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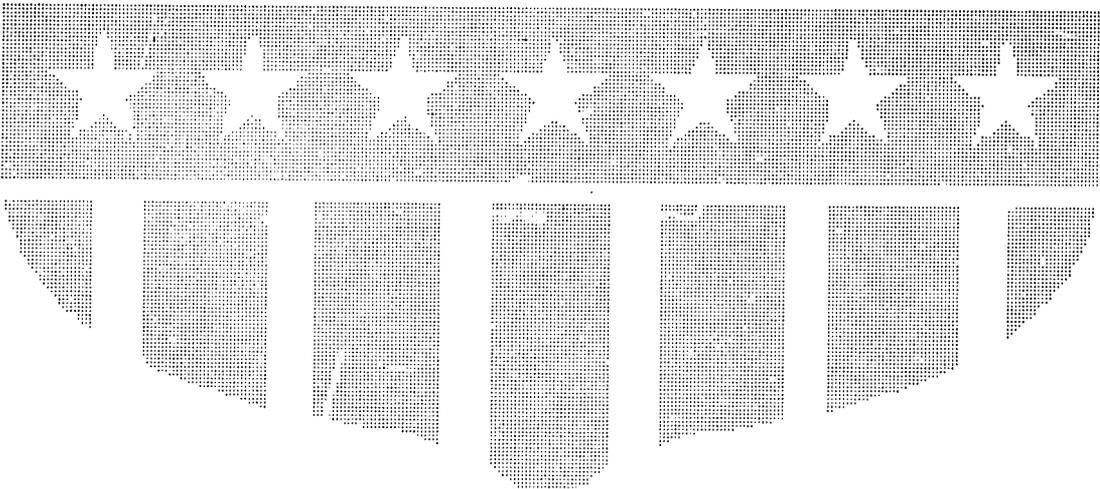


MISSION TO PAKISTAN AND AFGHANISTAN



**PROJECT ASSISTANCE COMPLETION
REPORT**

**Population Welfare Planning
(391-0469)**



*Submitted by Social Sector Programs Division
December 1994*

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LIST OF ACRONYMS

ADP	-	Annual Development Program
APWA	-	All Pakistan Women's Association
AVSC	-	Association for Voluntary Surgical Contraception
CBD	-	Community Based Distribution
CFPDA	-	Center for Population and Development Activities
CPR	-	Contraceptive Prevalence Rate
CYP	-	Couple Years of Protection
DHS	-	Demographic Health Survey
FHI	-	Family Health International
FP	-	Family Planning
FPAP	-	Family Planning Association of Pakistan
FPIA	-	Family Planning International Assistance
FWC	-	Family Welfare Center
GOP	-	Government of Pakistan
JHU	-	Johns Hopkins University
MCH	-	Maternal Child Health
MOH	-	Ministry of Health
MPW	-	Ministry of Population Welfare
MSU	-	Mobile Service Unit
NGO	-	Non-Governmental Organization
NGOCC	-	NGO Coordinating Council
NIPS	-	National Institute of Population Studies
NRIFC	-	National Research Institute of Fertility Control
NRIRP	-	National Research Institute of Reproductive Physiology
OR	-	Oral Rehydration
PATH	-	Program for Appropriate Technology in Health
PCS	-	Population Communication Services
PTV	-	Pakistan Television
PVHNA	-	Pakistan Voluntary Health & Nutrition Association
PWP	-	Population Welfare Planning (Project)
PWTI	-	Population Welfare Training Institutes
RTI	-	Regional Training Institute
VSC	-	Voluntary Surgical Contraception

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PROJECT ASSISTANCE COMPLETION REPORT
POPULATION WELFARE PLANNING PROJECT (391-0469)

December, 1994

I. BASIC PROJECT DATA

Project Title and No.	Population Welfare Planning (PWP) - 391-0469
Date of Authorization:	May 28, 1982
Date of Original Agreement:	August 10, 1982
Original PACD:	September 30, 1987
Revised PACD:	June 30, 1993
Amount Authorized:	\$ 74,000,000
Amount Obligated:	\$ 73,450,000
Amount Deobligated:	\$ 1,423,865
Net Obligation (as of 09/30/94):	\$ 72,026,135
Amount Expended (as of 09/30/94):	\$ 72,004,101
Implementing Agencies:	Ministry of Population Welfare Population Welfare Departments, Governments of Punjab, Sindh, North-West Frontier Province and Balochistan

II. PURPOSE OF THE PROJECT:

- to strengthen the GOP's population planning, evaluation, research, motivational and logistics capabilities and performance;
- to strengthen the GOP's capability to plan and conduct biomedical, socio-medical, socio-demographic and program research;
- to supply and deliver quality contraceptive goods and services directly and through non-governmental intermediaries; and
- to stimulate potential contraceptive acceptance through mass media communication.

III. BACKGROUND:

Family planning in Pakistan has met with limited success since the first efforts were undertaken in 1952 by the Family Planning Association of Pakistan (FPAP), an NGO which is affiliated with the International Planned Parenthood Federation. Although there has been a national program for over 25 years, the program has been largely ineffective in increasing contraceptive accessibility and use. Reasons for this limited success are many, but chief among them has been a wavering political commitment which has at times been hostile. Other impediments have been a weak and highly centralized public sector program; a failure to recognize and support the critical role of the private sector, both for-profit and NGO, in providing family planning information and services; religious and cultural conservatism; and failure to respond, with outreach efforts to bring contraceptives to the doorstep, to women's limited movement out of the household in this traditional society.

After strong support from the mid-1960s, by the late 1970s donor support had decreased to less than \$1 million and the program was practically moribund. In August 1980 the dynamic head of FPAP, Dr. Attiya Inayatullah, was named Presidential Advisor on Population to lead a reinvigorated integrated approach to population planning. Under her leadership a Population Welfare Plan was drafted. This Plan was carefully formulated to apply the following lessons learned from the disappointments and failures of past program efforts:

1. Family planning cannot succeed as a single-purpose program but must be considered as an integral part of overall social and economic development. Accordingly, in addition to making family planning services available, the program must address the social, cultural, and economic barriers to fertility changes.
2. Reliable data on the extent and nature of the social and economic barriers to fertility changes either have not been available, or when available, not fully considered in policy, strategy or program management decisions.
3. Responsibility for population activities must be expanded from a single governmental unit to be shared by many ministries, other governmental organizations, and private and voluntary organizations.
4. Program efforts should pay adequate attention to creating demand for family planning services.
5. Active community level involvement and participation in the program are required for program success.
6. Contraceptives must be continuously and conveniently available to the consumer, and the consumer must be aware of their availability.

The USAID PWP project derived its name from the 1980 Population Welfare Plan. The Plan was central to the PWP project because both the original (1982) and amended (1986) project papers funded specific activities conceived within the context of the Plan.

