Completion Report

Project Number: 27037
Loan Number: 1671
November 2007

Pakistan: Women's Health Project

Asian Development Bank

CURRENCY EQUIVALENTS

Currency Unit – Pakistan rupee/s (PRe/PRs)

		At Appraisal (February 1999)	At Project Completion (December 2006)
PRe1.00	=	$0.0195	$0.0160
$1.00	=	PRs51.30	PRs60.88

For cost comparison in this report, local currency costs were converted to US dollars at the rate prevailing at the time of each transaction.

ABBREVIATIONS

ADB	–	Asian Development Bank
BCC	–	behavior change communication
BHU	–	basic health unit
BME	–	benefit monitoring and evaluation
CWD	–	Communication and Works Department
DHMT	–	district health management team
DHQ	–	district headquarters
DOH	–	Department of Health
EA	–	executing agency
EDO	–	executive district officer
EmOC	–	emergency obstetric care
IEC	–	information, education, and communication
LHV	–	lady health visitor
LHW	–	lady health worker
MCH	–	maternal and child health
MMR	–	maternal mortality rate
MNCH	–	maternal, neonatal, and child health
MOH	–	Ministry of Health
NGO	–	nongovernment organization
NWFP	–	North-West Frontier Province
OPEC	–	Organization of Petroleum Exporting Countries
PCR	–	project completion review
PCU	–	project coordination unit
PHN	–	public health nurse
PSC	–	project steering committee
RHC	–	rural health center
RRP	–	report and recommendation of the President
SAP	–	Social Action Program
SDR	–	special drawing rights
TA	–	technical assistance
TBA	–	traditional birth attendant
THQ	–	tehsil (subdistrict) headquarters
TT	–	tetanus toxoid

NOTES

(i) The fiscal year (FY) of the Government of Pakistan and the provincial governments ends on 30 June. “FY” before a calendar year denotes the year in which the fiscal year ends, e.g., FY2007 ends on 30 June 2007.

(ii) In this report, “$” refers to US dollars.

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CONTENTS

BASIC DATA

A. Loan Identification

1.	Country	Pakistan
2.	Loan Number	1671-PAK(SF)
3.	Project Title	Women's Health Project
4.	Borrower	Islamic Republic of Pakistan
5.	Executing Agency	Ministry of Health and the Departments of Health of Punjab, Sindh, North-West Frontier Province, and Balochistan
6.	Amount of Loan	SDR33,819,000
7.	Project Completion Report Number	PCR:PAK 1002

B. Loan Data

1.	Appraisal	
	– Date Started	03 August 1998
	– Date Completed	24 August 1998
2.	Loan Negotiations	
	– Date Started	08 February 1999
	– Date Completed	10 February 1999
3.	Date of Board Approval	16 March 1999
4.	Date of Loan Agreement	21 January 2000
5.	Date of Loan Effectiveness	
	– In Loan Agreement	20 April 2000
	– Actual	23 June 2000
	– Number of Extensions	2
6.	Closing Date	
	– In Loan Agreement	31 December 2005
	– Actual	31 October 2007
	– Number of Extensions	1
7.	Terms of Loan	
	– Interest Rate	1.0% during grace period and 1.5% per year after that
	– Maturity (number of years)	32
	– Grace Period (number of years)	8
8.	Disbursements	
	a. Dates	

Executing Agency	Initial Disbursement	Final Disbursement	Time Interval
Ministry of Health	31 October 2000	19 July 2007	81 months
DOH, Punjab	19 December 2000	31 May 2007	77 months
DOH, Sindh	18 September 2000	11 October 2007	85 months
DOH, NWFP	31 October 2000	27 June 2007	80 months
DOH, Balochistan	8 November 2001	5 October 2007	71 months
	Effective Date	**Original Closing Date**	**Time Interval**
	23 June 2000	31 December 2005	66 months

DOH = Department of Health, NWFP = North-West Frontier Province.

b. Amount (SDR)

Category	Original Allocation	Last Revised Allocation	Amount Added/ (Canceled)	Net Amount Available	Amount Disbursed	Undisbursed Balance
Civil Works	360,000	5,518,810	5,158,810	5,518,810	5,543,146	(24,336)
Equipment	5,040,000	5,440,819	400,819	5,440,819	5,440,573	246
Vehicles	720,000	2,771,881	2,051,881	2,771,881	2,771,866	15
Supplies	6,120,000	3,810,909	(2,309,091)	3,810,909	3,810,909	0
Fellowships	1,510,000	208,396	(1,301,604)	208,396	209,139	(743)
Staff Training	2,740,000	497,535	(2,242,465)	497,535	503,249	(5,714)
NGO Support	1,870,000	530,064	(1,339,936)	530,064	530,692	(628)
CHW Training	2,020,000	4,530,504	2,510,504	4,530,504	4,382,957	147,547
IEC	1,660,000	606,751	(1,053,249)	606,751	607,065	(314)
Monitoring and Evaluation	720,000	491,308	(228,692)	491,308	493,634	(2,326)
Institutional Development	1,010,000	377,294	(632,706)	377,294	377,294	0
Consulting Services	720,000	222,810	(497,190)	222,810	222,810	0
Operations/Maintenance	1,730,000	1,901,997	171,997	1,901,997	1,906,337	(4,340)
Interest Charge	1,300,000	1,203,886	(96,114)	1,203,886	570,203	633,683
Unallocated	6,299,000	0	(6,299,000)	0	0	0
Total	**33,819,000**	**28,112,964**	**(5,706,036)**	**28,112,964**	**27,369,874**	**743,090**

CHW = community health worker; IEC = information, education, and communication; NGO = nongovernment organization.

9. Local Costs (Financed by ADB)
   - Amount ($ million) 34.2
   - Percentage of Local Cost 70%
   - Percentage of Total Cost 45%

C. Project Data

1. Project Costs ($ million)

Cost	Appraisal Estimate	Actual
Foreign Exchange Cost	26.4	14.6
Local Currency Cost	48.6	34.2
Total	75.0	48.8

2. Financing Plan ($ million)

Cost	Appraisal Estimate	Actual
Implementation Costs		
Borrower-Financed	15.0	9.5
ADB-Financed	45.0	38.5
OPEC Fund	10.0	—
UNICEF	3.0	—
Total	73.0	48.0
IDC Costs		
Borrower-Financed	—	—
ADB-Financed	2.0	0.8
Other External Financing	—	—
Total	75.0	48.8

— = not applicable, ADB = Asian Development Bank; IDC = interest during construction; OPEC = Organization of Petroleum Exporting Countries; UNICEF = United Nations Children's Fund.

3. Cost Breakdown, by Project Component ($ million)

Component	Appraisal Estimate	Actual
Base Cost		
Civil Works	8.7	11.4
Equipment, Furniture, and Vehicles	11.8	15.0
Supplies	10.9	5.8
Training	8.5	0.8
Fellowships	2.6	0.3
Information, Education, and Communication	2.9	2.1
Social Mobilization and NGO Support	4.6	7.1
Consulting Services	2.5	0.4
Management and Institutional Development	2.4	0.7
Monitoring, Evaluation, and Studies	1.7	0.7
Operational Costs	3.3	3.7
Subtotal	**59.9**	**48.0**
Taxes and Duties	**4.1**	**0.0**
Contingencies		
Physical	5.1	0.0
Price	3.9	0.0
Subtotal	**9.0**	**0.0**
Interest and Other Charges during Construction	**2.0**	**0.8**
Total Project Cost	**75.0**	**48.8**

NGO = nongovernment organization.

4. Project Schedule

Item	Appraisal		Actual	
	Start	Completion	Start	Completion
Contract with Consultants	Jul 2001	Dec 2003	Sep 2001	Dec 2006
Expansion of LHWs	Aug 1999	Jun 2004	Sep 2001	Dec 2006
Safe-Delivery Campaigns	Oct 1999	Jun 2004	Jan 2001	Dec 2006
Health, Nutrition, FP Promotion	Oct 1999	Jun 2004	Jun 2001	Dec 2006
Strengthening of District Management	Jul 1999	Jun 2004	Jun 2000	Dec 2006
Comprehensive Health Care	Jul 1999	Jun 2004	Jul 2000	Dec 2006
Social Mobilization	Jan 2000	Jun 2004	Apr 2003	Dec 2006
Project Coordination	July 1999	Sep 1999	Oct 1999	Jun 2000
Monitoring, Evaluation, and Research	Jul 1999	Jun 2004	Jan 2000	Jun 2006
Human Resource Development	Jan 2000	Jun 2004	Jan 2002	Dec 2006

FP = family planning, LHW = lady health worker.

5. Project Performance Report Ratings

Implementation Period	Ratings	
	Development Objectives	Implementation Progress
From 30/03/1999 to 30/08/1999	S	S
From 29/09/1999 to 30/5/2000	S	U
From 29/06/2000 to 31/12/2000	S	S
From 31/01/2001 to 31/5/2001	S	HS
From 29/06/2001 to 30/06/2007	S	S

HS = highly successful, S = successful, U = unsuccessful.

D. Data on Asian Development Bank Missions

Name of Mission	Date	No. of Persons	No. of Person-Days	Specialization of Members
Fact-Finding	19/11/1997	5	105	a, b, c
Appraisal	03/08/1998	4	88	a, d, e, f
Consultation	23/06/2000	2	14	a, g
Inception	21/11/2000	2	30	a, b
Follow-up 1	22/01/2001	2	18	a, b
Review 1	27/05/2001	1	11	b
Review 2	11/03/2002	1	11	b
Review 3	14/09/2002	2	6	h, g
Review 4	05/03/2003	2	12	i, j
Review 5	07/10/2003	2	52	i, j
Review 6	28/10/2004	2	60	i, j
Review 7	18/07/2005	2	44	i, k
Review 8	20/11/2006	2	34	i, l
Project Completion Review	28/05/2007	2	34	i, l

a – health specialist, b – social sector specialist, c – staff consultant, d – project specialist, e – senior counsel, f – social sector economist, g – senior project implementation officer, h – senior health specialist, i – project implementation officer, j – senior project assistant, k – project analyst, l – assistant project analyst.

E. Related Loans

(For the same executing agency)

Loan	Project Title	Dated of Agreement	Amount ($ million)	Date of Completion
562-PAK(SF)	Health and Population	15 Dec 1981	15.0	22 Oct 1990
710-PAK(SF)	2nd Health and Population	8 Jan 1985	16.0	30 Sep 1993
850-PAK(SF)	3rd Health	28 Jan 1988	30.4	31 Dec 2005
1900-PAK(SF)	Reproductive Health	20 Mar 2003	36.0	30 Jun 2008

I. PROJECT DESCRIPTION

1. Mindful of the poor health status of women in Pakistan compared with women in other Asian countries, the Government gave high priority to women's development, including women's health, in the Ninth Five-Year Development Plan (1998/99–2002/03), It also sought Asian Development Bank (ADB) financing for the Women's Health Project as part of ADB's contribution to the country's Social Action Program (SAP). ADB provided project preparatory technical assistance[1] (TA) for a feasibility study of the Project, and approved an advisory TA[2] to explore ways of improving health sector management and, hence, women's health. The Project was thus formulated as part of the Government's core investment program (SAP), to address both programmatic and organizational priorities identified for improving women's health.[3]

2. The goals of the Project were to improve the health status of women—in particular those of reproductive age—and to support the country's long-term goal of reducing fertility, female morbidity, and maternal and infant mortality. Its objectives were to: (i) expand basic women's health interventions to underserved populations; (ii) develop women-friendly district health systems that would provide women's health care of acceptable quality from the community to the first-referral level; and (iii) strengthen the institutional and human resource capacity to improve women's health in the long term. Twenty districts in four provinces (eight districts in Punjab, and four districts each in Sindh, North-West Frontier Province [NWFP], and Balochistan) were targeted.

3. The Project had three components, corresponding to the three objectives given above: (i) expansion of basic health care and family planning through lady health workers (LHWs), conduct of safe-delivery campaigns, and promotion of women's health through the mass media; (ii) strengthening of district health management, women's health services and referral, and social support for women's health; and (iii) support for project coordination, capacity building, advocacy, monitoring, evaluation, research, policy development, and human resource development.

4. The quantifiable performance targets in the project framework (Appendix 1) for each of the three objectives were: (i) an increase in the contraceptive prevalence rate among married women aged 15–44 years from 10% to 30%, an increase in the percentage of pregnant women who receive two doses of tetanus toxoid (TT) vaccine from 47% to 70%, and the dissemination of education messages to 70% of the targeted audience and a 40% increase in understanding of these messages; (ii) a 50% increase in the use of targeted health facilities, an increase in the percentage of deliveries receiving skilled help from 10% to 20%, and an increase in the number of caesarian sections in the district from less than 1% to 3% of expected deliveries; and (iii) an increase in the availability of qualified female staff in the targeted facilities from 60% to 80%.

II. EVALUATION OF DESIGN AND IMPLEMENTATION

A. Relevance of Design and Formulation

5. Women's health, education, and economic status are indispensable elements of national development. In Pakistan, sociocultural constraints have severely limited women's potential, as

[1] TA No. 2577-PAK: Women's Health Project Study, for $500,000, approved on 4 June 1996.
[2] TA No. 2576-PAK: Public-Private Partnership in Health Study, for $450,000, approved on 31 May 1996.
[3] ADB. 1999. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to the Islamic Republic of Pakistan for the Women's Health Project*. Manila.

their poor health status shows. Compared with other countries in Asia, Pakistan has the highest total fertility rate and maternal mortality ratio (MMR), the second-highest population growth rate, and the lowest contraceptive prevalence and literacy rates. MMR varies from 286 per 100,000 live births in Karachi to 756 in rural Balochistan. At the time the Project was designed, 70% of urban and 83% of rural pregnant women were receiving no antenatal care and only 30% were immunized against tetanus.[4] Pakistan's high rates of maternal mortality and morbidity are attributed to (i) unhygienic and unsafe delivery practices, (ii) the inability of traditional birth attendants (TBAs) to detect high-risk pregnancies, and (iii) inadequate management and referral of obstetric emergencies.

6. Starting with the Eighth Five-Year Plan (1993/94–1997/98), the Government placed much emphasis on strengthening maternal and child health services. Under the Ninth Five-Year Plan (1997/98–2002/03) and the second phase of the SAP, the Government committed itself to eliminating the de facto bias against women in the provision of social services. The plan also gave greater priority to consolidating resources and improving the quality of health services, reflecting the Government's commitment to sustainable growth and equitable delivery of health services, in line with ADB's strategy. The Government also indicated a strong commitment to women's development and reproductive health by becoming a signatory to the Action Program of the United Nations International Conference on Population and Development in Cairo in 1994, and the Beijing Declaration and Platform for Action of the Fourth World Conference on Women in 1995.

7. Supporting the Government's strong commitment to women's development, ADB approved two concurrent TA projects to study the feasibility of the Project and ways of improving health sector management and women's health. Under these TA projects, detailed discussions were held with important stakeholders in the public and private sectors, including communities. The inputs from the stakeholders and an in-depth sector analysis led to the formulation of the Project to address the Government's commitments and plans to improve women's health and health sector reform, particularly in the districts, with the involvement of communities and nongovernment organizations (NGOs). The Project was fully consistent with ADB's policies for the health sector in Pakistan.

8. The Project was designed in 1997, with the realities and health governance structures of the time in mind. However, the health governance structures changed substantially under the Devolution Plan of 2000, which devolved responsibility for public health care from the provincial to the district governments. Since devolution was introduced well after the Project was designed, the changed health sector management structures, functions, and financing of health services had a considerable impact on project design. In particular, serious institutional and governance deficiencies in the new local government units marred health-service delivery at all levels of care. Increased political interference and changing priorities seriously set back the delivery of health care; as a result, the quality of local health care generally suffered.

