC and some of the CEDPA subgrantees, which appear to have support from their headquarters for another six months of operations, most of the productivity of the NGO sector, particularly those activities supported by/through the NGOCC and The Asia Foundation, will decline to roughly 10 percent of their previous level. The MPW has extended support only to Family Welfare Centers since the June 30th PACD and the level of its support per clinic is only roughly 35 percent of the level provided in the previous fiscal year (1992-93), i.e., instead of Rs. 105,000 per clinic per annum, it is now Rs. 36,000 per clinic per annum.

The MPW appears to have abandoned all 30 of the community-based distribution (CBD) C models established by TAF. The original model, employing 20 field workers in a well-defined population of registered eligible couples, has demonstrated the most dramatic results, from quality and cost-effective coverage considerations, to community-based family planning ever achieved in Pakistan. In the six areas where the pilot projects have been in operation in most cases for less two years, the contraceptive prevalence rates (CPR) have gone from an average of 11.5 percent to 40.5 percent. Among the six pilot projects, perhaps the most striking is the Nawan Killi project in rural Swabi. The CPR at the time of couple registration was only 6 percent by modern method; 7 percent for all methods. At the end of the 6th follow-up, i.e., after 14 months of operations, the CPR by modern method was 30 percent. The discontinuation of funding of this model is perhaps the single most damaging aspect of the cessation of USAID to the population sector.

A. USAID directly funds 150 of the 353 static outlets (Family Welfare Centers) funded by different donors through the NGOCC directly.¹ CEDPA funds another 36 through its grants to Behbud,

¹ This figure excludes the 114 Private Medical Practitioners oriented to family planning through grants to Pathfinder International from 1988 as the contribution to the family planning program of these individuals is not appropriately documented.

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PAVHNA and APWA; Pathfinder funds another 19 centers through its grants to other NGOs; AVSC supports part of the costs of 12 VSC centers. Therefore, in total USAID grants support 217 centers. The combined output of these 217 outlets is about 348,000 CYP per annum. With the exception of the VSC centers, each center employs 5 persons, one LHV, two motivators, an ayah and a guard. The VSC centers employ a physician, other paramedically trained staff and counsellors.

B. USAID provided funds to The Asia Foundation for funding 30 community-based family planning service delivery pilot projects, labelled Type A, Type B and Type C according to the total population in a catchment area and the number of staff employed. Each of the six Type A projects cost about \$31,000 per annum or, collectively about \$186,000. Through the combined efforts of these projects over the past two years, about 22,000 family planning acceptors were recruited. The output of these six Type A pilot projects is about 100,000 CYP per annum. Each project employs about 30 staff, of whom 20 are fieldworkers, 5 are their supervisors and 5 are managerial, administrative and support staff.²

C. USAID provides funds to Pathfinder International which has a total of 10 community based family planning projects that expend about \$435,000 per annum. These projects recruited about 50,000 new users on an annual basis and their combined output is about 200,000 CYP per annum. These projects collectively employ about 845 staff, including physicians, LHVs, nurses, midwives, fieldworkers, supervisors and administrative/management staff but excluding drivers, guards and other support staff. Nearly 80 percent of these staff are women.

D. USAID provides support for six Mobile Service Units (MSUs) which are managed and operated by six different NGOs. Each MSU employs four staff including one LHV. The annual cost for one MSU is about \$13,000 per annum. The purpose of the MSU is to demonstrate whether greater and more cost effective productivity can be developed using a mobile approach to reaching more remote centers of population such as rural villages than by establishing/maintaining static Family Welfare Centers in each village. The six MSUs were only established in August 1992 and results from their first six months of operations are not formally available at this time.

2. USAID support to The Asia Foundation for the operation of the NGOCC includes about 80 percent of the total costs of the NGOCC's Secretariat including: rent and utilities; office supplies; staff salaries and benefits; travel costs associated with

² The Type B projects were established only in the last year. They were based on existing Family Welfare Centers each of which added 5 door-to-door workers and one supervisor. The results of their new management and improved coverage are not yet published. The Type C projects focus on directing the existing staff of the FWC into the catchment area on a routine basis. No new staff were added.

monitoring responsibilities; training costs associated with the community-based distribution projects; the cost of office equipment including air conditioners, computers, printers, etc., and office furniture. USAID supports, again through The Asia Foundation, about 50-65% of the cost of the NGOCC's field operations, i.e., staff of regional officers.

3. Training and technical assistance activities. Under the PRIFAM project, a number of cooperating agencies are poised to deliver training and technical assistance to over 1200 service providers in support of the delivery of quality family planning services and to strengthen the management capacities of about 40 Pakistani NGOs executing projects with USAID funds.

A. AVSC. Its focus is on technical training in surgical procedures including no scalpel vasectomy, NCRPLANT and IUD insertion, training of surgical teams, theater staff in maintaining asepsis conditions and general operating theater management, on counselling of clients and on promoting vasectomy among males. Approximately 550 persons are scheduled for training over the two year year (27 months) for which PRIFAM sought authorization including 200 physicians, 250 paramedical staff and 100 counselors.

B. PAVHNA. Its focus is on basic training for family planning fieldworkers (motivation, record-keeping, counselling), monitoring for supervisory personnel, and evaluation, needs assessment, project design, budgeting and financial management for mid-level and senior level program managers. Under PRIFAM, PAVHNA has proposed 15-20 training courses for up to 150 trainees over the 27-month period.

C. TAF. Its focus is on training fieldworkers, administrative and support staff for pilot projects of the A and B types. In early 1993, TAF retained a consultant who prepared a comprehensive Assessment of Training Needs of NGOCC Community-Based Distribution Project(s) which outlines 18 separate recommendations applicable to the training of field workers and supervisors the implementation of which would involve substantial technical assistance. Under the PRIFAM project, 10 to 15 new CBD projects were to have been established, essentially replications of the Type A pilot projects involving the training of about 450 staff.

D. Other CEDPA subgrantees, Behbud and APWA, planned to provide refresher training to about 100 of their current fieldworkers and supervisors as well as each hiring and training new fieldworkers and 4 new supervisors under PRIFAM.

E. Participant travel. About 10 months of short-term training in the U.S. or other Asian venues are envisioned under PRIFAM as well as a number of observational visits to NGO programs in Bangladesh, Thailand and Indonesia. In addition, PRIFAM authorizes the employment of two long-term expatriate advisors to assist in the administration and implementation of the grants to local and foreign NGOs.