The original USAID project supported the Population Welfare Plan by financing four activities: (1) management information, (2) contraceptive supplies and improvement of the logistics supply network, (3) biomedical and sociomedical research, and (4) personal motivation and awareness. In support of the Plan, USAID assistance was complementary to that of the World Bank and UN. In 1984, primarily in response to increased demand, USAID's rapid procurement process and the recommendations of an interim evaluation, life-of-project funding was increased to procure more contraceptives. In 1986 the project was once again amended to place greater emphasis on institutional strengthening and technology transfer in a renewed effort to expand the Plan's outreach efforts for delivery of quality family planning services and to extend the project by two years.

The PWP project was again amended in 1991 to emphasize community-based outreach services and communications, both mass media and interpersonal. A one-year extension to August 1992 was authorized to fully test these new activities and to allow time for the design of a new population project. Further development of this project was stopped because of Pressler Amendment prohibitions and AID/W approval was granted for a ten-month extension through June 1993 to wrap up contraceptive procurement and complete the activities begun under the 1991 amendment.

IV. PROJECT COMPONENTS

The original project supported four component activities: (1) management information; (2) provision of contraceptive supplies and improvement of the logistics supply network; (3) biomedical and sociomedical research; and, (4) personal motivation and awareness-raising. When the project was implemented, components 1 and 3 were combined into program monitoring, research and evaluation. While maintaining the original purpose, a major amendment in August 1986 expanded the scope of USAID funding to five other component activities: (1) voluntary surgical contraception (VSC), (2) non-governmental organizations' (NGO) programs; (3) improvement of district operations; (4) mass media; and, (5) mid-level management training. A brief statement of assistance in each of these components follows:

Program Monitoring, Research and Evaluation

The project assisted in developing the institutional capabilities of four institutions to carry out necessary program-related research and to conduct monitoring and evaluation activities necessary for planning the population and family planning programs and for assessing success of the efforts and the effect on population growth. The four institutes are 1) the National Institute of Population Studies (NIPS), 2) the Ministry of Population Welfare's (MPW) National Research Institute of Reproductive Physiology (NRIRP) and 3) the MPW's Monitoring and Statistics Wing, all in Islamabad; and 4) the National Research Institute of Fertility Control (NRIFC) in Karachi. USAID assistance included long- and short-term technical assistance, in-house as well as overseas training, procurement of computers and software and training in their use, office equipment and supplies and funds to conduct research. A building was constructed for NRIFC.

Contraceptive Supplies and Logistics

This component received the major share of project assistance -- 64% of total project funding-- and made USAID the major supplier of contraceptives for Pakistan's family planning program. IUD insertion kits and supplies and equipment for VSC were also provided. In addition, the project supported a major effort to improve contraceptive management and accountability by designing a contraceptive logistics system; printing manuals to guide its operation; training field staff in its use; building a central warehouse for contraceptive storage; and providing vehicles to District Population Welfare Officers for field monitoring and contraceptives supply.

Voluntary Surgical Contraception

Assistance under this component consisted of 1) funding for institutional reimbursement for VSC procedures performed by government and NGO service outlets and 2) a buy-in to the Office of Population's agreement with the Association for Voluntary Surgical Contraception (AVSC) to provide technical assistance and monitoring to build the capacity of NGOs to offer quality VSC services to their clients. The project also established competence in a local audit firm to verify institutional reimbursement and to ensure compliance with USAID's requirements for voluntarism.

Development and Support of NGOs

The project assisted in developing the institutional capability of the NGO Coordinating Council (NGOCC), especially in management and training, to increase and improve the role of NGOs in the national family planning program. The PWP project provided technical and financial assistance to the NGOCC to support the operations of over 200 family planning service outlets of 77 NGOs. To accomplish this task, USAID called on its US PVO partners to form another partnership with Pakistani NGOs.

Family Planning International Assistance (FPIA) helped the NGOCC develop systems for identifying needs, developing and processing proposals and monitoring projects. The Center for Population and Development Activities (CEDPA) worked with three women's NGOs to extend family planning services through women-to-women outreach networks. AVSC created viable high-quality NGO VSC and clinical family planning service delivery programs. Pathfinder International supported service delivery and training projects which ensured outreach and/or coverage of unserved urban or rural areas. The Population Council taught NGOs how to use operations research to solve service delivery problems. The Asia Foundation assisted the NGOCC in strengthening its internal management capabilities and its ability to support and monitor NGO family planning projects and developed and demonstrated the success of community-based and community-managed NGO family planning programs in increasing contraceptive use.

Improvement of District Operations

Under this component, Family Planning Inputs into Health was a nationwide effort to expand the base of family planning service delivery beyond the 1300 MPW family welfare centers (FWCs) into the nearly 10,000 health service outlets in the public health sector. Under this activity, the MPW oriented district health officers and district population welfare officers to this collaborative effort; trained various levels of health personnel in family planning; and provided contraceptives and clinic equipment and supplies to health facilities.

Mass Media

Through a buy-in to the Office of Population's agreement with The Johns Hopkins University/Population Communications Services (JHU/PCS), the project provided technical and financial assistance to the MPW to develop its long-term family planning communication strategy. JHU/PCS technical assistance for MPW included focus group research for audience analysis and segmentation; message design, media plan development and strategy workshops; development of multi-media campaigns specifically targeted to segmented audiences; development of small scale IEC innovative projects to be implemented in selected geographical areas; and development of two social dramas for national prime time broadcast to be produced in collaboration with Pakistan Television Corporation to promote FP/MCH messages. Additionally, JHU/PCS developed a print materials project as an accompaniment to the mass media campaign and then evaluated the entire package to provide recommendations for revising the MPW's communication program.

Mid-level Management Training

This component provided funds for non-clinical training for the professional development of mid-level managerial staff in a broad range of Pakistani institutions engaged directly or indirectly in family planning activities.

Personal Motivation and Professional Awareness-raising

Under this component, the project provided for 1) observational visits for community and opinion leaders to successful family planning programs in other countries and 2) visits of foreign scholars and experts from other countries to Pakistan. Professionals from population, health, education, social welfare, Parliament and other sectors and bodies were sent in 32 groups to the U.S. or other countries such as Indonesia, Bangladesh, Thailand to learn about their successes in family planning. Likewise, a number of population experts from other countries were brought to Pakistan to consult or lecture on their field of expertise. A major activity under this component was the RAPID preparation and presentation.

V. INPUTS

Services and Goods Provided by USAID

Project obligations and expenditures by budget line item for the PWP project were as follows:

Project Line Item	Obligation (as of 9/30/94)	Expenditures (as of 9/30/94)
Technical Assistance	8,016,770	8,016,769
Training	1,769,351	1,747,318
Commodities	51,638,075	51,638,075
Other Costs	10,601,939	10,601,939
Total:	72,026,135	72,004,101

Technical assistance included one long-term advisor to NIPS and "buy-ins" to the following Office of Population Cooperating Agencies for short-term technical assistance and program support funds:

- Association for Voluntary Surgical Contraception
- The Center for Development and Population Activities
- Johns Hopkins University
- The Population Council
- The Futures Group
- Pathfinder International
- Family Health International
- The Asia Foundation
- PATH (Program for Appropriate Technology in Health)

From the commodities line item, US dollar funds were used to procure contraceptives, laboratory equipment, vehicles and computers as follows:

Contraceptives:	\$ 46,466,928
Lab Equipment:	\$ 948,108
Vehicles:	\$ 1,091,383
Computers:	\$ <u>311,115</u>
TOTAL:	\$ 51,638,074

Activities financed under the other costs line item included institutional reimbursement of VSC activities, socio-demographic research, bio-medical research, mass media campaign, procurement of books and journals, MSU activity by the Government and NGOs, construction of NRIFC building and cost reimbursement to NGOCC service outlets.