9. Before devolution, hardly any budget was allocated for the maintenance or repair of government-run hospitals and other health facilities. After devolution, the health facilities, already in poor condition, deteriorated further because district governments could not provide funds to repair and maintain health facilities and equipment. The Project gave timely stimulus for the improvement of physical facilities, equipment, and supplies for maternal health, and essential and emergency obstetric care (EmOC). The social mobilization and behavior change communication (BCC) activities for health workers and local government executives promoted sensitivity to women's health needs and privacy. The Project was particularly appealing to local

[4] Pakistan Demographic and Health Survey, 1990–1991.

government officials and in some districts clearly mobilized their political commitment since it ensured the availability of resources and support during the difficult initial period of devolution.

10. The technical design of the Project provided an adequate strategy for reducing maternal mortality and morbidity by promoting (i) the identification of high-risk pregnancies by LHWs in an expanded community-based health-care system; (ii) awareness of the signs of obstetric emergency; (iii) timely transport and ambulance services for community-based referrals by LHWs; and (iii) the upgrading of facilities, to enable them to provide the right clinical management and emergency care. The Project suitably addressed key issues in women's health services. It dealt with all levels of referral within the maternal health systems and emphasized health education, advocacy, and social mobilization. Advocacy meant increasing the awareness of health workers, pregnant women, and their families of the need for women's health services, and motivating women to use them. This helped improve the quality of existing health facilities, making them more acceptable to women.

11. The Project, however, fell short in setting realistic quantitative targets. Hardly any of the project districts achieved the targets envisaged in the project framework. The target of a 30% reduction in MMR, for example, was unrealistic for an implementation period of 6 years; such a reduction in MMR takes longer, particularly in a target population with a very low female literacy rate. The desired results could have been achieved only if (i) the essential elements and conditions were adequately in place, (ii) women and their families were aware of the services and perceived them to be acceptable, and (iii) women and their families understood maternal risk and the need to seek appropriate and timely care. Another shortcoming of project formulation was the ad hoc establishment of project coordination units both at federal and provincial levels with limited functional reinforcement of management and coordination of project activities. This type of arrangement lacked the institutional anchor with the Ministry of Health (MOH) and the provincial Departments of Health (DOH) that the Project needed for timely implementation and sustainability.

B. Project Outputs

12. The major outputs of the Project were: (i) an improved and expanded LHW program with trained program staff and 8,000 community-based LHWs recruited; (ii) TT vaccine provided to women of reproductive age under the Expanded Program on Immunization; (iii) safe-delivery campaigns in all the project districts; (iv) BCC in the target population; (v) a district health management team (DHMT) established in each project district; (vi) one NGO recruited per district for social mobilization; (vii) 2,000 community midwives and 240 lady health visitors (LHVs) recruited, and 300 specialists, nurses, and managers trained; (viii) upgraded and rehabilitated maternal and child health (MCH) facilities wherever needed but especially in the project districts, including labor rooms, operation theaters, gynecology and obstetric wards, and housing for female doctors; (ix) four new public-health schools for LHVs, and hostels for midwifery students; (x) an expanded health services academy; (xi) a new campus for the Pakistan Nursing Council, the regulatory body for the nursing profession; (xii) human resource capacity building through 44 international scholarships in public health, and 276 in-country fellowships in MCH and family planning management, obstetric surgery, and anesthesiology; (xiii) equipment and supplies provided to health facilities and community health workers, as needed; and (xiv) an improved referral system providing community-based transport and ambulances wherever needed. The Project's physical targets of expanding basic women health services and improving the referral system were largely achieved. Appendixes 2–8 summarize the quantitative outputs of the Project. These outputs are discussed below by

component/subcomponent, as sequenced in the report and recommendation of the President (RRP).

1. Expansion of Basic Women's Health Interventions to Underserved Populations

13 The Project supported ongoing national programs with a direct bearing on women's health. As appraised, 8,000 LHWs were recruited to strengthen the National Program for Family Planning and Primary Health Care, and 4.2 million doses of TT vaccine were supplied to the National Expanded Program on Immunization to expand basic women health services to rural communities in the Project's target districts. The LHWs were paid salaries and provided supplies by the Project up to December 2004 at a cost of $6.4 million, and then were integrated into the Government's mainstream LHW program for sustainability. The LHWs had a significant role in improving the antenatal care and TT vaccination of pregnant women in the target communities by working closely with expectant mothers and their families. As appraised, a large number of program staff in the project districts were trained as trainers, supervisors, or program managers. The Project also procured about 1.3 million safe-delivery kits to be distributed among TBAs through LHWs for use in home-based deliveries.

14. Mainly because of increased awareness of the importance of TT vaccination and, hence, the high rate of TT vaccination among pregnant women, as well as a general improvement in safe-delivery practices during home-based deliveries, reports of tetanus cases in district headquarters (DHQ) hospitals are now very rare.

15. LHWs have also promoted the use of family planning products among married couples and are credited both by their communities and district health authorities with bringing about a visibly greater awareness of family planning services in rural areas. According to the recent Pakistan Demographic and Health Survey 2007, about 96% of married women are aware of some modern contraceptive method, although their use is still deemed very low, with the contraceptive prevalence rate improving only slightly in the last decade—from 24% in 1996/97 to 30% in 2006/07.

16. To further strengthen the LHWs' intervention and to integrate public health services at the district level, a new cadre of public health nurses (PHNs) was introduced in the project districts. A PHN was appointed for each project district from among its serving staff nurses. The PHNs underwent intensive training in the necessary knowledge and skills at one of the country's premier institutions and were each provided with a support staff and a vehicle, and housed in the office premises of the executive district officer (EDO) to serve as a link between the district health authorities and community-based LHWs. When this intervention was launched, the MOH and provincial DOH agreed that the PHNs, given the importance of their role in the district health delivery system, would continue to function even after the Project. However, soon after the Project ended the nurses were sent back to their original places of work. Interestingly, the main reason for the dissolution of the PHN cadre was the desire of district health authorities to obtain control of the vehicles that had been assigned to the PHNs. Doctors' traditional social and professional bias against the nursing community also undermined the sustainability of the intervention.

17. The Project established a health education unit within the federal project coordination unit (PCU) to coordinate and provide technical assistance for collaborative activities between the Project and the Save the Children Fund, USA, under a memorandum of understanding signed in February 2002. A great deal of valuable work was carried out under this partnership to complement, and fill gaps in, the Project. The collaborative activities were: (i) the training of

more than 3,000 health-care providers (doctors, nurses, midwives, and paramedics) in providing essential maternal and newborn care in the project districts; (ii) formative research on maternal and newborn health behaviors; (iii) a media campaign consisting of television and radio programs on MCH issues; (iv) the development and distribution of health education materials among LHWs and stakeholders in project districts; (v) the training of NGOs in Sindh and NWFP in women's health care, and (vi) social mobilization activities in five model project districts, such as the formation of LHW support groups, orientation sessions for TBAs, and large-scale advocacy seminars. A social mobilization curriculum was also developed and translated into Urdu language for wider dissemination in all the project districts and to partner organizations. To assist the Project in preparing, implementing, and monitoring a strategic plan for a strong countrywide health education program, including its financial and capacity-building requirements and organizational setup, a health education consultant was hired for 54 months in June 2002.

18. As appraised, BCC and information, education, and communication (IEC) activities using a properly designed strategy based on formative research on MCH-related behaviors was a priority initiative of the Project. A distinctive feature of the strategy was its sensitivity to gender perspectives. The IEC initiative had four strategies: (i) research, (ii) advocacy, (iii) development of creative IEC and BCC materials, and (iv) reproduction and adaptation of these materials to local cultural settings and needs. The IEC materials were produced mainly by the federal PCU, and then translated, adapted, and distributed by the provincial PCUs in their respective districts. Other IEC activities included safe-delivery campaigns, social marketing for the use of safe-delivery kits and micronutrient supplements, and the supply of illustrated charts to illiterate TBAs and LHWs to educate them in safe home-delivery practices. Under this subcomponent, the Project also launched media awareness campaigns on women's health issues in the electronic and print media, which continued through the life of the Project (see Appendix 7). Remote areas with no access to national television networks were targeted through street theater (tableaux and skits) and information seminars.

2. Development of 20 Women-Friendly District Health Systems

19. On the demand side, the Project improved public awareness of women's health, nutrition, and family planning needs through its IEC and health education initiatives, and effectively addressed the neglect of women's health needs and rights. On the supply side, component 2 of the Project focused on (i) improving women's health care and timely referral at the community level, (ii) strengthening primary care in support of community-based health care, (iii) improving access to and the quality of EmOC, and (iv) strengthening district health management and in-service training.

20. After the devolution of health management, the project design was fine-tuned for the implementation of component 2, and integrated planning at the district level using a multisectoral approach was encouraged. The Project pioneered the formation and institutionalization of DHMTs in the project districts as appraised, and trained DHMT members to plan, implement, and monitor project activities. The DHMTs were constituted in all the 20 target districts through a resolution passed by their respective district assemblies. The DHMTs met regularly, prepared and implemented yearly district health plans, and submitted monthly reports, as envisaged in the RRP. The DHMT model proved to be an effective tool in managing the health delivery system in the target districts. Its success encouraged all four provincial governments to replicate the model in other districts as well. The Punjab government led the initiative by issuing a notification instructing all its district governments to constitute a DHMT. This initiative has also been adopted by the US Agency for International Development (USAID), the United Nations Population Fund (UNFPA), and the United Nations Children's Fund

(UNICEF) in their project districts. DHMTs are expected to go a long way in ensuring the quality of care and making the health authorities accountable to civil society.

21. At the provincial level, the Project supported the rehabilitation, upgrading, and expansion of a large number of MCH facilities at a cost of $11.4 million. The facilities were: 6 DHQ hospitals, 12 tehsil (subdistrict) headquarters (THQ) hospitals, 1 well-equipped MCH hospital, and 49 rural health centers (RHCs) in the province of Punjab; 14 THQ hospitals, 82 RHCs, 407 basic health units (BHUs), 9 midwifery schools/hostels, 9 residences for female staff/doctors, 52 MCH centers, and 10 other facilities, such as warehouses, a resource center and administrative blocks of the DOH and the Planning and Development Department, in Sindh province (the Sindh PCU undertook civil works in districts other than the project priority districts); 4 DHQ hospitals, 2 THQ hospitals, 7 RHCs, 8 civil hospitals, and 1 midwifery school in NWFP; and 3 DHQ hospitals, 1 THQ hospital, 1 civil hospital, 5 RHCs, 50 BHUs, 11 MCH centers, and 46 civil dispensaries in Balochistan province. A new campus was built for the Pakistan Nursing Council, along with staff residences, 3 MCH centers, a safe motherhood and neonatal care unit, and 3 RHCs, by the federal PCU in the Islamabad Capital Territory (see Appendixes 2 and 3).These facilities were provided with all the necessary equipment, furniture, and supplies, including medicines, worth $16.1 million, helping restore the communities' confidence in public sector health facilities. As a result, the use of project-improved facilities has significantly risen. The Project also addressed weaknesses in logistics, supervision, and referral linkages by providing 118 ambulances and 64 jeeps/pickup vans at a cost of $4.6 million (Appendixes 4 and 5).

22. By upgrading health facilities and encouraging the placement of female staff, particularly gynecologists, the Project made considerable progress in providing comprehensive EmOC services at the DHQ and THQ level, and basic EmOC at the RHC level. However, the shortage of female professional staff was still a chronic problem. More than 50% of the sanctioned posts of gynecologists, anesthetists, and women medical officers (WMOs) in the project districts remained vacant. At the time of the Project Completion Review (PCR) Mission, 22 of 56 sanctioned posts of gynecologists, 23 of 48 sanctioned posts of anesthetists, and 95 of 304 sanctioned posts of WMOs in the project districts were vacant. Soon after the Project closed, many doctors in the project districts reportedly had themselves transferred to a place of their choice. Apparently, they had provided their services during the Project simply to fulfill the undertaking given by the provincial governments to ADB.

23. Since the management of obstetric complications is not part of the preservice training of most health professionals (including doctors), the Project developed comprehensive management protocols, training manuals, and curricula for EmOC services (see Appendix 8) for the training of health personnel in the project districts. Later, given its relevance and necessity, the curriculum was integrated with the current undergraduate program for medical education, courtesy of the Pakistan Medical and Dental Council. Many international NGOs and donor organizations now use these well-tested EmOC protocols and training manuals in their programs.

24. As appraised, NGOs were hired in each target district in Sindh province and NWFP. The Punjab PCU, however, hired NGOs in only three of eight target districts, while the Balochistan PCU dropped this component altogether for lack of reputable NGOs in the province (see Appendix 9). Most PCUs were not entirely satisfied with the performance of the NGOs they hired. One health EDO complained that the ambulances provided to the NGO working in his district were generally used by the NGO as staff cars and not to transport patients to health facilities. Moreover, although the NGOs operating in NWFP were required under the terms of their agreement to return the ambulances to the NWFP government at the close of the Project, at the time the present report was prepared, only three of the four NGOs had done so. (The

NWFP government expects the remaining ambulance to be returned soon.) Therefore, the social mobilization planned through NGOs could not take place as appraised.

3. Institutional and Human Resource Development

25. The third component was focused on project coordination, capacity building, advocacy, monitoring and evaluation, research, policy development, and human resource development. Despite their limited capacities and capabilities, project teams at both federal and provincial levels performed their coordination functions satisfactorily. The outputs of this component were somewhat uncertain at the start of the Project, but were ultimately achieved to a large extent as appraised.

26. After initial obstacles were overcome, project implementation gained momentum, with Sindh province taking the lead. But while individual components progressed—slowly—the overall coordination of inputs and services remained very weak in the first 2 years of the Project, although placing a project focal person in each project district improved matters. Except for the Sindh and federal PCUs, the remaining PCUs were generally established with significant delays. The Punjab PCU was formed only in August 2002, after a delay of 20 months, and within the 3 years of the Project it underwent seven changes in project directors. The NWFP PCU was formed only in November 2002, after a delay of 23 months, and the Balochistan PCU, even later, in February 2003, after a delay of 26 months. But once all five PCUs were in place and sufficient technical assistance was contracted, the project activities picked up and the initial delays were considerably covered. To compensate for the start-up delays, a 1-year extension was granted to the Project and the loan closing date was reset to 31 December 2006. As appraised, the federal PCU contracted a chief technical adviser for 24 person-months to provide technical assistance.

27. To effectively monitor project activities in the target districts, the Project, in collaboration with the National Health Management Information System (NHMIS) Cell, developed a monitoring tool for recording obstetric complications reported at DHQ/THQ hospitals. A software program was also developed to integrate the Project's monitoring data into the NHMIS, but technical and administrative difficulties prevented this integration. The NHMIS Cell plans to expand its present operations, which are limited to data at the RHC and BHU level (first-level care facilities), to the level of DHQ and THQ hospitals (secondary-level facilities) with financial and technical assistance from the Japan International Cooperation Agency (JICA) and the recently launched National Maternal, Neonatal, and Child Health (MNCH) Program. The Project conducted baseline surveys in all 20 target districts and had plans for post-project evaluation, which was contracted to a consulting firm but later dropped after it was learned that the firm lacked the required expertise. Hence, no evaluation of the Project to assess its impact has been made. Neither has there been any gathering of data on the 13 indicators provided in the framework attached to the RRP to keep track of the progress made in achieving the objectives. Overall, benefit monitoring and evaluation (BME) of the Project was poor.

28. A great deal of work was carried out in institutional and human resource development. Of the four appraised public health schools, three (75%) were built—two in Sindh and one in NWFP. Three hostels for LHVs and two hostel blocks for midwifery students were built; four nursing and midwifery schools were renovated; a new campus was built for the Pakistan Nursing Council, along with staff residences; and a large number of nursing, midwifery, and medical education institutions were supplied with furniture, audiovisual equipment, instruction materials, and teaching aids. At a cost of $1.3 million, the Project also established a state-of-the-art Diagnostic and Research Center for Reproductive Health, the first

of its kind in the country, within the premises of the National Institute of Health. It serves as a reference laboratory for reproductive diagnostics. More than 150 research papers, based on research done at the center, have been published so far, and about 41 graduate and doctoral students are using the research facilities of the center to complete their thesis work.