In addition to this US dollar budget, USAID provided 21 million Mondale Rupees (US\$ 2.013 million) to support construction of a modern contraceptive warehouse and NRIFC buildings in Karachi. Table 1 summarizes project components and budget allocation in the original and amended project.

Table 1
Original and Amended Project Components and Summary Costs

Components		Original Project (\$000)	Amendment (\$000)	Total (\$000)
1.	Program Monitoring, Research and Evaluation	7,000	15,042	12,042
2.	Contraceptives Supplies and Logistics	35,200	9,642	44,842
3.	Voluntary Surgical Contraception	--	5,093	5,093
4.	NGO	--	3,803	3,803
5.	District Operation	--	1,186	1,186
6.	Mass Media	--	5,643	5,643
7.	Mid-level Management Training	--	532	532
8.	Personal Motivation	600	--	600
	Total:	39,300	31,000	70,300
	Evaluation	100	300	400
	Contingency	600	2,759	3,300
	GRAND TOTAL:	40,000	34,000	74,000

Services and Goods Provided by the Government of Pakistan

The Government of Pakistan (GOP) contributed the following human and financial resources to the project:

Financial Resources

GOP Expenditures on the Population Welfare Planning Project

<u>Year</u>	<u>Amount (in million Rupees)</u>
1982-83	90.441
1983-84	100.448
1984-85	149.481
1985-86	174.977
1986-87	162.858
1987-88	189.749
1988-89	233.280
1989-90	264.682
1990-91	339.967
1991-92	-
1992-93	-

TOTAL:	1,705.883*

* Of these costs, \$4,384,503 were reimbursed by USAID.

GOP expenditure for population activities include staff salaries and benefits, communication strategy, population education, clinical training, research, contraceptive surgery fees and program monitoring.

Human Resources

At the federal level, the Ministry of Population Welfare had the responsibility for providing staff and facilities for coordination with the provinces and providing technical guidance, program evaluation, training, research, supplies of contraceptives and equipment, monitoring and evaluation of program activities. It also had the responsibility for coordinating with the international donor agencies in the population program.

At the provincial level, Provincial Population Directorates were responsible for providing staff and facilities to implement the program.

VI. SUMMARY OF ACCOMPLISHMENTS OF THE PROJECT

The PWP project was designed to strengthen institutions, generate demand for family planning through mass media and meet that demand through supply of contraceptives and delivery of family planning education and services. Since nearly two-thirds of funds were spent on contraceptive procurement alone, it is only fitting to examine accomplishments in contraceptive supply and logistics separately and first.

Contraceptive Supply and Logistics

Over the project life, USAID continued as the major supplier of contraceptives for the family planning program of Pakistan. Up to the early 1990s the project met the program's entire need for condoms, oral pills and IUDs. The Project ensured availability of at least a one-year supply of contraceptives in the country as well as a one-year supply in the pipelines at all times during the life of the project.

A major contribution was establishment and institutionalization of a contraceptive logistics management system. The logistics system was designed to collect and analyze data on quantities of contraceptives stored and distributed at all levels of the supply chain -- from the Central Warehouse, District Offices and service delivery points. A Manual of Contraceptive Logistics which describes all the steps and procedures for maintaining an effective contraceptive supply system was prepared and distributed nationwide and MPW staff were trained in its proper use. Staff technical and management capabilities were further enhanced through in-country training and short visits of mid- to senior-level management staff to observe successful logistics systems other countries of the region.

A Central Warehouse, adequate in design and capacity for proper storage of program contraceptives and other supplies and equipment, was constructed and equipped. In this joint effort, the GOP provided the land for the warehouse building, staff, rentals, and other expenses necessary for storing, transporting and distributing contraceptives and other program supplies.

Institutional Strengthening

a) **Strengthening Research Capability**

National Institute of Population Studies: Major project efforts were directed toward the establishment of NIPS which became operational in 1986 as a semi-autonomous organization with the mandate to undertake population-related research and evaluation primarily in demographic and sociological areas. Project assistance developed its staffing, computer and other facilities enabling it to design and conduct research studies, analyses and evaluations.

NIPS has successfully undertaken three general types of studies: evaluations of MPW activities, population surveys and secondary analyses of demographic data. The quality of much of the research undertaken by NIPS and analysis of data are of a high standard. The two most

important publications of NIPS to date are the **State of the Population in Pakistan, 1987** and **Pakistan Demographic and Health Survey 1990/1991 (PDHS)**. The former is a highly-professional, well-done publication which can be used as a sourcebook for population in Pakistan and can stand up to the scrutiny of demographers internationally. The latter, the latest in a series of surveys which make it possible to evaluate changes in the demographic status of the population and in health conditions nationwide, presented invaluable findings for program planners. Some interesting findings of the PDHS are as follows:

- More than three-quarters of women know of a modern contraceptive method, but only 45% know where to obtain it.
- 21% of married women have used a contraceptive method at some time, but only 12% are currently using a method and only 9% a modern method.
- Of the 9% who use a modern method, 44% use female sterilization and 33% use condoms.
- 28% of women have an unmet need for family planning either because they want to delay their next pregnancy or stop childbearing.
- At current fertility rates, women with at least some secondary education will have two fewer children than women with no formal education.
- Over 60% of women are married to their first or second cousin.

NIPS held two very important population policy seminars -- one to discuss the results of the 1984 Contraceptive Prevalence Survey data with NIPS and MPW staff, and the other a RAPID presentation to the Prime Minister and her cabinet, secretaries and advisors. Additional seminars were targeted for researchers and analysts. Unfortunately, no seminars or workshops were organized by NIPS for program administrators and managers to interpret data, assess implications of findings for policy and program formulation, and to develop strategies for action. Similarly, there have been no workshops on techniques of self-evaluation, training methodology, or target setting.

The National Research Institute for Fertility Control: NRIFC has primary responsibility for clinical research including contraceptive trials and testing. In order to provide NRIFC adequate facilities for contraceptive research, the PWP Project funded the construction of a modern building in Karachi which houses up-to-date lab facilities for contraceptive testing, clinical pathology and radioimmunoassay. Through buy-ins to Family Health International (FHI) and the Program for Appropriate Technology in Health (PATH), the project assisted NRIFC in modernization of its research equipment including condom testing apparatus, staff development through foreign training, and in conducting clinical trials of NORPLAN[®], Copper-T IUDs and foaming tablets.

The NRIFC has conducted five one-day contraceptive technology update workshops, which aimed at improving the skills of participants, and familiarizing them with the most recent

advancements in contraceptive technology and research findings. These workshops were attended by representatives of MPW, community leaders, social scientists, social workers and local staff of non-governmental organizations (NGOs).

b) Strengthening Program Monitoring and Evaluation

Through a buy-in to The Population Council, the project provided long- and short-term technical assistance and financial assistance to improve the ability of program managers to make decisions regarding service delivery and program administration based on careful review and assessment using operations research (OR) methodology and to enhance the institutionalization of OR skills in government and NGO family planning organizations.

The Council launched three large-scale operations research sub-projects: 1) National Situation Analysis of Family Welfare Centers; 2) National IUD Follow-up Study; and 3) Evaluation of Contraceptive Service Delivery through Mobile Service Units (MSUs) in Pakistan and conducted five national operations research workshops on OR orientation and methodology, data analysis, evaluation of training and supervision and male participation. The Council's diagnostic, evaluation, training and policy efforts have contributed to increased access to family planning services, improved quality of care for users and greater efficiency in the program as follows:

- **Diagnostic:** The national situation analysis of a sample of 100 FWCs provided empirical information on the present state of FP services at the main government and NGO delivery sites. Results were presented to working group meetings, and the MPW is using the findings to develop strategies to improve in-service training and supervision. Documentation of the weaknesses was instrumental in expediting the shift toward emphasis on village-level service delivery, a Prime Minister's scheme for which 33,000 village women are being recruited.
- **Evaluation:** Results from the national IUD follow-up survey helped bring about the MPW's suspension and review of the IUD target system. The evaluation, as well as the Council's on-site field follow-up, suggested that the considerable discrepancy between the IUD service statistics and the DHS contraceptive method prevalence rates are due to over-reporting of insertions likely encouraged by targets.
- **Training:** The training workshops brought together some 200 researchers and managers from the public and private sectors, not only to learn the value of OR as a management tool and to develop specific OR skills, but also to review on-going OR studies to better help implement the Eighth Five-Year Plan. OR is now a specific component in the Plan and in all GOP/donor agency agreements.
- **Policy:** The Council has taken on the major role in monitoring and evaluation of the new village-based family planning worker scheme. Findings of field surveys, intensive observations, and follow-ups have been used by the MPW for policy changes to improve training, salaries and supplies.

c) **Strengthening Professional Skills**

Mid-level Management Training: While perhaps less was accomplished in this than any other area, that deficit owes more to the design of the project than to its implementation. From the time the project paper was written in late 1981-early 1982 there was recognition of a dearth of "skilled and adequately trained manpower to implement the GOP's Population Plan." At that time one million dollars was allocated for both participant and in-country training, but from these funds, plans were to send only two persons for academic training (and that only 12 months each) and ten persons for 3-9 months' training. Fifty persons were to go for 4-6 week exchange visits; and 10 for 3-month specialized courses.

The 1986 project paper amendment reiterated the program's "tremendous deficiency" in trained technical specialists and noted that it had not been able to effectively replace the many it lost since the 1970s. It proposed development of future managerial staff and added another \$600,000 in training funds. This was to be divided equally to fund 96 person-months of long-term training and 54 person-months of short-term training. Long-term training experience in USAID/Pakistan indicates that the 96 person-months and \$300,000 could fund from two to three PhD programs or up to about three to four MS programs, not very many for this population program or a country the size of Pakistan.

Once again in 1990 the project evaluation team noted what they called a "training emergency" and recommended immediate action to send as many candidates as possible to receive overseas training before the end of the project. While it was too late in the project to amend the training plan to rectify this shortcoming and add more funds and long-term training slots, it was not too late to maximum the slots available, and by project end 240 participants were sent to the U.S. and to third countries for courses ranging from two-week observation/exchange tours to nine months. Unfortunately, with the exception of seven NIPS researchers who received MS degrees, no others received long-term training.

Raising Political and Professional Awareness: The national RAPID model was developed and revised three times during the project. It was presented to three different governments, federal and provincial officials and influential individuals and groups including chambers of commerce and women's groups. The Futures Group worked with NIPS and the Ministry of Population Welfare, and in so doing, transferred the technology so that the final revision was both done and presented to the Prime Minister by Pakistani demographers.

Family Planning Inputs into Health: To replace a strategy within the project for field level supervision which the GOP rejected for its recurrent costs implications and because its resources were restricted to one province, the MPW presented to USAID the Family Planning Inputs into Health Program. It was seen at the time as a nationwide breakthrough effort to involve provincial health departments and the federal Ministry of Health (MOH) in the delivery of family planning services by coordinating two ministries, using MPW trainers to train health department personnel, and providing contraceptive supplies to health units.

The implementation of the project showed both ministries what an enormous job it would be to incorporate family planning into the entire health system. Despite the fact that the project

simply was too sobering for the existing staff to undertake, some progress was made and some of the statistics are enlightening. Over 8000 health workers were trained in some 1800 health outlets. In the Punjab where statistics were kept, nearly 27,000 clients were served during a one-year period. The most interesting finding is that 38% of the clients chose injectables; 35% chose IUDs; 12% chose oral contraceptives; and about 1% chose condoms. This method mix compares to that for Pakistan as a whole of over 40% tubal ligations, 30% condoms, and less than 10% each injectables, IUDs and oral contraceptives. With the exception of VSC which is unavailable at most health units, clients who attend health units for family planning instead of family planning centers appear to select more effective contraceptive methods. While these data are not scientific by any means, they point to an area worthy of investigation. Figure 1 shows the method mix of various types of service delivery organizations.

d) Strengthening Non-governmental Organizations (NGOs)

Non-governmental Organizations Coordinating Council(NGOCC): In the mid-80s, the Government of Pakistan acknowledged the limits to the growth of publicly administered family planning services outlets and the need to encourage NGOs to offer family planning services as well. While the Family Planning Association of Pakistan (FPAP) had pioneered the effort in 1953 and a few other large NGOs had since joined in offering family planning, none of them were able to combine and coordinate their efforts in support of the national program. To fill this gap, in 1985 the project assisted the GOP to establish the NGOCC to serve as an umbrella coordinating organization for NGOs providing family planning; to channel funds to NGOs (especially very small ones); and to provide technical assistance to and monitoring of NGO family planning activities.

Since 1985, the number of NGOs enrolled with the NGOCC has increased from nine to 126 and service delivery outlets have increased from 93 to 563. While the early program relied heavily on the large, well-established NGOs, over time, smaller NGOs have increasingly participated in the program. This has extended coverage and mobilized previously untapped resources.