29. The Project gave new stimulus to Pakistan's neglected nursing sector by (i) identifying issues that hampered the quality of nursing education and services; and (ii) through consultation, developing a comprehensive framework for improvements in the sector. The Project also engaged in policy dialogue with the Government and created an enabling environment for the launching of nursing sector reforms. To further augment its efforts, the Project built a new campus for the Pakistan Nursing Council at a cost of $0.5 million.

30. Two women's health resource centers were established—one in Islamabad by the federal PCU, and the other in Karachi by the Sindh PCU—to function as repositories/documentation centers for materials and publications related to women's health. These will continue to serve health professionals and researchers investigating women's health issues. Both centers have conference facilities that are used by various national and provincial programs and civil society organizations for health education. However, neither center has yet had its usefulness maximized.

31. Capacity building of health-care providers, a key factor in improved quality of care, was vigorously undertaken through the training of 19,658 health workers of different categories (more than 18,000 received short-term training, 100 were trained for 3–6 months, and about 1,293 received training for 1–2 years). Among those trained, 3,000 health-care providers were trained in essential neonatal and child care in partnership with Save the Children Fund, USA. Against the appraised training of 2,000 midwives, 240 LHVs, and 300 specialists, nurses, and managers, the Project provided training to 1,476 midwives (74%), 634 LHVs (264%), and 394 specialists, nurses, and managers (131%). Similarly, against the appraised 44 foreign fellowships and 276 in-country fellowships, 8 health professionals attended foreign training (18%), and 567 received in-country fellowships for a master's degree in public health or a diplomate in obstetric surgery, EmOC services, or anesthesiology. With the Government banning foreign training, the provinces of Punjab, Sindh, and Balochistan converted foreign fellowships into in-country sholarships. The Project also arranged provincial and federal seminars on women's health issues, which were widely attended by health professionals from within and outside the project districts.

C. Project Costs

32. At appraisal, the Project's total cost was estimated at $75 million equivalent, including taxes, duties, service charges during construction, and physical and price contingencies. Of this total amount, $26.4 million (35.2%) was in foreign exchange (including the $1.3 million interest on the ADB loan) and $48.6 million equivalent (64.8%) in local currency. ADB's share of the project cost, $47.0 million (63%), came from its Special Funds resources. This included $21.8 million for the foreign-exchange cost and $25.2 million equivalent for the local cost. The Organization of Petroleum Exporting Countries (OPEC) Fund for International Development would provide a loan of $10.0 million (13% of the total cost), including $3.9 million of the foreign-exchange cost and $6.1 million equivalent of the local cost. The Government of Pakistan, on the other hand, would finance $15.0 million equivalent (20% of the total cost), including $0.7 million of the foreign-exchange cost and $14.3 million equivalent of the local cost. UNICEF was to provide $3.0 million (4%), all in local currency.

33. As originally conceived, ADB's loan was to be used to expand community-based health care, provide essential women's health services, train staff, promote health education, carry out small civil works, and provide NGO support for social mobilization. The OPEC Fund was supposed to cover the major portion of civil works, the related consulting services, and the provision of vehicles, while UNICEF's cofinancing would promote social mobilization, advocacy, progress monitoring, and safe deliveries. However, UNICEF expressed its inability to provide the originally agreed cofinancing, although it continued to provide technical support in kind. The OPEC Fund loan was included in the total project cost and provided through parallel financing,[5] but was not used by the Government in view of its high interest rate. The Government also felt that the additional funding requirement could be met from savings generated by changes in SDR-dollar-rupee parity.

34. The components that were to be financed with the OPEC Fund loan were essential for meeting the Project's objectives. Since the loan was not used, ADB financed these components. The scope of ADB's assistance therefore virtually expanded. Without these activities, major project categories would have remained unfunded and the impact of the Project overall, as well as its ability to achieve its development objectives, would have been much reduced. To allow this major change in scope, a memorandum was approved in December 2005 reallocating funds to categories where ADB funds were already in use or were likely to be used in place of the OPEC Fund loan. In addition, since some provinces were doing better than others, the savings that were likely to accrue in Punjab province were reallocated to the federal and Sindh PCUs. ADB allocations increased as a result of this reallocation regimen: among other cost categories, the allocation for civil works increased from $0.28 million to $8.61 million; vehicles, from $0.98 million to $3.87 million; equipment, from $7.15 million to $8.95 million; LHWs' 3-year training and salaries, from $2.86 million to $6.95 million; operation and maintenance, from $2.44 million to $2.57 million.

35. On the other hand, the total cost of the Project was reduced from $75.0 million to $62.0 million. The revised financing plan provided for an ADB loan of SDR33.819 million, equivalent to the $47.0 million estimated at appraisal (75% of the project cost), comprising $21.8 million in foreign-exchange cost (including service charge), and $25.2 million equivalent in local cost. The Government provided $15.0 million (25% of the project cost). ADB's share in absolute terms decreased from $48.72 million to $47.0 million, but increased to 75% of the total project cost from 63% at appraisal. A summary of the Project's appraisal and actual financing plans and costs is provided in the Basic Data section of this report.

D. Disbursements

36. The first disbursement was made on 18 September 2000 and the final disbursement on 5 October 2007 (11 October 2007 was the value date of the last refund). Disbursement was low in the first 3 years of project implementation (12% against an elapsed period of 50%), but picked up after all the PCUs were put in place by the end of 2002 and early 2003. The total amount disbursed from the ADB loan was $39.286 million (83% of the approved loan amount of $47 million). Loan savings of SDR1,735,677 were canceled on 20 December 2005, SDR3,970,359 on 24 May 2007, and SDR743,090 on 31 October 2007, leaving a net loan amount of SDR27,369,874 (equivalent to $39.286 million as of 31 October 2007). Most of the loan proceeds were disbursed through the imprest account. The imprest account was

[5] According to the RRP, "within one year after loan effectiveness, or at a later date, as the Bank may otherwise agree, the Government will have obtained the UNICEF contribution and the OPEC Fund loan or will have made other arrangements satisfactory to the Bank, to fund the amount intended to be provided by the UNICEF contribution and OPEC Fund loan."

particularly effective, with a turnover ratio of 1.96, for small-scale activities implemented by federal PCU and PCUs according to Schedule 4 (Procurement) of the Loan Agreement. The projected and actual contract awards and disbursements, by year, are given in Appendix 10.

E. Project Schedule

37. The Project was originally scheduled to start in July 1999 and end in June 2005, and the loan to close on 31 December 2005. However, at the Government's request, the loan closing date was extended by 1 year to 31 December 2006, to compensate for the start-up delay of almost 2 years.

38. The loan took effect on 23 June 2000, more than a year after it was approved by the Board (on 16 March 1999). The main reason for this delay was the inability of the Executing Agencies (EAs) to establish the federal and NWFP PCUs. Since every activity was supposed to be initiated by the PCUs, which became fully functional only 2 years after the loan took effect, hardly any activity was started and completed on time. The Project encountered considerable and repeated delays in civil works, the procurement of medical equipment and supplies, the recruitment of LHWs, the implementation of IEC activities, safe-delivery campaigns, and the recruitment of NGOs (Appendix 11). Despite the 1-year extension in the loan closing date, the PCUs could not complete all the project activities. In many cases, the activities were completed before the loan closing date but the contractual obligations took more time than expected to complete. Thus, to accommodate the submission and processing of eligible withdrawal applications, loan accounts had to be kept open well beyond the scheduled date of 31 March 2007. The Project's loan accounts were closed on 31 October 2007.

F. Implementation Arrangements

39. In general, the Project was implemented according to the appraisal arrangements. There were five EAs—one in each province and one in the MOH. The DOH secretary in each province and the MOH secretary had overall responsibility for the implementation of the Project. A project director, reporting to the DOH secretary, headed each provincial PCU. The federal PCU was headed by a project director (an officer of the federal Government at the Joint Secretary level), who reported to the MOH secretary. The five PCUs were set up to manage the day-to-day management, administration, and implementation of the Project and to monitor its performance and evaluate results. They operated at first with a skeleton staff but were eventually adequately staffed. In general, none of the PCU staff had worked previously in an ADB-funded project; hence, it took them considerable time to become familiar with ADB procedures and guidelines. Frequent changes in key PCU staff, including project directors, were also likely to have been a major factor in the implementation delays. Moreover, while the Sindh and Balochistan PCUs each had the required full-time engineer on their staff to plan and supervise the Project's civil works, the other PCUs relied on engineers in their Communication and Works Department (CWD), significantly delaying the implementation of civil works and also compromising their quality.

40. In compliance with the Loan Agreement, a project steering committee (PSC) was created at the national level and in each province to provide overall policy guidance during project implementation. Although the PCUs received consistent informal guidance from members of their respective PSCs, very few formal PSC meetings were actually held; thus, the covenant requirement in this case was not met.

41. As appraised, the Project pioneered the formation and institutionalization of DHMTs in the project districts and trained their members to plan, implement, and monitor various project

activities. The DHMTs were formed in all 20 target districts through a resolution passed by their district assemblies. The DHMTs met regularly, prepared and implemented yearly district health plans, and submitted monthly reports, as envisaged in the RRP. The DHMT model proved to be an effective tool in managing the health delivery system in the target districts and its success has encouraged the four provincial governments to replicate the model in other districts as well.

G. Conditions and Covenants

42. The Government complied with nearly all the loan covenants set out at appraisal (see Appendix 12). Separate accounts were maintained and audited for the loan and government counterpart funds. The covenant regarding civil works and use of equipment was met, although maintenance was minimal. The covenant requiring insurance of project facilities, however, was only partly complied with; none of the EAs had insured their project civil works and expensive medical equipment, and only three had insured their vehicles. A weakness in the covenant relating to the contracting of an NGO for social mobilization made it obligatory to contract an NGO in each project district; some allowance should have been made for cases where no NGO was available in a particular project district. Similarly, the covenant for BME was not properly enforced; it should have emphasized the need to collect data at the start of the Project and regularly during implementation to evaluate the project benefits and achievement. The BME covenant was only partly complied with, as was the covenant for the holding of PSC meetings.

H. Consultant Recruitment and Procurement

43. The Project used only 24 person-months of international consultant services against the 54 estimated at appraisal, and 80 person-months of national consultant services against the 212 at appraisal (Appendix 13).The federal PCU began recruitment about 2 years behind schedule; in April 2002, it recruited an individual international consultant for 24 person-months as chief technical adviser for the planning and development of women-friendly district health systems in the project districts. The federal PCU did not use international consultant services for the health education program (24 person-months), domiciliary midwifery program (4 person-months), and other activities (2 person-months), since it tended to view consultants as more of a liability than an asset. The Balochistan PCU recruited a national technical adviser for 26 person-months against the 24 person-months allotted. The federal PCU hired a national consultant for 54 person-months against the allotted 98 person-months, but only in the field of health education; it dispensed altogether with the national consultant services for the domiciliary midwifery program (18 person-months), civil works (36 person-months), and other activities (36 person-months). The quality of the input provided by the national consultants fell below expectations.

44. The federal PCU recruited a national consultant firm using ADB's quality- and cost-based selection procedures to carry out a post-project evaluation, but after finding the first deliverable (inception report) submitted by the firm unacceptable, it terminated the firm's contract, and dropped the idea of a post-project evaluation.

45. Goods were procured according to ADB's *Procurement Guidelines* (2007, as amended from time to time) and as prescribed in the loan documents. At first, most PCUs found it difficult to process procurement documentation because of their inexperience with ADB-funded projects. However, after being trained by ADB in procurement and disbursement matters, all five PCUs were able to process the documentation without major problems.

I. Performance of Consultants, Contractors, and Suppliers

46. The performance of both international and national consultants, all individual consutants, fell short of expectations. Most of their outputs lacked the required quality and relevance to the project objectives. One EA found the curriculum vitae of a hired consultant to be overstated. In another case, a consultant with the minimum qualifications for an assignment proved weak; a wider search for consultants might have identified a stronger candidate.

47. The overall performance of the civil works contractors was poor in terms of quality of works and timely completion. The PCUs, generally staffed by health professionals, clearly lacked the technical expertise and experience to judge the CWD's capacity to meet project requirements or to manage the performance of the civil works contractors. Delays in the completion of civil works were due mainly to weak project management and lack of close supervision by the Building Department and CWD. Had the civil works consultant been recruited as appraised, the overall coordination and quality of civil works could have been far more satisfactory.

48. Suppliers of medical equipment, hospital furniture, instructional materials, and medicines fulfilled their obligations reasonably well. The quality of medical equipment supplied was up to standard, but post-sales service and maintenance fell short on initial promises. In a procurement case, a supplier tried to discriminate on price by selling 20 ambulances to one province at a price that was PRs0.2 million higher per unit than the price at which ambulances of the same specification had been supplied to another province. ADB pointed out the price difference and advised the EA to negotiate with the supplier; as a result, the EA received a discount of PRs4.0 million on the total cost of this procurement.

J. Performance of the Borrower and the Executing Agency

49. The Project suffered from start-up delays because of the EAs' inability to establish PCUs at the federal and provincial levels. All five EAs suffered a persistent shortage of qualified staff and a high turnover rate because of the low salary packages and a number of other factors that reduced motivation. The implementation of various components generally lacked proper planning and effective coordination. The apparent lack of leadership, commitment, and involvement, as well as the absence of an institutional anchor for the PCUs contributed to significant delays in mapping out effective implementation strategies, recruiting consultants, and procuring both civil works and goods in the first 3 years of project implementation. However, despite the country's continued fiscal difficulties, the Government maintained its commitment to the Project and ensured the timely flow of counterpart fund allocation. Unfortunately, the federal and provincial PCUs focused disproportionately on inputs and physical progress without linking them to outputs and outcomes. Weak linkages between inputs and outputs and corresponding outcomes meant that the EAs could not deliver high-value dividends to the target communities. The EAs cannot afford to be satisfied merely with the implementation of project activities, but must continue to monitor project inputs and outputs to ensure sustainable outcomes. They should regularly monitor the improvements and impact wrought by the Project.

50. The PCUs were apt to make top-down procurement decisions that did not involve their beneficiaries. In many cases, the medical equipment procured by a PCU that had not consulted the beneficiary health facilities was found to be either superfluous or too complicated to use. A considerable quantity of expensive equipment was found in the health facilities, either packed in boxes or lying idle.

51. Cooperation among the MOH, provincial governments, and ADB review missions was satisfactory and there was close interaction with ADB in project implementation matters. The

Project's progress reports and the maintenance of records of accounts, including the submission of audit reports, were generally satisfactory.

K. Performance of the Asian Development Bank

52. ADB maintained a good relationship with all five EAs throughout implementation. Project administration, supervision, and monitoring by ADB became more regular after the Project was delegated to the Pakistan Resident Mission (PRM) in January 2003. Procurements and disbursements were approved more quickly. ADB made a serious effort to work with the EAs in dealing with implementation problems and was responsive to the EAs' needs as these arose. To smooth operations, in addition to normal review missions, follow-up meetings were also held with the Project's staff at PRM. The Government, for its part, appreciated ADB's approval of the reallocation of funds between categories to make up for the nonuse of the OPEC Fund loan, and UNICEF cofinancing.

53. On the other hand, ADB had weaknesses in outlining the plans for the procurement of works, goods, and consultant services. A health systems management specialist with a background in epidemiology would have been a valuable addition, particularly given the EAs' shortcomings in the handling of health management information systems. The loan document should also have included appropriate specifications for the medical equipment and emergency and obstetric supplies required by the Project. However, ADB's overall performance is rated satisfactory.

III. EVALUATION OF PERFORMANCE

A. Relevance

54. Supporting the Government's strong commitment to women's development, and women's health in particular, ADB approved concurrent TA to determine the feasibility of the Project and to look into ways in which health sector management could be improved to benefit women's health. Input from potential stakeholders and in-depth sector analysis were used in formulating the Project, which was intended to address the Government's commitments and plans to improve women's health and carry out the supporting reforms in the health sector, particularly in the districts, with community and NGO involvement. The Project was fully consistent with ADB's policies for the health sector in Pakistan.