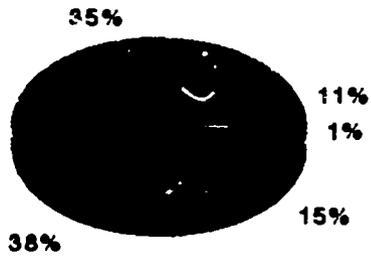
From 1991 The Asia Foundation provided management assistance to the NGOCC which strengthened it substantially and enabled it to function as a professional organization. This assistance resulted in considerable improvements in financial integrity, donor fund management and project monitoring and reporting. The findings of others speak loudest to the success of the assistance:

With TAF assistance the accounting unit has been staffed up and fully trained. A comprehensive system meeting the needs of donors has been developed and a combined donor financial reporting system and schedule set in place.

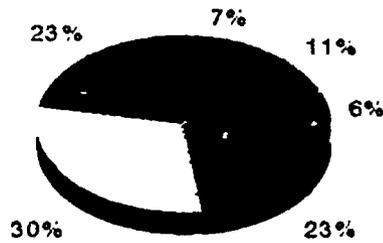
- NGOCC Appraisal by UNFPA

Considerable progress has been made in the NGOCC's ability to track the use of donor's funds, provide up to date and accurate financial and performance reports, and to disburse funds to small field projects quickly.

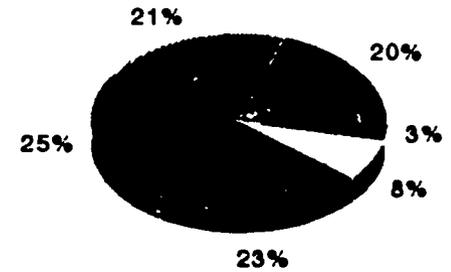
- European Commission Mission



PUNJAB FP INPUTS
HEALTH CENTERS



PAKISTAN DHS (1990-1991)

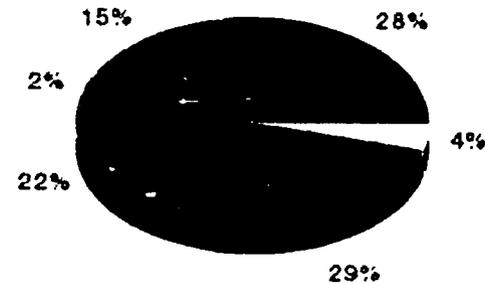


FPAP New Acceptors (1992)

METHOD MIX



Swabi CBD (3/89-1/92)



PAVHNA Clients (2/88-6/93)



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Figure 1

Over the past two years...NGOCC has made major improvements in its financial management and performance monitoring of NGO projects. The relatively simple, yet useful monitoring system used by NGOCC provides an attractive alternative.

- World Bank Preparatory Mission

Despite the value the NGOCC presented, there were two major problems which led to its failure to continue functioning once USAID funding ceased. The first was its heavy dependence on USAID funding. During its most successful two years of operation, USAID supported about 60% of its total operations, including 80% of its headquarters' staff, 65% of its total staff and 80% of NGOCC Secretariat costs. Second, and more damaging long-term, NGOCC was not an independent body with autonomy to make its own decisions and run its own affairs but was instead simply another layer of the bureaucracy without even line authority in the government. This issue will be dealt with in detail in the section on lessons learned.

CEDPA Support to Behbud, APWA and PVHNA: In 1988 CEDPA began working with three women's NGOs -- Behbud Association, All Pakistan Women's Association (APWA) and Pakistan Voluntary Health and Nutrition Association (PVHNA). Their strategy was to extend family planning services through women-to-women outreach networks. To accomplish this, CEDPA empowered women by increasing their participation in family planning programs at both the managerial and grassroots levels. A national training organization for NGOs was established with a curriculum which strengthened women's managerial and technical skills and taught them how to develop and expand services in underserved urban and rural areas. Through this program, 272 program managers and 363 other program personnel were trained in project design, management and evaluation.

Generating Demand

The Johns Hopkins University/Population Communication Services (JHU/PCS) provided short-term technical assistance to the MPW for the preparation, development and implementation of a National Family Planning Communication Strategy and Plan of Action. The objectives were threefold: 1) to increase effective advocacy and support among policy-makers and planners; 2) to increase the demand for contraceptive services; and 3) to identify the major IEC needs at the provincial and field levels and to strengthen their capacity to meet their own needs. The means to achieve the first two objectives was high impact mass media communication and the means to achieve the third was training and materials development.

a) Mass Media

Unprecedented partnerships between population planners and media professionals resulted in Pakistan's first national family planning social drama -- *Aahat* -- in 1991, followed by *Nijaat* in 1993. The project placed family planning at the center of the national agenda by creating this strategic partnership.

Interventions included formative research for audience analysis and message development, the launch of the "Aahat" Media Campaign using a social drama, TV/radio spots and print, and seminars for policy-makers and media industry professionals to share research findings and plan further population communication inputs.

Agenda-setting and advocacy results were as follows:

- 20 million viewers were reached with family planning messages through the drama, **Aahat**.
- **Aahat** Campaign spots successfully promoted the use of modern contraceptive methods for the first time on TV;
- At a gala awards ceremony, leading media artists received public service awards, the producer received the first PTV "Incentive Award," and USIS honored TV spot producers at a special presentation on international advertising;
- Over 100 articles appeared in local papers and on TV and about \$100,000 of free press coverage and sponsorship accompanied the gala awards ceremony; and,
- Ten Federal and State Ministers attended the awards ceremony.

Demand-creation results as measured by pre- and post-campaign surveys were as follows:

- Awareness of family planning methods increased from 87% to 94%;
- Positive attitudes about family planning increased from 65% to 75%;
- 12% of those who had seen the series indicated it had prompted them to limit family size; and
- 9% of viewers said they visited a clinic after seeing the film.

b) Field IEC Materials and Training

In order to enhance the quality of service provider/client interaction and to enable field level personnel to meet their own needs for materials, a family planning flipchart and brochures on seven major contraceptive methods were developed, pretested and produced. 6000 flipcharts and 375,000 brochures were distributed to provincial headquarters for site distribution and incorporation into training.

A series of Interpersonal Communication for Family Planning Trainers Workshops was held. Through these workshops, 50 participants were trained as trainers who can design adult training programs and apply effective methodologies; review existing training curricula to make improvements in their design and delivery; and with an increased level of interpersonal skills themselves can sensitize their trainees to the need for effective interpersonal communication and increase their skills level.

According to pre- and post-tests, there was an increase from 23% to 56% in knowledge of counselling, IEC and communication management as a result of the workshops.

Meeting Demand

USAID provided over \$46 million in contraceptive supplies to the Ministry of Population Welfare for its public sector family welfare centers and to meet the commodities' requirements of the NGOs as well. Aside from this, most efforts to meet the demand enlisted the assistance of U.S. PVOs to expand the range and to improve the quality of care of family planning services, to test new and more effective ways of recruiting and retaining family planning clients, and to change the "method mix" away from less effective and logistics-intensive methods such as condoms to more effective, longer lasting methods such as VSC, IUDs and injectables. While the efforts were too small and of too short duration to show impact, in each area we have documented encouraging trends.

a) Service Delivery by NGOs

There is no doubt that NGOs have played a significant role in family planning in Pakistan. Approximately 20% of family planning services are delivered by NGOs, and two-thirds of NGO acceptors are using clinical and permanent methods. Under PWP, support was provided to 77 NGOs of varying sizes to operate over 200 service outlets providing about 650,000 couple-years of protection annually. Pathfinder International-supported projects recruited about 50,000 new clients annually; CEDPA-assisted outlets had 31,000 clients. It is estimated that 378,000 clients used USAID-funded outlets.

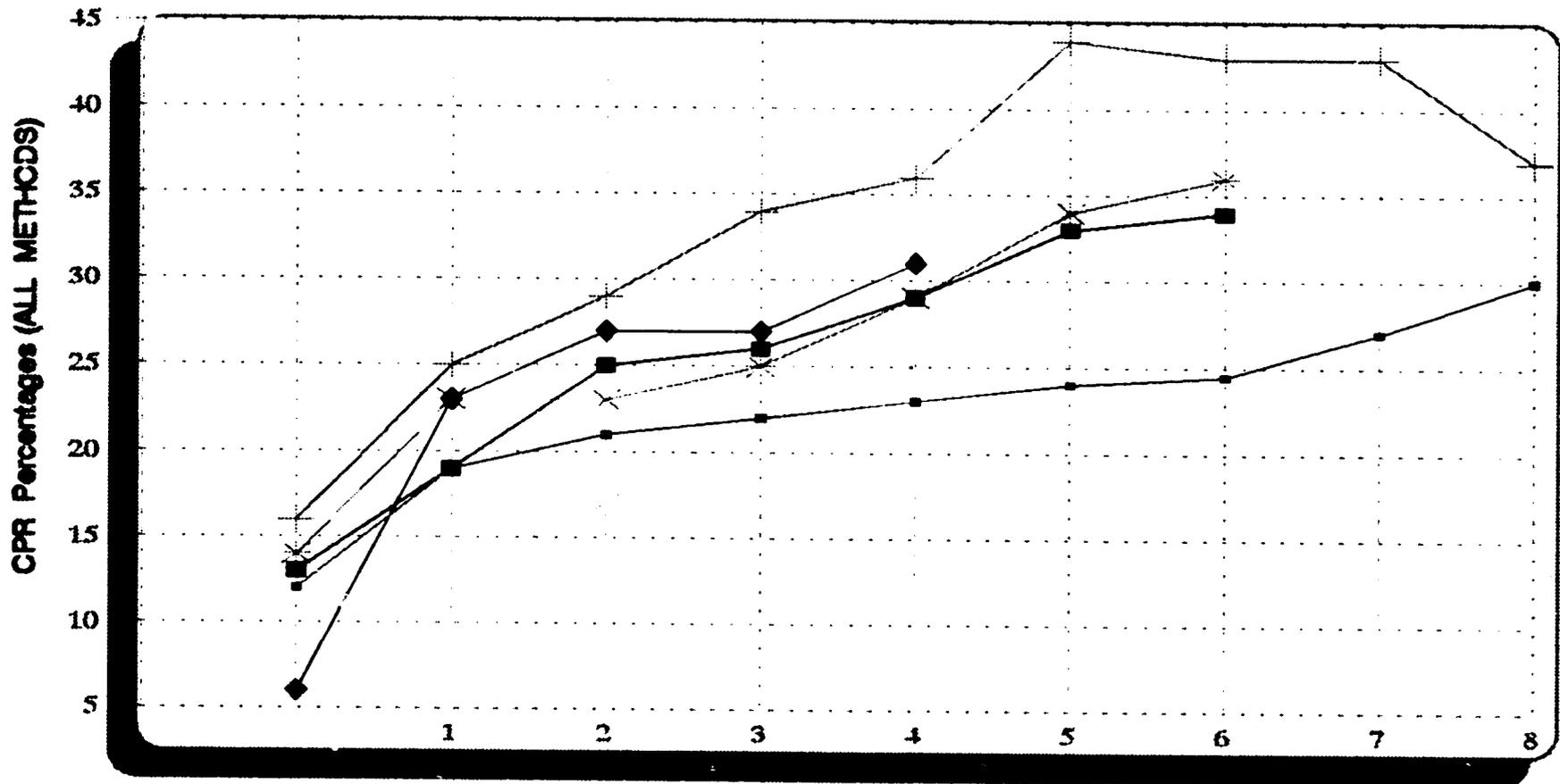
b) Community-based Distribution (CBD) Models

The Asia Foundation developed, tested and evaluated 30 CBD pilot projects across Pakistan. The original model, which employed 20 field workers, each for a well-defined population of 650 couples, has demonstrated the most dramatic results from both quality and cost-effectiveness considerations of any family planning project in Pakistan. In the six areas where the model was pilot-tested, the average contraceptive prevalence rate (CPR) at time of registration was 11.5%. Now, after between 12 and 22 months of operation, the average CPR is 39%. Perhaps the most striking case is a very conservative rural area where the CPR has increased from 6% to 33%. Figure 2 shows CPR over time for these six CBD projects. An outside evaluation team asked to review the effectiveness of the pilot projects concluded that a total of 51,000 CYPs were produced in the first year at a cost/CYP (exclusive of contraceptives) of Rs. 103 (\$3.40).

Three other clinic-based models, essentially the conversion of stationary service outlets into CBD projects, were tested. These models had fewer staff but followed the same ratio of one field worker for 650 couples. Although they were not operational long enough to allow for statistically valid evaluation, this second phase of pilot projects demonstrated the same levels of success as the first phase. The effectiveness of these projects seemed primarily dependent on the attention which the NGO gave to making the project a success and the effectiveness of the NGO management.

CONTRACEPTIVE PREVALENCE RATE OVER TIME

NGOCC CBD PILOT PROJECTS



FOLLOW-UP (Every 2 months)
Pilot Projects & Start Dates

■ Liary 4-7-91	+ Quetta 8-9-91	* Korangi 21-10-91
■ Orangi 28-10-91	■ Swabi 1-12-91	◆ Faisalabad 1-3-92

Figure 2

16A

c) **Voluntary Surgical Contraception (VSC)**

AVSC-supported activities made a significant contribution to the overall family planning service delivery program in Pakistan. AVSC-trained 349 personnel in quality education, counseling and services for clinical contraception services -- 193 of them physicians who have been trained in surgical services and 156 nurses/paramedics/counselors who have been trained in surgical support and counseling. Clients served are as follows: 4,960 vasectomies; 39,485 tubal ligations; 10,157 IUD users and 10,570 injectable clients.

Perhaps the most surprising success is the vasectomy experience of two different providers: FPAP and Mayo Hospital. Mayo Hospital performed twice the number of vasectomies projected for the funding period (3259 vs. 1614); and FPAP's number of vasectomy acceptors has risen from 213 in 1990 to 1254 in 1993.