55. The Project's technical design adequately provided a strategy for reducing maternal mortality and morbidity by promoting (i) a system for identifying pregnancies at risk through expanded community-based health care by LHWs, (ii) awareness of the signs of obstetric emergency, (iii) a system of timely transport and ambulance services for community-based referrals by LHWs, and (iv) the upgrading of facilities to enable them to provide appropriate clinical management and emergency care. The Project addressed key issues in the provision of women's health services, including the improvement of all levels of referral and linkages within maternal health systems, health education, advocacy, and social mobilization. Health facilities improved in quality, and became more acceptable to women. The Project is thus rated relevant.

B. Effectiveness in Achieving Outcome

56. The Project succeeded to a great extent in achieving its three main outcomes: (i) expanding basic women's health interventions to underserved populations, (ii) establishing 20

women-friendly district health systems, and (iii) developing institutional and human resource capacity in the sector. The project facilities visited by the PCR Mission were found to be operating satisfactorily, with adequate staff and sufficient medical stocks. Public confidence in the health facilities that were improved under the Project has risen substantially, increasing their rate of use and adding a new dimension to the health worker–community relationship. With improved and upgraded physical infrastructure, medical equipment, and supplies, the Project's health facilities have become better able to provide good maternal care. Community-based referral links, the LHWs, have formed a critical referral network within the project districts. The IEC and BCC initiatives, coupled with health education intervention, have raised a great deal of awareness of women's health concerns, not only among women, but also among public officials, civil society, and communities.

57. The institutionalization of DHMTs in the project districts and elsewhere in the four provinces will go a long way toward ensuring the quality of mother and child care and making the health authorities accountable to civil society. The establishment of the DHMTs and the upgrading of health facilities to augment services for mother and child care have provided a solid foundation for the development of women-friendly district health systems. Many training institutes were built or renovated and fully equipped to impart training to health personnel of different categories. The capacity building of health-care providers was vigorously undertaken through numerous short-, medium-, and long-term training programs.

C. Efficiency in Achieving Outcome and Outputs

58. Despite start-up delays, most of the Project's quantitative targets were achieved. Among its major achievements, the Project (i) recruited 8,000 LHWs and supplied 4.2 million doses of TT vaccine to expand basic women's health services to underserved populations; (ii) implemented BCC and IEC activities through a properly designed strategy based on formative research on MCH-related behaviors; (iii) developed and distributed social mobilization curricula and health education materials among LHWs and other stakeholders; (iv) established two women's health resource centers; (v) rehabilitated, upgraded, and expanded 13 DHQ hospitals, 8 civil hospitals, 28 THQ hospitals, 146 RHCs, 457 BHUs, 66 MCH centers, 10 midwifery schools/hostels, and 9 residential quarters for female doctors; (vi) built and equipped an MCH hospital; (vii) built a new campus for the Pakistan Nursing Council, as well as staff housing; and (viii) set up numerous training facilities for human resource development.

59. During the PCR Mission, women using the Project's health-care services gave positive feedback about the facility upgrades. The records of hospital outpatient departments showed that the use of these health facilities, in particular antenatal visits and the use of other maternal health services, had increased. But while expressing satisfaction with staff attendance at these facilities, the women were less happy with service delivery and the health workers' attitude toward patients.

60. It is too early to assess the Project's internal and external efficiency, as there are extensive time lags in changes in the MMR and other indicators. However, given the initial delays due to inefficient project management, and unsatisfactory reports of service delivery and staff attitude, the Project is rated less efficient.

D. Preliminary Assessment of Sustainability

61. The Project heralded the PRs20 billion National MNCH Program, which was launched recently by the Government. Most of the lessons learned from the Project went into the scaled-up program. The project interventions are considered sustainable, in view of their equal

impact on both supply and demand. With the MNCH program in place, the project interventions are very likely to be sustained since there will be an uninterrupted flow of funds to the project districts from the new program. Moreover, the district governments have committed firmly to continuing to provide adequate annual budgets for the operation and maintenance of health facilities. At the community level, the services of the 8,000 project-recruited LHWs have continued even without financing from the Project. Since 1 January 2005, the salaries and supplies of these LHWs have come from the Government. The Project is thus rated likely to be sustainable.

E. Impact

62. The civil works carried out under the Project had very little environmental impact. To meet the covenant requirements, appropriate environmental control and safeguard measures were taken by the Project's engineers and civil works contractors. Since the civil works were aimed at improving the existing health facilities, they involved no resettlement in any of the project districts. Although poverty remains a major factor underlying women's poor health, none of the Project's activities were directed specifically at reducing poverty. The Project nonetheless appears to have had a significant impact on the knowledge and attitudes of local government functionaries, public representatives, and health workers toward women's health issues. How this impact translates into material support has yet to be seen, however.

IV. OVERALL ASSESSMENT AND RECOMMENDATIONS

A. Overall Assessment

63. Overall, the Project was a success (Appendix 14). It was relevant, effective (though less efficient), and likely to be sustained. Despite start-up delays, the Project achieved most of its quantitative outputs. Broadly speaking, the Project was implemented as conceived, with only negligible deviations in recruiting NGOs for social mobilization, and hiring consultants. With the recent launch of the Government's MNCH program and the replication of the DHMT model in other districts, the Project's interventions are expected to have a multiplier effect throughout the country.

B. Lessons Learned

64. A number of lessons were learned during the implementation of the Project. These are summarized as follows:

(i) Before a similarly complex and large-scale project is prepared, particularly in a country with difficult socioeconomic conditions, a detailed analysis of the potential risks of implementing such a project should be carried out.

(ii) A well-thought-out conceptual design is a key to the success of any project. In this case, the project design seems to have overestimated the capacity of the EAs, and relied too heavily on NGOs to carry out the social mobilization and health education components, without gauging their capability and integrity.

(iii) The Project had too many subcomponents for each component, many of which took the guise of activities within the subcomponents. As a result, the resources were too thinly spread to cover everything, thus diluting the impact of the Project in

the target communities. A narrower project scope with clearly focused interventions could have brought about better results and helped achieve the goal of the Project.

(iv) A system of accountability must be clearly defined for all parties involved and effective mechanisms for controlling leakages should be put in place to offset private interests.

(v) A PCU that is well integrated with an appropriate organic unit of the EA will be more effective than a stand-alone structure with a short life.

(vi) The loan should not be made effective unless full-fledged PCUs, each staffed by a competent and experienced project team, have already been established. Start-up delays can thus be minimized.

(vii) Effective monitoring and evaluation tools are essential for an assessment of the progress and impact of project implementation. In the Project, too many indicators were selected for BME, assumed data sources were inappropriate, and major surveys were unrealistically left to government financing.

(viii) To ensure the recruitment of the most suitable experts, detailed terms of reference, relevant qualifications, the level of technical competence, and previous work experience in similar geographical situations and social structures should be specified for potential consultants.

C. Recommendations

1. Project-Related

65. The following recommendations are made for future monitoring:

(i) The EAs should not be satisfied with mere implementation of project activities. The MOH and provincial DOHs should continue to monitor project inputs and outputs to ensure the sustainability of project activities and impact. They should regularly check the project improvements and impact.

(ii) The EAs should fully implement the referral system developed under the Project by hiring the much-needed specialist doctors and other staff. Patient care (particularly outpatient care), quality of services, and use of the improved health facilities need to be closely monitored.

2. General

66. The availability of a trained, motivated, and evenly spread health workforce is a prerequisite for effective and efficient health service delivery. Unfortunately, no well-defined policies or plans for human resource development exist in the health sector; these need to be developed to address the acute shortage of trained and skilled staff to run the health facilities, particularly in rural areas. The Government may consider strengthening the cadre of community midwives under its new MNCH program to ensure the provision of community-based maternal and child care services among underserved populations.

67. Health care is funded mainly by the federal and provincial governments. The proportion of gross domestic product spent on health has declined, from 0.8% in 1996 to 0.5% in 2006, compared with the 5% benchmark for spending on essential health services in developing countries. The Government should consider adequately financing the health sector, as the

present inequitable health system with high out-of-pocket expenditures has failed to protect the poor from the catastrophic expenditures associated with ill health.

68. Each district has established a DHMT to oversee health-care services at all levels. But professional, managerial, and governance deficiencies in the district health system have resulted in poor health outcomes. The Government might therefore make a concerted effort to align the malfunctioning district health systems with the devolution process.

PROJECT FRAMEWORK

Design Summary	Performance Targets	Monitoring	Assumptions and Risks
Goals			
Improve the health of women, girls, and infants, and reduce maternal mortality, disability, and fertility, as well as infant and child mortality, in 20 districts in 6 years	Maternal deaths reduced from 500 to 350 per 100,000 live births Crude birth rate reduced from 45 to 34 per 1,000 live births Infant mortality rate (girls) reduced from 117 to 96 per 1,000 live births Child mortality rate (girls) reduced from 158 to 128 per 1,000 live births	Household survey Hospital records	Maternal mortality ratio is not suitable for assessing the impact of the Project External factors affect rates
Objectives			
Expand basic women's health interventions to underserved populations	Contraceptive prevalence rate of married women aged 15–44 increased from 10% to 30%	Household survey	Adequate supplies can be assured Social constraints can be managed
Develop 20 woman-friendly district health systems	Percentage of pregnant women who receive two doses of tetanus toxoid vaccine increased from 47 to 70% Education messages received by 70% of targeted audience and understood by 40%	Household survey Special education impact studies	At least 70% of population has access to mass media Midwives are trained in time
Develop institutional and human resource capacity	50% increase in use of targeted health facilities Percentage of deliveries receiving skilled help increased from 10% to 20% Number of cesarean sections in the district increased from less than 1% to 3% of expected deliveries Availability of qualified female staff in targeted facilities increased from 60% to 80%	Health management information system Hospital reports	Specialists/Nurses are posted

Design Summary	Performance Targets	Monitoring	Assumptions and Risks
Outputs			
Community-based care through LHWs	8,000 LHWs added	Program report	Government approves contracting of LHWs
Safe-delivery campaigns	Campaigns conducted in all targeted districts	Program report	District health officer accepts team approach
Health education through counseling, mass media, village theater, and pamphlets	Specified communications prepared, pretested, and evaluated		Civil works are completed on time
Functioning DHMTs	20 DHMTs meet and report on their activities monthly	Minutes of DHMT meetings and supervision by provincial team	Post of additional district health officer is sanctioned
Quality women's health services	100% improvement in staff attitude, as reported by women		
Social mobilization	Social mobilization by NGOs in 20 districts		
More nurses, midwives, specialists, and female managers	2,000 midwives, 240 LHVs, and a total of 300 specialists, nurses, and managers trained		
Supportive policies and structures	20 districts have additional district health officers in charge of maternal and child care		
Inputs			
Consulting services in district management, health education, midwifery	54 person-months of international and 212 person-months of national consultant services	Quarterly, district, and program reports	Government agrees to consulting services
System development for maternal and child care	20 hospitals improved to provide obstetric emergency care		Provinces committed to strengthening system
District capacity building through contracted NGOs	Training capacity increased for 20 midwives per district, 40 LHVs per province		Suitable NGOs can be contracted
Upgrading, equipment, and provisioning of maternal services and schools	20 districts with functioning monitoring system and doing surveys		
Training and fellowships			
Monitoring and surveys			

DHMT = district health management team, LHV = lady health visitor, LHW = lady health worker, NGO = nongovernment organization.

SUMMARY OF CIVIL WORKS

Province and/or District	DHQ Hospital	THQ Hospital	Civil Hospital	RHC	BHU	MCH Center	Doctor's Residence	Midwifery/ PHN School and Hostel	Others
Federal									
- Islamabad Capital	—	—	—	3[b]	—	3[a]	—	—	1PNC[a]
Punjab									
- Gujranwala	1[c,d]	2[c]	—	10[d]	—	—	—	—	—
- Sargodha	1[b]	2[b]	—	15[d]	—	—	—	—	—
- Bahawalpur	-	2[c]	—	10[d]	—	—	—	—	—
- Bhakar	1[d]	3[c,d]	—	3[d]	—	—	—	—	—
- Rajanpur	1[c,d]	1[c]	—	2[d]	—	—	—	—	—
- Multan	-	1[c]	—	3[d]	—	—	—	—	1MCH[a]
- Jhelum	1[c]	1[c]	—	2[d]	—	—	—	—	—
- Hafizabad	1[b]	—	—	4[d]	—	—	—	—	—
Balochistan									
- Khuzdar	1[d]	—	—	2[b]	9[b]	—	—	—	3CD[b]
- Jaffarabad	-	—	1[b]	1[d]	23[b]	5[b]	—	—	22CD[b]
- Loralai	1[c,d]	1[b,c,d]	—	1[b]	8[b]	2[b]	—	—	11CD[b]
- Panjgur	1[c,d]	—	—	1[b]	10[b,d]	4[b]	—	—	10CD[b]
NWFP									
- Swat	1[c,d]	—	3[c,d]	—	—	—	—	—	—
- Swabi	1[c,d]	1[c,d]	1[b,c]	1[d]	—	—	—	1[a]	—
- D. I. Khan	1[b,c,d]	—	2[a,b,c]	1[d]	—	—	—	—	—
- Shangla	1[b,c,d]	—	—	—	—	—	—	—	—
- Kohat	—	—	1[b,c,d]	5[d]	—	—	—	—	—
Sindh									
- Badin	—	5[b]	—	5[b]	37[b,d]	3[b]	3[a]	—	—
- Mirpurkhas/Umerkot	—	2[b]	—	7[b]	61[b,d]	3[b]	3[a]	3[a,b]	1WH[a]
- Noshehro Feroze	—	2[b]	—	8[b]	20[b,d]	—	3[a]	1[a]	—
- Shikarpur	—	5[b]	—	2[b]	26[b,d]	4[b]	—	—	—
- Karachi	—	—	—	5[b]	26[b,d]	12[b]	—	1[b]	1RC,5AB[a]
- Sanghar	—	—	—	5[b]	54[b,d]	4[b]	—	—	—
- Tharparkar	—	—	—	9[b]	27[b,d]	8[b]	—	—	—
- Dadu	—	—	—	8[b]	11[b,d]	2[b]	—	—	—
- Thatta	—	—	—	8[b]	48[b,d]	3[b]	—	—	—
- Hyderabad	—	—	—	9[b]	7[b,d]	5[b]	—	—	1WH[a]
- Larkana	—	—	—	5[b]	7[b,d]	2[b]	—	1[b]	1WH[a]
- Nawabshah	—	—	—	4[b]	28[b,d]	2[b]	—	1[b]	—
- Ghotki	—	—	—	2[b]	15[b,d]	1[b]	—	—	—
- Khairpur	—	—	—	—	8[b,d]	—	—	—	—
- Jacobabad	—	—	—	3[b]	7[b,d]	3[b]	—	—	—
- Sukkur	—	—	—	2[b]	25[b,d]	—	—	1[b]	1MH[b,]

— = not applicable, AB = administrative block, BHU = basic health unit, CD = civil dispensary, DHQ = district headquarters, MCH = maternal and child health hospital, PNC = Pakistan Nursing Council, RC = resource center, RHC = rural health center, THQ = tehsil (subdistrict) headquarters, WH = warehouse.

Note: Each MCH center includes, among others, female staff duty rooms, a labor room, and a two-bed observation room.

[a] New construction.

[b] Renovation/Rehabilitation.

[c] Addition of gynecologic and obstetric ward.

[d] Addition of labor room.