VII. LESSONS LEARNED

- **Strong, unwavering political commitment is a necessary prerequisite for a successful population program.**

In the time since the GOP initiated family planning services in the public sector in 1960, the program has experienced a number of policy and political upheavals. There has not been a strong and unwavering multi-partisan political and policy commitment to adequately plan and then test a program; refine it while still on a small scale; and then fully fund, replicate and expand what has proven effective nationwide in order to achieve program success. This kind of comprehensive approach to effectively programming and utilizing resources plus the willingness to stick to it for as long as is required is essential to achieve national fertility reduction goals.

- **The population program's highly centralized, weak and politicized infrastructure greatly reduces its efficiency and effectiveness.**

Various assessments and evaluations have pointed out weaknesses in the structure of the population program which severely restrict its ability to do its job well. The program is highly centralized which slows down program implementation, decreases its importance in the provincial planning and budgeting process, negatively affects contraceptive distribution and discourages accountability at all levels. The following structural changes made in the program in October 1993 should lead to devolved decision-making and better program implementation: population programs are now part of provinces' Annual Development Programs (ADP) even though they are 100% federally financed and they are included in the regular provincial reviews of their programs; family planning is now included in the rules of business of provincial health departments and will be in revised staff job descriptions; provincial secretaries will have a minimum tenure of two years; and the population program can recruit staff on contract where necessary.

The management of human resources must be depoliticized. In the current system, it is the political machinery rather than the departments themselves which have the authority to select, control and manage personnel. Transfers are frequent and often capricious; staff are often untrained and unreliable; morale is low and incentive non-existent.

- **NGOs have played and will continue to play a vital and significant role in family planning in Pakistan.**

NGOs are important in social sector programs worldwide. They have community support and grassroots involvement; they have the flexibility to move more quickly than governments; and they have the ability to try new, even controversial, activities. But to capitalize on their very strengths, they must be free from government control and must be allowed to receive their funds directly.

There is no doubt that NGOs have played a significant role in family planning in Pakistan. The Family Planning Association of Pakistan (FPAP) pioneered the movement in 1953 and has since been joined by over 125 other NGOs. Approximately 20% of total family planning services are delivered by NGOs and two-thirds of NGO acceptors are using clinical or permanent methods. According to GOP statistics, the number of births averted in NGO programs rose from 337 in 1985 to 51,907 in 1992.

Some of the most promising family planning services models in Pakistan are NGO programs. The best example is the community-based distribution (CBD) project assisted by The Asia Foundation through the NGOCC. In its six sub-projects, where 20 CBD workers were each responsible for 650 couples in a discrete geographic area, the contraceptive prevalence rate (CPR) increased from around 12% to 40% in less than two years. Similarly, where family planning is offered along with other maternal and child health services, literacy, income-generating activities and skills development in women-operated NGOs, family planning acceptance is high.

- **To be effective, an NGO coordinating body, such as the NGOCC, must be a legally constituted, independent organization professionally staffed and managed and free from government interference in its policy and operations.**

The legal status, the board, management and staffing composition, as well as the rules and procedures of the NGOCC were serious impediments to effective NGO-based family planning efforts. Through the eight years of USAID support to NGOCC (and through it, to the family planning NGOs), the legal and management character of the organization caused needless bottlenecks and problems in implementing sound programs. The NGOCC is neither fish nor fowl. It is clearly not a "non-governmental organization" in the true sense of the term. Neither is it a line entity of the government of Pakistan. It combined the weaker elements of both and the stronger elements of neither. As merely a "gazetted" organization, it had no independent legal status or permanence, and as such had no control over its own policy, operations and budgets. Instead it was simply another layer in the bureaucracy. As a result it could not provide the leadership, training and monitoring its associated NGOs so needed. And despite two

years' technical assistance in organizational development and management, with the cessation of our financial and technical assistance, the organization became dysfunctional.

To best serve the needs and interests of NGOs, the NGOCC or any successor body should be incorporated under the Societies or Companies Acts to give it independent legal status. Second, it should have an independent composition and selection of its Board of Directors. Third, its rules and by-laws should give it rules, policy direction and budget independence, in other words, outside GOP control. Fourth, it should have a professional, well-trained and competitively remunerated staff. These changes would result in a base from which to build a coordinating body which could effectively coordinate and lead NGOs to play a strong and complementary role to the public sector in pursuit of Pakistan's population planning goals.

- **Well-planned and well-implemented CBD programs can be as successful in Pakistan as elsewhere in South Asia. They have been demonstrated to raise the CPR to 40%, a level nearing that of Bangladesh, in under two years' time.**

The average one-year increase in CPR (all methods) for pilot CBD projects during their first year was 24%. CPRs for all models began at an average 12% and levelled out at about 40% in urban areas and about 35% in rural areas in all parts of Pakistan.

Key to the success of these models was a strong personal interest in the activity from the NGO leadership; thorough training in the organization, management and supervision of CBD projects; and continued involvement and commitment to make the project a success.

- **Integrating family planning services with maternal and child health (MCH) services increases acceptability. The integration of family planning into primary health care through the existing health network is critical.**

The integration of MCH and family planning services made family planning more acceptable to the community since fear of child mortality has often been a reason for not using family planning. Integrated FP/MCH services also provide women with the opportunity to receive family planning services confidentially under the broader range of maternal and child health services, a significant benefit in a country like Pakistan bound by strong traditions and cultural norms.

Integration with other services, such as literacy and income-generating activities, has benefits as well. Access to literacy, health and income-generation skills training both motivates women and acts as an incentive for them to visit centers where family planning staff can motivate them while meeting their other felt needs.

Integration of family planning information and services into primary health care using the existing health network is essential in order to provide access to all those in need of family planning. Its implementation should be approached slowly and cautiously, however. The excellent health field worker systems in Bangladesh and Iran have taken 15 and 20 years, respectively, to expand primary health care, including family planning, nationwide.

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- **Gender of the provider is important. A woman-to-woman approach increases the accessibility and acceptability of family planning services in restricted societies.**

In cultures such as Pakistan's where women's mobility is greatly limited and talking about personal matters is inhibited, the utilization of the women-to-women outreach approach increases access to services in a culturally appropriate manner.

Achieving this gender equity means promoting women's education, building career ladders for women and making special efforts to recruit female service providers.

- **Operations research provides empirical data not only on what works and what does not but also can be used to improve existing services and to develop new approaches.**

A major reason for the slow progress of family planning programs in Pakistan in the past has been the lack of systematic efforts to test new approaches to family planning service delivery before they are adopted on a large scale; to identify problems; and to explore ways of improving services. The substantial interest in family planning, indicated by findings of the DHS and other surveys, suggests that the low CPR is caused at least in part by "program barriers." Operations research is a quick, flexible tool for resolving these program barriers. In the Pakistan program, small-scale operations research studies produced results that have led to changes in target setting, method mix, staffing of service facilities and training of village workers.

- **A comprehensive, well-researched and well-implemented family planning communications program is acceptable and is essential to raise awareness and change attitudes.**

A chief obstacle this project had to overcome was the lack of political and public support for family planning. By analyzing program opportunities with the media and creating partnerships with top leaders and talent in the media industry, the program launched a high profile intervention, the social drama *Aahat*, that placed population on the "center stage" of the national agenda. By so doing, the project enhanced the image of family planning among the public and the national leadership. At the same time, the role of the media was validated.

By using appropriate quantitative and qualitative research systematically to design media interventions, the campaigns reached their intended audiences and increased approval of family planning, husband-wife communication and use of modern contraceptive methods. The strategic commitment to quality and the use of entertainment approaches to educate resulted in direct program gains. The excellence of the production led to a high volume of viewers, thus low cost per person reached, and made the venture a commercial success by attracting corporate sponsors.

Field IEC and interpersonal communication at the provider-client interface must be strengthened. The Regional Training Institutes (RTIs) and not the Population Welfare Training Institutes (PWTIs) are the appropriate bodies to undertake this training since the former give the family welfare workers the bulk of their counseling training.

- **The portion of the funding allocated to contraceptives was so large, it left too little to allocate to strengthen institutions, to improve management through training, and to emphasize IEC and counseling to improve continuation rates and method mix.**

By allocating 64% of project funds for contraceptives, the PWP project did not learn from earlier evaluations of the unsuccessful "inundation scheme" project. Nor did it take note of a design authorized at the end of 1977 which responded to evaluations' recommendations to help the GOP to redesign its program based on empirical information from testing innovative ways to deliver and create a demand for contraceptive services -- in short, a research project to test "what works" following years of program failure.

Because technical assistance and training were insufficiently used in the project, institutional strengthening and on-the-job training did not take place as planned. Major deficiencies in family planning management resulting from this are a lack of adequately trained mid-level personnel, the lack of survey data for strategic planning, inappropriate collection, analysis and use of service statistics, and a woefully inadequate IEC program where the lack of interpersonal communication and counseling is responsible for low contraceptive continuation rates and inaccurate fears of modern contraceptive methods that prevent clients from using them.

- **The method mix remained much too weighted toward condoms and other less effective methods.**

Nearly one-third of contraceptive users in Pakistan use condoms. This is much higher than in other South Asian countries. While this can be attributed partly to the successful social marketing program, condom use statistics in both NGOs and public sector clinics are high as well. This may be due to the high availability of condoms but would appear to result as well from provider bias against hormonal methods and IUDs, perhaps from insufficient training about the methods.

VIII. SUSTAINABILITY

Sustainability, which for this analysis is defined as the capacity to continue activities once project support ends, has become a key issue across all development sectors in the 1990s. In Pakistan the sustainability of USAID-supported activities is especially important, given the termination of assistance in June 1995. Daniel J. Gustafson and Marcus D. Ingle in *Enhancing Sustainable Development in Sub-Saharan Africa: Concepts, Recommendations and Illustrations* posit three principles necessary for achieving sustained impact. They are 1) available resources (financial, physical, institutional and human/technical) to continue and improve services; 2) flexibility to emphasize efficiency and accountability in services provided; and 3) services considered of sufficient value to assure that support for them is continued.

Institutional/Political/Technical

Support for the population program by political leaders and government policies is an important precondition for sustaining family planning programs. In the last three to four years, especially the current year, the GOP has voiced openly and strongly its concern about Pakistan's high rate of population growth and its support of a national effort to decrease the rate. In 1991 the GOP gave full ministerial status to the national population program by moving the Population Welfare Division from the Planning Ministry and changing it into the Ministry of Population Welfare. The GOP backed its political commitment with financial support and has budgeted Rs. 9.1 billion for the national program under the Eighth Five Year Plan, an increase of about 300 percent over the Seventh Five Year Plan.

Other policy decisions reflect increased support to family planning. The MOH has integrated family planning with other services offered at health centers. A number of nursing schools have included family planning clinical and counseling skills in their curricula. The role of the private sector, particularly NGOs and private practitioners, in promoting family planning and helping to meet the demand has been recognized in the Eighth Five Year Plan. This strengthening of their political position promotes the viability of the NGO community as a recipient and user of donor and other resources to support family planning.

USAID's investments in the areas of logistics, NGOs' capacity to provide family planning services (especially female sterilization), family planning inputs into health and research at NIPS and NRIFC contributed to institutional and technical capability in these areas. A first rate contraceptive warehouse was provided and is being used and maintained, as well as excellent facilities for the NRIFC.

NGO management has been strengthened through training and technical assistance provided through both Pakistani and international sources. A large number of NGO personnel have been trained in family planning management and service delivery.

While PWP contributed to some aspects of institutional sustainability, it failed in other areas, principally in developing the public sector's capacity to provide effective clinical methods, conduct IEC, and implement training programs, all key areas of investment and critical components of public sector programs. For example, in VSC, by funding only reimbursements for sterilization in the public sector program, rather than training, PWP did not contribute to the program's institutional capability to provide highly effective clinical methods.

Financial

There is a tendency to view financial sustainability in simple terms of cost-recovery by project-supported entities for contraceptives and service delivery. In actual fact the problem is more complex. Elements critically needed for the financial sustainability of any project are: 1) the existence of demand; 2) managerial and technical efficiency; and 3) reliance on indigenous resources (skills, commodities, funding).

The high unmet demand for family planning found in the DHS survey would indicate that family planning services will be busier and utilized to a greater extent in the future. It has been estimated that the CPR would be approximately 37% if the demand indicated in the survey were met. While the skills base in NGOs is growing, both their scale and scope is and will continue to be small. The skills base is still nascent at best in the public sector and the current highly politicized employment climate gives no cause for optimism that this will improve.

PWP failed in two areas important to financial sustainability -- development of cost-recovery strategies and a plan to free the GOP from reliance on donated contraceptive commodities. This was evident from the severe cutbacks NGOs were forced to take when USAID funding ceased and from GOP's stock-outs or very short supply of commodities while they searched and waited for other donors to replace USAID. In both these examples, perhaps "tough love" served a useful purpose.

One year after PWP's PACD, NGOs report that they have learned their lesson. They have been somewhat successful in diversifying their resource base; they have been creative and resourceful in getting corporate commitments for services or products (in one case a commitment from an oil company for a three-year supply of petrol); and they have accepted the concept of fee-for-service as a reality even if it is not what their "social welfare" approach to services desires. Likewise, the GOP has developed its tender procedures for procuring contraceptives and has recognized that revenues generated from contraceptive sales can be used for refilling supplies.

In the future, USAID should be certain that sustainability concerns are addressed at the outset of any NGO activity and that the NGO has a firm and diverse enough resource base to ensure continuation of minimal operations should "soft" donor funding disappear. The very nature of NGOs -- their social welfare commitment and open doors to everyone -- preclude their ever being able to totally recover their costs from the services they offer. What they can do is keep their eyes on the bottom line, however, to be certain their funding is diverse enough to offer an organizational safety net; and that they recover enough fees from their services to make them a valued item and to partially guarantee their continuation.