Source: Federal and provincial project coordination units, 2007

COMPLETE LIST OF CIVIL WORKS, BY PROVINCE/DISTRICT

Province	District	Name of Facility	Nature of Work	Started	Completed	Amount (PRs)
Federal	Islamabad	Pakistan Nursing Council	Construction of admin block and residences	May-06	Dec-06	31,358,679
		RHC Bara Kahu	Construction of MCH center	Aug-03	Jan-05	631,410
		RHC Tarlai	Construction of MCH center	Sep-03	Jan-05	630,410
		RHC Sihala	Construction of MCH center	Sep-03	Dec-04	630,410
Punjab	Gujranwala	DHQ Hospital	Construction of GYN and OB block	Jun-04	Jul-06	2,687,252
		THQ Hospital, Kamoke	Construction of GYN and emergency ward	Jun-04	Dec-06	1,138,900
		THQ Hospital, Wazirabad	Construction of GYN and emergency ward	Jun-04	Dec-06	1,502,488
		RHC Ghakhar	Construction of labor room	May-03	Dec-06	411,926
		RHC Rasool Nagar	Construction of labor room	May-03	Aug-03	469,496
		RHC Ahmad Nagar	Construction of labor room	May-03	Apr-06	442,008
		RHC Ali Pur Chatta	Construction of labor room	Dec-03	Nov-06	516,509
		RHC Sodhra	Construction of labor room	Apr-04	Dec-06	508,953
		RHC Noshera Virkan	Construction of labor room	Jun-04	Apr-06	599,860
		RHC Qila Didar Singh	Construction of labor room	Jun-04	Aug-06	457,526
		RHC Eminabad	Construction of labor room	Jun-04	Dec-06	528,569
		RHC Whando	Construction of labor room	Sep-04	Aug-06	579,602
		RHC Dhonkal	Construction of labor room	Jun-06	Dec-06	623,756
					Total	**10,466,845**
	Sargodha	DHQ Hospital	Improvement and upgrading	Dec-03	Dec-06	688,526
		THQ Sillanwali	Improvement and renovation	Aug-04	Mar-06	5,943,836
		THQ Shahpur	Improvement and renovation	Jun-03	Sep-05	750,637
		RHC Bhera	Construction of labor room	May-03	Dec-06	442,242
		RHC Chak 104/NB	Construction of labor room	May-03	Nov-05	428,066
		RHC Chak 90/SB	Construction of labor room	May-03	Dec-06	257,996
		RHC Miani	Construction of labor room	May-03	Jul-05	449,442
		RHC Farooqa	Construction of labor room	May-03	Aug-05	385,103
		RHC Kot Momin	Construction of labor room	Jun-04	Jun-05	625,690
		RHC Moazmabad	Construction of labor room	Jun-04	Jun-06	568,810
		RHC Sahiwal	Construction of labor room	May-03	Nov-05	428,066
		RHC Jhawarian	Construction of labor room	May-03	May-05	449,812
		RHC Chak 46 SB	Construction of labor room	May-03	Dec-06	474,412
		RHC Bhabra	Construction of labor room	Dec-03	Dec-05	514,684
		RHC Mid Ranjha	Construction of labor room	Dec-03	May-05	472,002
		RHC Lilliani	Construction of labor room	Jan-04	Jun-05	520,930
		RHC Phullarwan	Construction of labor room	Jan-04	Mar-05	464,176
		RHC Bhagtanwala	Construction of labor room	May-03	Mar-05	421,373
					Total	**14,285,803**

Province	District	Name of Facility	Nature of Work	Started	Completed	Amount (PRs)
	Bahawalpur	THQ Hospital, Hasilpur	Construction of GYN and labor room	May-03	Dec-06	939,029
		THQ Hospital,Yazman	Construction of labor/pediatric block	Jun-04	Dec-06	5,115,280
		RHC Choonanwala	Construction of labor room	May-03	Jul-05	513,529
		RHC Khanqah Sharif	Construction of labor room	Aug-03	Aug-06	445,373
		RHC Lal Sohanra	Construction of labor room	Oct-03	Aug-06	319,654
		RHC Mubarikpur	Construction of labor room	Aug-03	Dec-06	423,355
		RHC Head Rajkhan	Construction of labor room	May-03	May-05	479,249
		RHC Qaim Pur	Construction of labor room	May-03	Dec-06	428,267
		RHC Uch Sharif	Construction of labor room	Sep-04	Dec-06	430,355
		RHC Dera Bakha	Construction of labor room	Sep-04	Dec-06	437,833
		RHC Channi Goth	Construction of labor room	Sep-04	Aug-05	494,049
		RHC Khutri Banglow	Construction of labor room	Sep-04	Dec-06	462,705
					Total	**10,488,678**
	Bhakkar	DHQ Hospital	Construction of labor room	Sep-03	Jun-06	488,084
		THQ Hospital Mankera	Construction of labor room	Sep-03	Jun-06	316,304
		THQ Hospital, Darya Khan	Construction of GYN and pediatric wards	Sep-03	May-05	4,449,117
		THQ Hospital, Kallor Kot	Construction of GYN and pediatric wards	Feb-06	Dec-07	1,499,842
		RHC Behal	Construction of labor room	Sep-03	Aug-05	351,574
		RHC Jandanwala	Construction of labor room	Sep-03	Dec-06	370,689
		RHC Dullewala	Construction of labor room	Sep-03	Dec-06	242,216
					Total	**7,717,826**
	Rajanpur	DHQ Hospital	Construction of maternity block	Mar-03	May-05	1,801,893
		THQ Hospital, Jampur	Construction of GYN and emergency wards	Jun-05	Dec-06	912,157
		RHC Bangla Ichha	Construction of labor room	Mar-03	Nov-05	480,640
		RHC Harrand	Construction of labor room	Mar-03	Jul-05	454,181
					Total	**3,648,871**
	Multan	Fatima Jinnah Hospital	Construction of entire hospital	Apr-06	Dec-06	22,880,177
		THQ Hospital, Shuhjabad	Construction of GYN and emergency wards	Jul-04	Dec-06	1,008,589
		RHC Kotli Nijabat	Construction of labor room	Jul-03	Jan-06	347,608
		RHC Makhdoom Rashid	Construction of labor room	Jul-03	Jul-06	416,126
		RHC Matotali	Construction of labor room	Mar-04	Oct-05	477,461
					Total	**25,129,961**
	Jhelum	DHQ Hospital	Construction of GYN and emergency wards	Feb-04	Dec-06	2,257,730
		THQ Hospital, P. Dadan Khan	Construction of GYN and emergency wards	Oct-04	Aug-05	979,651
		RHC Domeli	Construction of labor room	Apr-03	Mar-06	497,689
		RHC Lilla	Construction of labor room	Mar-03	Mar-06	436,072
					Total	**4,171,142**
	Hafizabad	DHQ Hospital	Improvement and upgrading	Aug-04	Dec-06	18,357,518
		RHC Kalekee	Construction of labor room	Jan-04	Dec-06	528,453

Province	District	Name of Facility	Nature of Work	Started	Completed	Amount (PRs)
		RHC Venike Tarar	Construction of labor room	Jan-04	May-06	539,741
		RHC Jalapur Bhattian	Construction of labor room	Jan-04	Dec-05	491,868
		RHC Sukheke	Construction of labor room	Mar-04	May-06	523,205
					Total	**20,440,785**
NWFP	Swat	DHQ Hospital, Saidu Sharif	Construction of casualty/OPD block, tutors'/nurses' hostel, 40-bed GYN, 20-bed pediatric ward, 20-bed nursery, 4 operating theaters, and 4 doctors' residences	Feb-02	Jan-05	46,789,692
		Civil Hospital, Madyan	Construction of OPD/casualty block, 20-bed GYN/children's ward, 1 nurses' hostel, 4 doctors' residences, ambulance shed, 10,000-gallon overhead tank; internal road development; and repair/rehabilitation of residential/nonresidential buildings	Apr-03	Apr-05	23,009,825
		Civil Hospital, Matta	Construction of OPD/casualty/GYN blocks, 20-bed ward (GYN/children's), labor room, 10-bed nursery ward, 10-bed nurses' hostel, 4 Category III residences; and internal road development	Apr-03	Apr-05	19,837,094
		Civil Hospital, Manglower	Construction of labor room	Apr-03	Apr-05	2,585,647
					Total	**92,222,258**
	Swabi	DHQ Hospital Shah Mansoor	Construction of 40-bed ward, operating theater, labor room, 1 nurses' hostel, and emergency/ICU block	Mar-02	Apr-04	20,556,235
		THQ Hospital, Lahor	Upgrading from BHU to THQ; construction of doctors' residences, 1 nurses' hostel, and casualty/OPD block	Nov-02	Dec-04	27,623,570
		Civil Hospital, Topi	Construction of residential/nonresidential buildings,1 nurses' hostel; improvement of hospital building and external gas supply	Dec-02	Dec-03	10,898,508
		RHC Ambar Kunda	Construction of labor room	Dec-02	Dec-03	3,027,089
		Public Health School	Contruction of public health school	Jan-06	Dec-06	3,151,797
					Total	**65,257,199**
	D. I. Khan	DHQ/Zanana Hospital	Construction of 80-bed ward, 50-bed students' hostel, operating theaters, emergency/labor/ recovery rooms, nursery ward; renovation of operating theater and dismantling of 2 private rooms; construction of Category III residences, 10-bed ward, and blood bank	Oct-02	Jul-03	23,088,625

Province	District	Name of Facility	Nature of Work	Started	Completed	Amount (PRs)
		Civil Hospital, Daraban	Construction of 10-bed GYN ward and OPD block; renovation of dispensary block; conversion of dental clinic into operating theater/lab; and renovation of 2 residential quarters	Oct-02	Apr-03	3,936,000
		RHC Paroa	Construction of labor room	Oct-02	Apr-03	3,299,084
		Civil Hospital Chaudwan	Improvement of building	Oct-02	Apr-03	1,999,454
					Total	**32,323,163**
	Shangla	Alpuri Hospital	Construction of 40-bed wards (20 GYN and 20 pediatric), 10-bed nurses' hostel, OPD/casualty block, 2 Category III residences, and labor room	Nov-02	Oct-04	**16,329,512**
	Kohat	Civil Hospital, Shakardara	Construction of OPD/casualty block, 10-bed ward, labor room, GYN ward/OPD ward, 3 doctors' residences, 4-bed nursery ward, 1 nurses' hostel, boundary wall, 5,000-gallon overhead tank, and underground reservoir	Mar-03	Feb-05	20,012,312
		Liaqat Memorial Hospital	Renovation, including internal/external power supply, sanitary installation, and internal gas	Mar-03	Feb-05	1,009,777
		RHC Naryab	Improvement of labor room	Mar-03	Feb-05	498,323
		RHC Gumbat	Improvement of labor room	Mar-03	Feb-05	513,981
		RHC Usterzai	Improvement of labor room	Mar-03	Feb-05	512,839
		RHC Chorlaki	Improvement of labor room	Mar-03	Feb-05	498,685
		RHC Lachi	Improvement of labor room	Mar-03	Feb-05	500,000
					Total	**23,545,917**
Sindh	Shikarpur	Package A	Renovation and rehabilitation of BHUs, RHCs, THQ hospital; augmentation of labor rooms in BHUs; and upgrading of THQ hospitals	Jan-02	Jul-03	26,030,000
		Package M	Renovation and rehabilitation of THQ hospital, Lakhi Ghulam Shah	Dec-03	Jun-04	4,895,000
	Naushero Feroze	Package B	Renovation and rehabilitation of BHUs, RHCs; augmentation of labor rooms in BHUs; upgrading of THQ hospitals; and construction of midwives' hostel	Jan-02	Jul-03	27,874,000
		Package L	Construction of 6 bungalows for staff in THQ hospitals in Kandyaro and Moro	Dec-03	Nov-04	12,070,000
	Mirpurkhas	Package C	Renovation and rehablitation of BHUs, RHCs, THQ hospitals; augmentation of labor rooms in BHUs; and construction of midwives' hostel	Jan-02	Jul-03	20,264,000

Province	District	Name of Facility	Nature of Work	Started	Completed	Amount (PRs)
		Package F	Renovation of BHUs; rehabilitation of midwives' hostel; construction of drug godowns and LHV school and hostel	Apr-02	Apr-03	13,233,000
	Badin	Package D (I&II)	Upgrading and renovation of THQ hospitals; renovation of BHUs; augmentation of labor rooms; renovation and rehabilitation of RHCs and MCHs	Mar-02	Apr-03	31,324,000
		Package P	Construction of 3 bungalows at THQ hospital, Shaheed Fazil Rahu-Golarchi	Jan-04	Apr-05	7,130,000
	Larkana	Package E	Renovation of BHUs; construction of drug godowns and LHV school and hostel	Mar-02	Mar-03	15,650,000
	Hyderabad, Dadu & Karachi	Package G	Renovation of BHUs in Hyderabad and Dadu; construction of drug godown in Hyderabad, women's resource center in Karachi; and minor repairs in health units in Karachi	Sep-02	Sep-03	12,667,000
	Karachi	Package H	Renovation and repair of BHUs, midwives' hostel; construction of godown; and minor repairs in health units	Sep-02	Sep-03	7,774,000
	Sanghar, Tharparkar, Thatta and Umerkot	Package I	Renovation of BHUs/MCH, RHCs in Sanghar, Tharparkar, Thatta, and Umerkot districts; repair of utilities in health units	Nov-02	Nov-03	21,800,000
	Nawabshah, Khairpur, Naushero Feroze	Package J	Renovation of BHUs, MCH/RH centers in Nawabshah, Khairpur and Naushero Feroze districts; and repair of health units	Nov-02	Nov-03	14,400,000
	Sukkur, Jacobabad, Ghotki, Shikarpur	Package K	Renovation of BHUs, MCH/RH center in Sukkur, Jacobabad, Gotki, and Shikarpur districts including repair of utilities in health units	Nov-02	Nov-03	11,100,000
	Umerkot	Package N	Renovation and rehabilitation of THQ hospital	Dec-03	Nov-04	13,284,000
	Badin, Karachi	Package O	Renovation and rehabilitation of THQ hospital, Matli; renovation of planning, monitoring, and evaluation cell, DOH, government of Sindh, and P&D Department	Jan-04	Apr-05	8,189,000
					Total	**247,684,000**

Province	District	Name of Facility	Nature of Work	Started	Completed	Amount (PRs)
Balochistan	Khuzdar	BHU Badri	Renovation	Sep-03	Jul-04	59,000
		BHU Wahir	Renovation	Sep-03	Jul-04	75,000
		BHU Garuk	Renovation	Sep-03	Jul-04	1,069,000
		BHU A. Hazagangi	Renovation	Sep-03	Jul-04	696,000
		BHU Korask	Renovation	Sep-03	Jul-04	59,000
		DHQ Hospital	Construction of labor room	Sep-03	Jul-04	312,000
		RHC Zehri	Renovation and improvement	Mar-05	Jun-05	350,000
		BHU Chashma	Renovation and improvement	Mar-05	Jun-05	885,000
		Civil Dispensary, Balbal	Renovation and improvement	Mar-05	Jun-05	795,000
		Civil Dispensary, Mishk	Renovation and improvement	Mar-05	Jun-05	795,000
		BHU Hitachi Moola	Renovation and improvement	Mar-05	Jun-05	546,000
		RHC Karkh	Renovation and improvement	Mar-05	Jun-05	1,230,000
		Civil Dispensary, Kandhary	Renovation and improvement	Mar-05	Jun-05	822,000
		BHU Kanjar Mari	Renovation and improvement	Mar-05	Jun-05	822,000
		BHU Parko	Renovation and improvement	Mar-05	Jun-05	500,000
					Total	**9,015,000**
	Jaffarabad	Civil Dispensary, Adam Pur	Renovation and improvement	Aug-03	20-06-2004	300,601
		Civil Dispensary, Manihi Pur	Renovation and improvement	Aug-03	20-06-2004	129,225
		MCH Center, Manjhi Pur	Renovation and improvement	Aug-03	20-06-2004	479,623
		BHU Gharib Abad	Renovation and improvement	Aug-03	20-06-2004	107,000
		BHU Sohbat Pur	Renovation and improvement	Aug-03	20-06-2004	686,212
		MCH Center, Kandri	Renovation and improvement	Aug-03	20-06-2004	89,000
		Civil Hospital, Dera Allah Yar	Renovation and improvement	Aug-03	20-06-2004	372,116
		BHU Murad Ali	Renovation and improvement	Aug-03	20-06-2004	116,174
		MCH Center, Mir Hassan	Renovation and improvement	Aug-03	20-06-2004	335,827
		MCH Center, Mir Hassan	Renovation and improvement	Aug-03	20-06-2004	197,646
		MCH Center, Mir Hassan	Renovation and improvement	Aug-03	20-06-2004	72,768
		Civil Dispensary, Rasool Bux	Renovation and improvement	Aug-03	20-06-2004	338,497
		BHU Sibi Jadeed	Renovation and improvement	Aug-03	20-06-2004	153,000
		BHU Murad Ali	Renovation and improvement	Aug-03	20-06-2004	197,015
		BHU Abdul Aziz Khoso	Renovation and improvement	Aug-03	20-06-2004	362,281
		BHU Jhanda Talab	Renovation and improvement	Aug-03	20-06-2004	267,720
		Civil Hospital, Dera Allah Yar	Renovation and improvement	Aug-03	20-06-2004	127,214
		BHU Goth Ahmedabad	Renovation and improvement	Jun-06	Dec-06	68,000
		BHU Monder Kot	Renovation and improvement	Jun-06	Dec-06	52,000
		BHU Bagh Head	Repair of building	Jun-06	Dec-06	124,000
		Civil Dispensary, Noshki Jadid	Repair of building	Jun-06	Dec-06	31,000
		BHU Noor Pur	Renovation and improvement	Jun-06	Dec-06	472,883
		BHU Mehrab Khan Nindwani	Renovation and improvement	Jun-06	Dec-06	173,000
		Health Auxiliary, G. G. Mohd	Renovation and improvement	Jun-06	Dec-06	108,000
		Health Auxiliary, G. Kehar Kot	Renovation and improvement	Jun-06	Dec-06	108,000

Province	District	Name of Facility	Nature of Work	Started	Completed	Amount (PRs)
		BHU Noor Pur	Renovation and improvement	Jun-06	Dec-06	472,883
		BHU Mehrab Khan Nindwani	Renovation and improvement	Jun-06	Dec-06	173,000
		BHU Sahari Panhawar	Renovation and improvement	Jun-06	Dec-06	227,367
		Civil Dispensary Abdul Sattar	Renovation and improvement	Jun-06	Dec-06	144,000
		Civil Dispensary, Baloo Khan	Renovation and improvement	Jun-06	Dec-06	226,500
		Civil Dispensary Arz M. Bugti	Renovation and improvement	Jun-06	Dec-06	144,000
		Civil Dispensary I. K. Chalgri	Renovation and improvement	Jun-06	Dec-06	132,000
		Civil Dispensary, Hafeez Abad	Renovation and improvement	Jun-06	Dec-06	158,000
		BHU Taj Pur Jamali	Renovation and improvement	Jun-06	Dec-06	138,000
		Civil Dispensary, N. M. Jamali	Renovation and improvement	Jun-06	Dec-06	90,000
		Civil Dispensary, M. H. Brohi	Renovation and improvement	Jun-06	Dec-06	31,000
		Civil Dispensary, Peeral Abad	Renovation and improvement	Jun-06	Dec-06	89,000
		BHU Ali Abad Jamail	Renovation and improvement	Jun-06	Dec-06	124,200
		RHC Rojhan Jamali	Construction of labor room	Jun-06	Dec-06	635,000
		BHU Cattle Farm	Renovation and improvement	Jun-06	Dec-06	468,000
		BHU Cattle Farm	Renovation and improvement	Jun-06	Dec-06	184,500
		BHU Goth Allah Yar Khoso	Renovation and improvement	Jun-06	Dec-06	256,000
		BU Dirghi	Renovation and improvement	Jun-06	Dec-06	251,000
		BHU M. Ibrahim Kandrani	Renovation and improvement	Jun-06	Dec-06	216,300
		BHU Mullguzar	Renovation and improvement	Jun-06	Dec-06	292,000
		BHU Bakhtail	Renovation and improvement	Jun-06	Dec-06	643,000
		BHU Zulfiqar Abad	Renovation and improvement	Jun-06	Dec-06	110,000
		Civil Dispensary, A. R. Khoso	Renovation and improvement	Jun-06	Dec-06	200,000
		Civil Dispensary, Aliabad Gola	Renovation and improvement	Jun-06	Dec-06	149,500
		Civil Dispensary, S. A. Umrani	Renovation and improvement	Jun-06	Dec-06	74,700
		Civil Dispensary, P. K. Umrani	Renovation and improvement	Jun-06	Dec-06	117,000
		Civil Dispensary, Khan Pur	Renovation and improvement	Jun-06	Dec-06	65,000
		Civil Dispensary, Rojhan Jamli	Renovation and improvement	Jun-06	Dec-06	178,500
		MCH Center, Haji J.K. Bugti	Renovation and improvement	Jun-06	Dec-06	80,000
		MCH Center, Usta Muhammad	Renovation and improvement	Jun-06	Dec-06	70,600
		BHU Allah Dina Pind	Renovation and improvement	Jun-06	Dec-06	110,000
		Civil Dispensary, M. A. Khoso	Renovation and improvement	Jun-06	Dec-06	109,000
		Civil Dispensary, N. K. Khoso	Renovation and improvement	Jun-06	Dec-06	182,000
		BHU Jia Khan Khoso	Renovation and improvement	Jun-06	Dec-06	238,000
					Total	**11,602,969**
	Loralai	BHU Toor Thana	Renovation and improvement	Sep-03	Jun-04	345,000
		BHU Kach Amaqzai	Renovation and improvement	Sep-03	Jun-04	260,580
		BHU Katwi Nasar Abad	Renovation and improvement	Sep-03	Jun-04	1,099,000
		Civil Dispensary, Sargghund	Renovation and improvement	Sep-03	Jun-04	269,500
		Civil Dispensary, Sirgarah	Renovation and improvement	Sep-03	Jun-04	113,120
		Civil Dispensary, Chutialy Sharif (Nana Sab Ziarat Duki)	Renovation and improvement; overhead tank	Sep-03	Jun-04	1,555,000

Province	District	Name of Facility	Nature of Work	Started	Completed	Amount (PRs)
		Civil Dispensary, Bon Viala	Construction of 2-room staff quarters; repair, electrification; and external water supply	Sep-03	Jun-04	963,000
		Civil Dispensary, Cheenaalazi	Construction/Renovation of building	Sep-03	Jun-04	812,300
		Civil Dispensary, Dargai Sargazah	Construction of staff quarters and boundary wall	Sep-03		1,053,000
		THQ Hospital, Duki	Construction of overhead water tank; rehabilitation of sanitation system; electrification and repair of medical officers' bungalows	Sep-03	Jun-04	1,231,000
		RHC Ismail Shaher Duki	Construction of boundary wall, water pipeline, overhead water tank, labor room; rehabilitation of sanitation system; major repair of medical officer's bungalow; and overall repair of building and staff quarters	Sep-03	Jun-04	1,861,000
		MCH Center, Makher	Renovation and improvement	Jun-06	Dec-06	880,500
		Civil Dispensary, Bazawar	Renovation and improvement	Jun-06	Dec-06	329,500
		Civil Dispensary, Barmina Khn	Renovation and improvement	Jun-06	Dec-06	312,500
		BHU Mirjanzai	Renovation and improvement	Jun-06	Dec-06	268,500
		BHU Essazai	Renovation and improvement	Jun-06	Dec-06	329,500
		MCH Center, Viala Daki	Renovation and improvement	Jun-06	Dec-06	124,300
		Civil Dispensary, Malak R. Shabozai	Renovation and improvement	Jun-06	Dec-06	146,500
		Civil Dispensary, Hazar Shar	Renovation and improvement	Jun-06	Dec-06	110,000
		Civil Dispensary, Yaro Shar	Renovation and improvement	Jun-06	Dec-06	83,000
		BHU Musa Jan	Renovation and improvement	Jun-06	Dec-06	261,000
		Civil Dispensary, Mahiwal	Renovation and improvement	Jun-06	Dec-06	83,000
		BHU Thora Thana	Renovation and improvement	Jun-06	Dec-06	126,500
		BHU Killi Bughat	Renovation and improvement	Jun-06	Dec-06	300,000
					Total	**12,917,300**
	Panjgur	BHU Gowargo	Renovation and improvement	Apr-04	Jun-04	21,099
		BHU Gowargo	Renovation and improvement	Apr-04	Jun-04	102,000
		BHU Bonistan	Renovation and improvement	Apr-04	Jun-04	31,800
		MCH Center, Sordo	Renovation and improvement	Apr-04	Jun-04	33,700
		BHU Sordo	Renovation and improvement	Apr-04	Jun-04	50,000
		MCH Center, Tasp	Renovation and improvement	Apr-04	Jun-04	50,000
		BHU Essai	Construction of labor room	Apr-04	Jun-04	568,000
		BHU Washbood	Construction of toilets	Apr-04	Jun-04	102,000
		BHU Rahinigor	Renovation and improvement	Apr-04	Jun-04	65,000
		Civil Dispensary, Peel Koh	Renovation and improvement	Apr-04	Jun-04	65,000
		Civil Dispensary, Peel Koh	Renovation and improvement	Apr-04	Jun-04	305,000

Province	District	Name of Facility	Nature of Work	Started	Completed	Amount (PRs)
		Civil Dispensary, Panchi	Renovation and improvement	Apr-04	Jun-04	310,681
		Civil Dispensary, Panchi	Renovation and improvement	Apr-04	Jun-04	80,000
		Civil Dispensary, Noke Abad	Renovation and improvement	Apr-04	Jun-04	95,265
		Civil Disensary, Dasht Shahbaz	Renovation and improvement	Apr-04	Jun-04	81,186
		Civil Dispensary Singa Kalat	Renovation and improvement	Apr-04	Jun-04	310,681
		Civil Dispensary Shahbaz	Renovation and improvement	Apr-04	Jun-04	310,681
		Civil Dispensary, Dusht Shubaz	Renovation and improvement	Apr-04	Jun-04	81,186
		Civil Dispensary Pish Dup	Renovation and improvement	Apr-04	Jun-04	310,681
		Civil Dispensary, Sargwaz Ghick	Renovation and improvement	Apr-04	Jun-04	310,681
		BHU Nukar	Renovation and improvement	Apr-04	Jun-04	298,437
		Civil Dispensary, Gar	Renovation and improvement	Sep-03	Jun-04	294,000
		RHC Parome	Renovation and improvement	Sep-03	Jun-04	622,000
		BHU Sohroheel	Renovation and improvement	Sep-03	Jun-04	100,000
		BHU Hukker	Renovation and improvement	Sep-03	Jun-04	228,000
		MCH Center, Sordo	Construction of mini-laboratory	Sep-03	Jun-04	530,000
		MCH Center, Gramkan	Construction of mini-laboratory	Sep-03	Jun-04	530,000
		MCH Center, Tasp	Construction of mini-laboratory	Sep-03	Jun-04	530,000
		MCH Center, Essai	Renovation and improvement	Sep-03	Jun-04	118,000
		MCH Center, Tasp	Renovation and improvement	Sep-03	Jun-04	118,000
		BHU Washbood	Renovation and improvement	Sep-03	Jun-04	725,000
		BHU Gramkan	Renovation and improvement	Sep-03	Jun-04	171,000
		MCH Center, Gramkan	Renovation and improvement	Sep-03	Jun-04	175,000
		CD Sarawan Khubadadan	Renovation and improvement	Sep-03	Jun-04	100,000
		EPI Chitkan	Repair of EPI cold-chain store	Sep-03	Jun-04	327,000
					Total	**8,151,078**

BHU = basic health unit, CD = civil dispensary, DHQ = district headquarters, DOH = Department of Health, EPI = Expanded Program on Immunization, GYN = gynecologic, ICU = intensive care unit, LHV = lady health visitor, MCH = maternal and child health, OB = obstetric, OPD = outpatient department, P&D = planning and development, RHC = rural health center, THQ = tehsil (subdistrict) headquarters.

Source: Federal and provincial project coordination units, 2007

SUMMARY OF AMBULANCES AND OPERATIONAL VEHICLES PROCURED

Government	Ambulances	Jeeps/Pickup Vans/ Cars
Federal	0	26
Punjab	67	0
Sindh	21	15
North-West Frontier Province	14	14
Balochistan	16	9
Total	**118**	**64**

Source: Federal and provincial project coordination units, 2007

LIST OF AMBULANCES AND OPERATIONAL VEHICLES PROCURED, BY PROVINCE

Procured by	Supplied to		Type of Vehicle	Quantity
	Facility	District		
Federal	Jinnah Postgraduate Medical College	Federal	Van	1
	Pakistan Nursing Council	Federal	Van	1
	Pakistan Nursing Council	Federal	Car	1
	Project coordination unit	Federal	Jeep	1
	Project coordination unit	Federal	Van	1
	Project coordination unit	Federal	Car	1
	Public health nurses	Target districts	Jeep	20
Sindh	Project implementation unit	Karachi	Car	1
	Project implementation unit	Karachi	Car	4
	Project implementation unit	Karachi	Van	1
	Focal person	Mirpurkhas	Jeep	1
	Focal person	Badin	Jeep	1
	Focal person	Shikarpur	Jeep	1
	Focal person	Noushero Feroze	Jeep	1
	Director, maternal and child health	Karachi	Jeep	1
	Project implementation unit	Karachi	Jeep	1
	Project implementation unit	Karachi	Jeep	1
	Public health school	Mirpurkhas	Van	1
	Public health school	Larkana	Van	1
	Civil hospital	Noushero Feroze	Ambulance	1
	THQ hospital, Kandiaro	Noushero Feroze	Ambulance	1
	THQ hospital, Bhiria	Noushero Feroze	Ambulance	1
	THQ hospital, Moro	Noushero Feroze	Ambulance	1
	RHC, Tharu Shah	Noushero Feroze	Ambulance	1
	Civil hospital	Badin	Ambulance	1
	THQ hospital,Golarchi	Badin	Ambulance	1
	THQ hospital, Matli	Badin	Ambulance	1
	THQ hospital, Tando Bago	Badin	Ambulance	1
	THQ hospital, Tallar	Badin	Ambulance	1
	RHC, Kadan	Badin	Ambulance	1
	Civil hospital	Shikarpur	Ambulance	1
	THQ hospital, Khanpur	Shikarpur	Ambulance	1
	THQ hospital, Khanpur	Shikarpur	Ambulance	1
	THQ hospital, Lakhi	Shikarpur	Ambulance	1
	THQ hospital, Madeji	Shikarpur	Ambulance	1
	Hira Bai Ganga Hospital	Shikarpur	Ambulance	1
	RHC, Chore	Shikarpur	Ambulance	1
	THQ hospital, Umerkot	Umerkot	Ambulance	1
	THQ hospital, Kunri	Umerkot	Ambulance	1
	RHC, Dhoro Naro	Umerkot	Ambulance	1
NWFP	Executive district officer, health	Kohat	Ambulance	1
	Executive district officer, health	D. I. Khan	Ambulance	2
	Executive district officer, health	Shangla	Ambulance	1
	Executive district officer, health	Hangu	Ambulance	1
	Executive district officer, health	Swabi	Ambulance	2
	Executive district officer, health	Swat	Ambulance	2
	Executive district officer, health	Buner	Ambulance	1
	DHQ hospital	Swat	Ambulance	1
	DHQ hospital	D. I. Khan	Ambulance	1
	DHQ hospital	Hangu	Ambulance	1
	Civil hospital, Kalam	Swat	Ambulance	1
	Population welfare officers	Swabi	Pickup/Jeep	3
	Population welfare officers	Kohat	Pickup/Jeep	3

Procured by	Supplied to		Type of Vehicle	Quantity
	Facility	**District**		
	Population welfare officers	Swat	Pickup/Jeep	3
	Population welfare officers	D. I. Khan	Pickup/Jeep	3
	Project implementation unit	Peshawar	Car	1
	Project director, reproductive health	Peshawar	Car	1
Punjab	DHQ hospital	Gujranwala	Ambulance	1
	THQ hospital, Wazirabad	Gujranwala	Ambulance	1
	THQ hospital, Kamoke	Gujranwala	Ambulance	1
	RHC Ahmed Nagar	Gujranwala	Ambulance	1
	RHC Ali Pur Chatta	Gujranwala	Ambulance	1
	RHC Gakkhar	Gujranwala	Ambulance	2
	RHC Eminabad	Gujranwala	Ambulance	1
	RHC Noshera Virkan	Gujranwala	Ambulance	1
	RHC Qila Didar Singh	Gujranwala	Ambulance	1
	RHC Wahndoo	Gujranwala	Ambulance	1
	DHQ hospital	Jhelum	Ambulance	1
	THQ hospital, Pind Dadan Khan	Jhelum	Ambulance	1
	RHC Dina	Jhelum	Ambulance	1
	RHC Domeli	Jhelum	Ambulance	1
	RHC Lillah	Jhelum	Ambulance	1
	DHQ hospital	Hafizabad	Ambulance	2
	THQ hospital, Pindi Bhattian	Hafizabad	Ambulance	1
	RHC Kaleke	Hafizabad	Ambulance	1
	RHC Sukheki	Hafizabad	Ambulance	1
	RHC Jalalpur Bhattian	Hafizabad	Ambulance	1
	RHC Vanike Tarar	Hafizabad	Ambulance	1
	DHQ hospital	Sargodha	Ambulance	1
	THQ hospital, Shahpur	Sargodha	Ambulance	1
	THQ hospital, Sillanwali	Sargodha	Ambulance	1
	THQ hospital, Bhalwal	Sargodha	Ambulance	1
	Moula Bukhsh Hospital	Sargodha	Ambulance	1
	RHC Sahiwal	Sargodha	Ambulance	1
	RHC Bhera	Sargodha	Ambulance	1
	RHC Kot Momen	Sargodha	Ambulance	1
	RHC Miani	Sargodha	Ambulance	1
	RHC Chak 104 SB	Sargodha	Ambulance	1
	RHC Chak 50 SB	Sargodha	Ambulance	1
	RHC Bhabhra	Sargodha	Ambulance	1
	DHQ hospital	Rajanpur	Ambulance	1
	THQ hospital, Jampur	Rajanpur	Ambulance	1
	THQ hospital, Rojhan	Rajanpur	Ambulance	1
	RHC Harand	Rajanpur	Ambulance	1
	RHC Bangla Ichha	Rajanpur	Ambulance	1
	DHQ hospital	Bhakkar	Ambulance	1
	THQ hospital, Kalur Kot	Bhakkar	Ambulance	1
	THQ hospital, Mankara	Bhakkar	Ambulance	1
	RHC Dullewala	Bhakkar	Ambulance	1
	RHC Jandawala	Bhakkar	Ambulance	1
	RHC Behal	Bhakkar	Ambulance	1
	RHC Darya Khan	Bhakkar	Ambulance	1
	Fatima Jinnah Hospital	Multan	Ambulance	1
	Civil hospital	Multan	Ambulance	1
	THQ hospital, Shujabad	Multan	Ambulance	1
	THQ hospital, Jalalpur Pirwala	Multan	Ambulance	1
	RHC Makhdoom Rashid	Multan	Ambulance	1
	RHC Matotali	Multan	Ambulance	1
	RHC Kotli Nijabat	Multan	Ambulance	1

Procured by	Supplied to: Facility	Supplied to: District	Type of Vehicle	Quantity
	King Edward Medical University	Lahore	Ambulance	1
	THQ hospital, Yazman	Bahawalpur	Ambulance	1
	THQ hospital, Hasilpur	Bahawalpur	Ambulance	1
	RHC Channi Goth	Bahawalpur	Ambulance	1
	RHC Choonawala	Bahawalpur	Ambulance	1
	RHC Dera Bhabha	Bahawalpur	Ambulance	1
	RHC Head Rajkan	Bahawalpur	Ambulance	1
	RHC Kutribangla	Bahawalpur	Ambulance	1
	RHC Lal Sonhara	Bahawalpur	Ambulance	1
	RHc Mobarak Pur	Bahawalpur	Ambulance	1
	RHC Qaim Pur	Bahawalpur	Ambulance	1
	RHC Uch Sharif	Bahawalpur	Ambulance	1
	RHC Knagah Sharif	Bahawalpur	Ambulance	1
Balochistan	DHQ hospital	Khuzdar	Ambulance	6
	DHQ hospital	Panjgur	Ambulance	3
	DHQ hospital	Loralai	Ambulance	4
	DHQ hospital	Jaffarabad	Ambulance	3
	Project implementation unit	Quetta	Pickup/Jeep	2
	Human Resource Development Center	Quetta	Van	1
	Executive district officer, health	Khuzdar	Pickup/Jeep	1
	Executive district officer, health	Khuzdar	Van	1
	Executive district officer, health	Punjgur	Pickup/Jeep	1
	Executive district officer, health	Loralai	Pickup/Jeep	1
	Executive district officer, health	Loralai	Van	1
	Executive district officer, health	Jaffarabad	Pickup/Jeep	1

DHQ = district headquarters, NWFP = North-West Frontier Province, RHC = rural health center, THQ = tehsil (subdistrict) headquarters.

Source: Federal and provincial project coordination units, 2007

LIST OF FELLOWSHIPS AND TRAINING PROGRAMS, BY PROVINCE

Province/Course Topics	Participants	Venue	Duration	Number of Participants	Person-Months
Punjab					
District Health Plan	District health staff	Local	6 days	1,506	301
Essential Maternal and Newborn Care (Basic/Advanced)	Health staff	Local	6 days	2,754	551
Mid-level Managers in Good Management Practices	District managers	Local	6 days	118	24
Public Health (MCH) and Health Administration	Nurses	Local	1 year	22	264
Postgraduate diploma in Gynecology and Anesthesia (DGO/DA)	Doctors	Local	10 months	46	460
Neonatal Care	Doctors	Local	6 days	40	8
Lady Health Visitors	LHVs	Local	3 days	115	12
Community Organizers	Community leaders	Local	6 days	99	20
Health Management Team	Health managers	Local	2 days	78	5
Midwifery	Midwives	Local	1 year	1,098	13176
Health Service Providers in Inter Personnel Communication Skills	Health staff	Local	3 days	2,134	213
Health Services Providers on Safe Delivery	Medical officers/LHVs	Local	3 days	693	69
Refresher Training	LHVs/LMTs/Midwives	Local	3 days	548	55
Refresher Training	TBAs	Local	2 days	1,159	77
Health Service Providers on Community-Based Family Planning	Health staff	Local	3 days	537	54
				10,947	**15,289**
NWFP					
Master of Public Health (International Health Development)	Medical officers	Foreign	13 months	8	104
Midwifery	Midwives	Local	18 months	122	2,196
EmOC Services	WMOs/LHVs/Nurses	Local	12 months	363	4,356
Management Training for Senior MCH Staff	MCH officers/Managers	Local	1 month	66	66
Family Planning	WMOs/Medical officers	Local	1 month	18	18
Community Organizers	Community leaders/Councilors/TBAs	Local	15 days	674	337
Health and Nutrition Education, Family Planning	Health staff	Local	6 days	240	48
Master of Public Health	Health professionals	Local	1 year	56	672
Training of Lady Health Visitors	LHVs	Local	2 years	155	1,860
Diploma in Public Health	LHVs	Local	3 months	83	249
Essential Maternal and Newborn Care (Advanced)	Health staff	Local	6 days	404	81
Essential Maternal and Newborn Care (Basic)	Health staff	Local	6 days	904	181
				3,093	**10,168**
Balochistan					
Postgraduate (DGO, Gynecology/Obstetrics)	WMOs	Local	1 year	2	24
Postgraduate (DCPS, Gynecology/Obstetrics)	WMOs	Local	2 years	8	192
Postgraduate (FCPS, Gynecology/Obstetrics)	WMOs	Local	4 years	1	48
Financial Management	EDO (H), DDO (H), PIU/DOH staff	Local	15 days	18	9
Project Orientation Workshop	DHMT, health staff, PCU staff	Local	2 days	200	13
Health Planning and Management	DHMT members	Local	6 days	23	5
Reproductive Health Services Orientation	District nazims, DCOs, EDO (H), DDO (H)	Local	5 days	17	3
Management and Supervision	District nazims, DCOs, EDO (H), DDO (H)	Local	10 days	14	5

Province/Course Topics	Participants	Venue	Duration	Number of Participants	Person-Months
Health Management System and Research	EDO (H), DDO (H)	Local	1 month	4	4
Maternal and Child Health and Family Planning (RH)	Assistant district officer, health	Local	15 days	8	4
Primary Health Care and Health System Development	DDO, health	Local	21 days	4	3
Community-Based Social Development	EDO, health; PIU staff	Local	21 days	6	4
Health Management Information System (Basic)	District staff	Local	4 days	319	43
Information Workshop	District staff	Local	2 days	221	15
Evidence-Based Decision Making	District manager	Local	4 days	21	3
Basic Computer Skills	District computer operators	Local	45 days	10	15
Statistical Data Management and Analysis	District computer operators	Local	21 days	5	4
Refresher Training in Gynecology/Obstetrics	LHVs/ FMTs	Local	15 days	90	45
Primary Health Care	LHVs, dispensers, medical technicians	Local	4 days	240	32
Supervisory	LHWs	Local	2 days	25	2
Safe Delivery	TBAs	Local	15 days	939	470
Pre-Service Training	Medical students	Local	5 days	286	48
Training of Trainers	Tutors	Local	10 days	40	13
Health Education, IEC, Advocacy, and Maternal and Child Health	Female councilors	Local	4 days	545	73
				3,046	**1,074**
Sindh					
Postgraduate (Master of Public Health)	Medical doctors	Local	2 years	11	264
Postgraduate (Master of Public Health)	Medical doctors	Local	1 year	30	360
Health Education	Provincial health staff	Local	6 days	25	5
Family Planning	Provincial health staff	Local	6 days	25	5
Orientation on EmOC Protocols	TBAs	Local	6 days	25	5
Teaching/Learning Techniques	Provincial health staff	Local	6 days	20	4
Basic/Advanced Maternal and Neonatal Care	Provincial health staff	Local	6 days	19	4
Health Facility Management	Provincial health staff	Local	6 days	25	5
EmOC Protocols for Gynecologists	Gynecologists/Provincial health staff	Local	15 days	5	3
Health Education of Medics	District health staff	Local	6 days	98	20
Health Management Information System Refresher	District health staff	Local	6 days	120	24
EmOC Training	District health staff	Local	5 days	110	18
Health Facility Management	District health staff	Local	6 days	101	20
DHMT Training	District health staff	Local	6 days	64	13
Clean Delivery Practices	TBAs	Local	3 days	620	62
Use of Information Education Communication	LHWs	Local	3 days	80	8
Behavior Change Communication	Village health committee members	Local	3 days	248	25
Orientation on Clean Delivery/Practices	TBAs/LHWs	Local	3 days	211	21
Ultrasound	Medical doctors	Local	45 days	15	23
Obstetrics and Anesthesia Training	Medical doctors	Local	3 months	7	21
C/B-EmOC	Medical doctors	Local	3 months	9	27
Midwifery	Midwives	Local	15 months	256	3840
Lady Health Visitors	LHVs	Local	27 months	191	5157
				2,315	**9,933**

Province/Course Topics	Participants	Venue	Duration	Number of Participants	Person-Months
Federal					
Postgraduate (Master of Public Health)	Medical doctors	Local	1 year	28	336
Training of Inspectors for Nursing Institutes	Principals/Nursing superintendents/Nurses	Local	6 days	144	29
Training of Nurses Working in Clinical Area	Nursing superintendents/Head nurses	Local	6 days	155	31
Training of Nursing Instructors	Principal/Senior and junior nursing instructors	Local	6 days	162	32
Training of Nursing Leaders	Nursing officers	Local	15 days	38	19
Consultative Workshop for Revision of Nursing Manuals	Nursing officers	Local	6 days	13	3
Training of Health and Charge Nurses of PIMS	Charge and head nurses	Local	2 days	68	5
Course for District Master Trainers on EmOC Protocols	District health staff	Local	10 days	68	23
Short-Term Study Tour	DHMT	Local	2 days	26	2
				702	**479**

DHMT = district health management team, EmOC = emergency obstetric care, LHV = lady health visitor, LHW = lady health worker, NWFP = North-West Frontier Province, TBA = traditional birth attendant, WMO = woman medical officer.

Source: Federal and provincial project coordination units, 2007

LIST OF IEC MEDIA CAMPAIGNS, BY PROVINCE

Government	Activity	Media	Duration	No. of Episodes
Balochistan				
	Pushto Drama	PTV Bolan	25 minutes each	13
	Brahvi Drama	PTV Bolan	25 minutes each	13
	Balochi Drama	PTV Bolan	25 minutes each	13
	Puppet Show	Stage show	4 in each district	16
	Audiocassettes in Balochi, Brahvi/Pashto	Audiocassettes	2,960 cassettes	0
	Radio Talks	Radio	15 minutes each	45
NWFP				
	Women Education (Pushto)	PTV/Radio	38 seconds	267
	Pregnant Women – LHV (Pushto)	PTV/Radio	59 seconds	1,014
	Pregnant Women – Diet (Pushto)	PTV/Radio	25 seconds	225
	Tubercolosis (Pushto)	PTV/Radio	76 seconds	163
	I. D. D. (Pushto)	PTV/Radio	54 seconds	209
	AIDS (Pushto)	PTV/Radio	44 seconds	130
	Pregnant Women – Reproductive (Hindko)	PTV/Radio	37 seconds	260
	Tubercolosis (Pushto)	PTV/Radio	57 seconds	465
	Antismoking (Hindko)	PTV/Radio	41 seconds	248
	Women's Rights (Pushto)	PTV/Radio	57 seconds	148
	R. T. I. (Pushto)	PTV/Radio	36 seconds	252
	Breast-feeding	PTV/Radio	67 seconds	250
	Domestic Violence (Pushto)	PTV/Radio	40 seconds	392
	Malaria (Pushto)	PTV/Radio	42 seconds	274
	Abortion (Pushto)	PTV/Radio	51 seconds	1,161
	Personal Hygiene (Pushto)	PTV/Radio	53 seconds	73
	Safe-Delivery Kit (Pushto)	PTV/Radio	60 seconds	259
	Lactating Mothers (Pushto)	PTV/Radio	47 seconds	488
	Domestic Environment	PTV/Radio	40 seconds	32
	Independence Day Supplement	Print Media	Newspapers	11
	World Women's Day	Print Mediia	Newspapers	65
Federal				
	Prenatal Care	TV/Radio	51 seconds	133
	Prenatal Care	TV/Radio	32 seconds	3,897
	Postnatal Care	TV/Radio	37 seconds	54
	Early Marriage	TV/Radio	49 seconds	58
	Women's Right to Health	TV/Radio	38 seconds	20
	Girls' Rights	TV/Radio	28 seconds	15
	Girls' Rights	TV/Radio	35 seconds	57
	Girls' Rights (Jingle)	TV/Radio	56 seconds	7
	Girls' and Women's Rights (Jingle)	TV/Radio	62 seconds	2
	Obstetric Emergency	TV/Radio	37 seconds	175
	Emergency Obstetric Care	TV/Radio	45 seconds	4,341
	Roles of Nurses	TV/Radio	39 seconds	36
	Nursing	TV/Radio	30 seconds	3,870
	Nursing	TV/Radio	56 seconds	5
	Nursing (Jingle)	TV/Radio	48 seconds	2
	Danger Signs	TV/Radio	37 seconds	4
	Adaptation	TV/Radio	31 Seconds	7,692
	Adaptation	TV/Radio	36 seconds	75
	Adaptation	TV/Radio	38 seconds	16,548
	Clean Delivery Kit	TV/Radio	29 seconds	6,545
	Safe Delivery	TV/Radio	62 seconds	2
	Safe Delivery	TV/Radio	30 seconds	22
	Birth Preparedness	TV/Radio	51 seconds	2,552

Government	Activity	Media	Duration	No. of Episodes
	Anmol Rishta	TV	8 minutes	11
	Antenatal Care	TV/Radio	40 seconds	15
	Antenatal Care	TV/Radio	71 seconds	6,250
	Newborn Care	TV/Radio	35 seconds	24
	Mehtab Deen Di Baithak	Radio	15 minutes	16
Punjab				
	Health Education	Radio	30 seconds	160
	Beta Naimat Beti Rehmat	Radio	30 seconds	599,360
	Beta Naimat Beti Rehmat	Radio	30 minutes	156
	Danger Signs/Medicines/Food	Radio	30 seconds	154
	Women's Health Awareness	TV	30 seconds	588
	Health Awareness	TV	30 seconds	10290
	Production of Women's Health Campaigns	TV	30 seconds	359
	Health Education for Public Awareness	Print Media	108 cm	16
	Health Education for Public Awareness	Print Media	27 cm x 4 columns	147
Sindh				
	Women's Health Awareness Campaign	TV	49 seconds	589

IEC = information, education, and communication, NWFP = North-West Frontier Province, PTV = public television.

Source: Federal and provincial project coordination units, 2007

MAJOR TECHNICAL OUTPUTS

Trainer's Manual on Social Mobilization

Trainer's Manual on Social Mobilization in Urdu

Report on Maternal Mortality Reduction

Information, Education, and Communication Material on Emergency Obstetric Care

Report on Formative Research on Maternal and Newborn Care Behaviors

Manual on Newborn Care

Report on Advocacy and Sensitization

Protocols for the Management of Obstetric Complications

Report on Nursing Issues in Pakistan

Training Package for Inspectors of Nursing Educational Institutions

Training Package for Nursing Services

Nursing Manual for Mother and Infant Care

Source: Federal project coordination unit, 2007

LIST OF NONGOVERNMENT ORGANIZATIONS RECRUITED, BY PROVINCE/DISTRICT

Province	District	Nongovernment Organization	Contract Period	
			Started	Completed
Balochistan	Khuzdar Punjgur Loralai Jaffarabad	For lack of reputable NGOs, this component was dropped altogether, and the savings diverted to the civil works category for the renovation/ rehabilitation of project facilities.	—	—
NWFP	Swabi	Swabi Women Welfare Society	Sep-03	Dec-06
	D. I. Khan	SERVE	Oct-03	Dec-06
	Kohat	Global Development Program	Oct-03	Dec-06
	Swat	Society for Awareness (SAHAR)	Sep-03	Dec-06
Punjab	Rajanpur	Women's Rural Development Organization	Dec-05	Dec-06
	Bahawalpur	Pak Rural Worker's Social Organization	Dec-05	Dec-06
	Hafizabad	Bunyad Literacy Community Organization	Dec-05	Dec-06
	Gujranwala, Jhelum, Sargodha, Bhakkar, Multan	For lack of reputable NGOs, this component was not implemented in these five districts.	—	—
Sindh	Badin	Badin Rural Development Society	May-03	Dec-06
	Naushero Feroze	Sahkar Dost Welfare Association	May-03	Dec-06
	Mirpur Khas	Sami Samaj Sujag Sangat	May-03	Dec-06
	Shikarpur	Development Planning Management Graduates	May-03	Dec-06

NWFP = North-West Frontier Province.

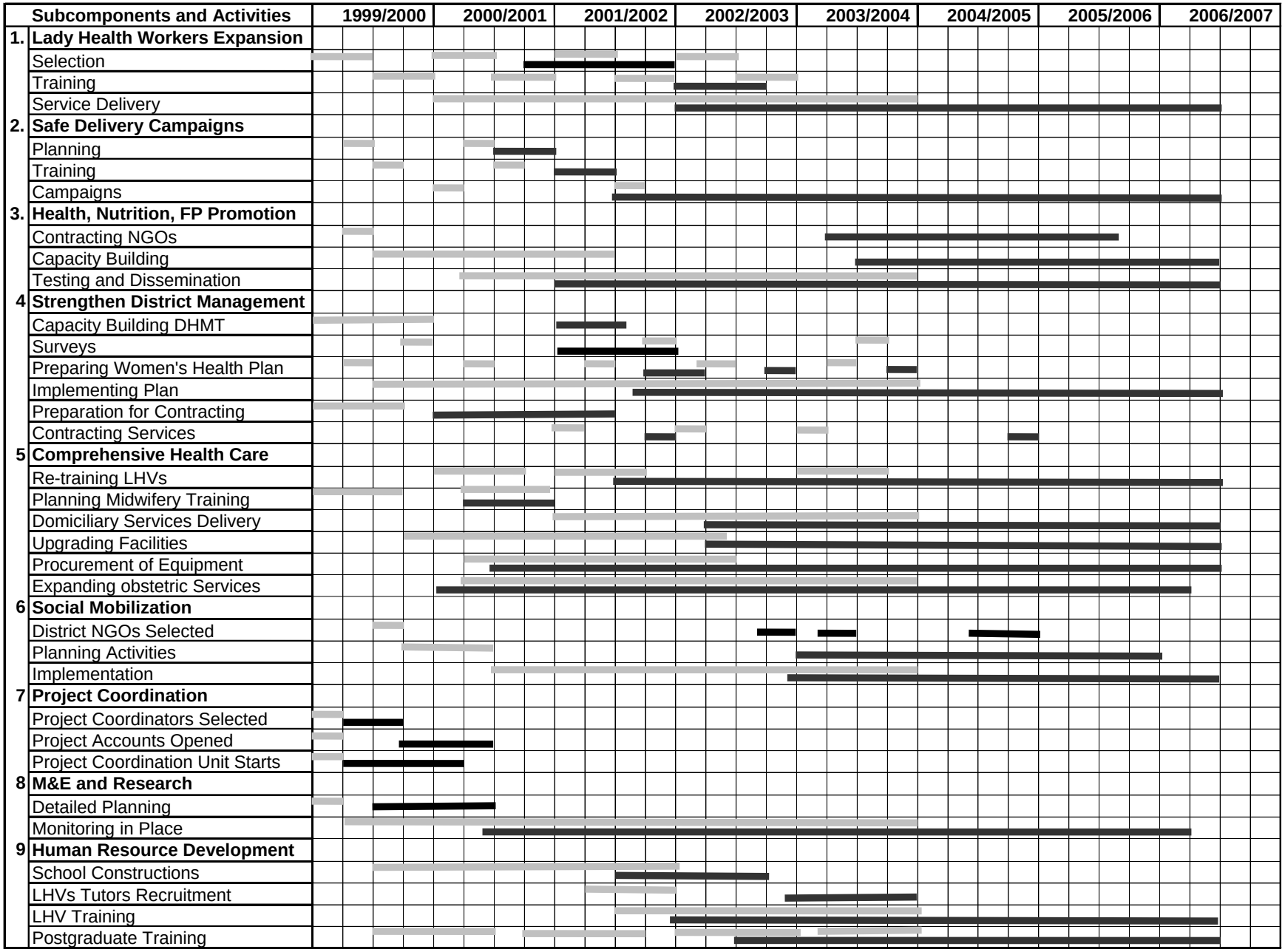
Source: Provincial project coordination units, 2007

SUMMARY OF PROJECTED AND ACTUAL CONTRACT AWARDS AND DISBURSEMENTS, BY YEAR
($ million)

	Contract Awards			Disbursement		
Year	**Projected**	**Actual**	**% of Total**	**Projected**	**Actual**	**% of Total**
2000	0.000	0.000	0	0.500	1.900	4
2001	1.750	0.403	1	1.500	0.557	1
2002	4.000	4.125	9	3.000	3.368	7
2003	4.900	6.600	14	3.800	6.964	15
2004	13.000	8.218	17	10.000	8.562	18
2005	10.500	6.986	15	10.000	7.887	17
2006	12.000	8.122	17	11.000	4.396	9
2007	3.000	5.122	11	3.000	5.652	12
Total	**49.150**	**39.576**	**84**	**42.800**	**39.286**	**83**

Source: ADB's loan financial information system

IMPLEMENTATION SCHEDULE



Source: Executing Agency Project Completion Report 2007

STATUS OF COMPLIANCE WITH LOAN COVENANTS

Loan Covenant	Reference in Loan Agreement	Status of Compliance
1. (a) The Borrower shall cause the Project to be carried out with due diligence and efficiency and in conformity with sound administrative, financial, engineering, environmental, public health and family planning practices.	Article IV, Section 4.01	Complied with.
2. (b) Except as the Borrower and the Bank may otherwise agree, and without prejudice to, or limitation on, the obligation of the Borrower under this Loan Agreement, the responsibility of each Project Executing Agency for carrying out the different components of the Project shall be as provided in this Loan Agreement.	Article IV, Section 4.01	Complied with.
3. (c) In the carrying out of the Project and operation of the Project facilities, the Borrower shall perform, or cause to be performed, all obligations set forth in Schedule 6 to this Loan Agreement.	Article IV, Section 4.01	Complied with.
4. The Borrower shall make available, promptly as needed, the funds, facilities, services, land and other resources which are required, in addition to the proceeds of the Loan, for the carrying out of the Project and for the operation and maintenance of the Project facilities.	Article IV, Section 4.02	Complied with.
5. (a) In the carrying out of the Project, the Borrower shall cause competent and qualified consultants and contractors, acceptable to the Borrower and the Bank, to be employed to an extent and upon terms and conditions satisfactory to the Borrower and the Bank.	Article IV, Section 4.03	Complied with.
6. (b) The Borrower shall cause the Project to be carried out in accordance with plans, design standards, specifications, work schedules and construction methods acceptable to the Borrower and the Bank. The Borrower shall furnish, or cause to be furnished to the Bank, promptly after their preparation, such plans, design standards, specifications and work schedules, and any material modifications subsequently make therein, in such detail as the Bank shall reasonably request.	Article IV, Section 4.03	Complied with.
7. The Borrower shall ensure that the activities of its departments and agencies with respect to the carrying out of the Project and operation of the Project facilities are conducted and coordinated in accordance with sound administrative policies and procedures.	Article IV, Section 4.04	Complied with.
8. (a) The Borrower shall make arrangements satisfactory to the Bank for insurance of the Project facilities to such extent and against such risks and in such amounts as shall be consistent with sound practice.	Article IV, Section 4.05	Partly complied with. Vehicles insured, but not other project facilities.
9. (b) Without limiting the generality of the foregoing, the Borrower undertakes to insure, or cause to be insured, the goods to be imported for the Project and to be financed out of the proceeds of the Loan against hazards incident to the acquisition, transportation and delivery thereof to the place of use or installation, and for such insurance any indemnity shall be payable in a currency freely usable to replace or repair such goods.	Article IV, Section 4.05	Complied with.

10. (a) The Borrower shall maintain, or cause to be maintained, records and accounts adequate to identify the goods, services and other items of expenditure financed out of the proceeds of the Loan, to disclose the use thereof in the Project, to record the progress of the Project (including the cost thereof) and to reflect, in accordance with consistently maintained sound accounting principles, the operations and financial condition of the agencies of the Borrower responsible for the carrying out of the Project and operation of the Project facilities, or any part thereof.	Article IV, Section 4.06	Complied with.
11. (b) The Borrower shall (i) maintain, or cause to be maintained, separate accounts for the Project; (ii) have such accounts and related financial statements audited annually, in accordance with appropriate auditing standards consistently applied, by independent auditors whose qualifications, experience and terms of reference are acceptable to the Bank; (iii) furnish to the Bank, as soon as available but in any event not later than 12 months after the end of each related fiscal year, certified copies of such audited accounts and financial statements and the report of the auditors relating thereto (including the auditors' opinion on the use of the Loan proceeds and compliance with the covenants of this Loan Agreement as well as on the use of the procedures for the imprest accounts and statements of expenditures issued for the Project), all in the English language; and (iv) furnish to the Bank such other information concerning such accounts and financial statements and the audit thereof as the Bank shall from time to time reasonably request.	Article IV, Section 4.06	Complied with.
12. (a) The Borrower shall furnish, or cause to be furnished, to the Bank all such reports and information as the Bank shall reasonably request concerning (i) the Loan, and the expenditures of the proceeds and maintenance of the service thereof; (ii) the goods, services and other items of expenditure financed out of the proceeds of the Loan; (iii) the Project; (iv) the administration, operations and financial condition of the agencies of the Borrower responsible for the carrying out of the Project and operation of the Project facilities, or any part thereof; (v) financial and economic conditions in the territory of the Borrower and the international balance-of-payments position of the Borrower; and (vi) any other matters relating to the purposes of the Loan.	Article IV, Section 4.07	Complied with.
13. (b) Without limiting the generality of the foregoing, the Borrower shall furnish, or cause to be furnished, to the Bank quarterly and annual reports on the carrying out of the Project (including Project activities and key result areas) and on the operation and management of the Project facilities. Such reports shall be submitted in such form and in such detail and within such a period as the Bank shall reasonably request, and shall indicate, among other things, progress made and problems encountered during the quarter or year under review, steps taken or proposed to be taken to remedy these problems, and proposed program of activities and expected progress during the following quarter or year.	Article IV, Section 4.07	Complied with.

14. (c) Promptly after physical completion of the Project, but in any event not later than three months thereafter or such later date as may be agreed for this purpose between the Borrower and the Bank, the Borrower shall prepare and furnish to the Bank a report, in such form and in such detail as the Bank shall reasonably request, on the execution and initial operation of the Project, including its cost, the performance by the Borrower of its obligations under this Loan Agreement and the accomplishment of the purposes of the Loan.	Article IV, Section 4.07	Complied with. However, the quality of EA's project completion report was not up to the mark.
15. The Borrower shall enable the Bank's representatives to inspect the Project, the goods financed out of the proceeds of the Loan and any relevant records and documents.	Article IV, Section 4.08	Complied with.
16. The Borrower shall ensure that the project facilities are operated, maintained and repaired in accordance with sound administrative, financial, engineering environmental, and maintenance and operational practices.	Article IV, Section 4.09	Complied with. However, operation and maintenance was not fully satisfactory.
17. (a) It is the mutual intention of the Borrower and the Bank that no other external debt owed a creditor other than the Bank shall have any priority over the Loan by way of a lien on the assets of the Borrower. To that end, the Borrower undertakes (i) that, except as the Bank may otherwise agree, if any lien shall be created on any assets of the Borrower as security for any external debt, such lien will ipso facto equally and ratably secure the payment of the principal of, and interest charge and any other charge on, the Loan; and (ii) that the Borrower, in creating or permitting the creation of any such lien, will make express provision to that effect.	Article IV, Section 4.10	Complied with.
18. (b) The provisions of paragraph (a) of this Section shall not apply to (i) any lien created on property, at the time of purchase thereof, solely as security for payment of the purchase price of such property; or (ii) any lien arising in the ordinary course of banking transactions and securing a debt maturing not more than one year after its date.	Article IV, Section 4.10	Complied with.
19. (c) The term "assets of the Borrower" as used in paragraph (a) of this Section includes assets of any political subdivision or any agency of the Borrower and assets of any agency of any such political subdivision, including the State Bank of Pakistan and any other institution performing the functions of a central bank for the Borrower.	Article IV, Section 4.10	Complied with.
20. (a) Within one month after the Effective Date, the Borrower and each province shall establish a National Steering Committee (NSC) and a Provincial Steering Committee (PSC), respectively, under the Project. Each Steering Committee shall be responsible for reviewing Project progress and providing guidance and policy support under the Project.	Schedule 6, para. 1	Complied with.
21. (b) The NSC shall be headed by the Secretary, MOH and shall include representatives from MOH, the Ministry of Planning and Development, the Economic Affairs Division of the Ministry of Finance, the Ministry of Population Welfare, each PHD, the Women's Health Forum, UNICEF, and any interested stakeholder nominated by the Borrower.	Schedule 6, para. 1	Complied with.

22. (c) Each PSC shall be headed by the Secretary, PHD and shall include representatives from the Department of Health, the Department of Planning and Development, the Department of Finance, DOPW, the Women's Health Forum, UNICEF, and any interested stakeholder nominated by the Province concerned.	Schedule 6, para. 1	Complied with.
23. (a) the Secretary, MOH shall be responsible for the overall coordination of the Project with the agencies of the Borrower and the Provinces concerned, any Cofinancier and the Bank.	Schedule 6, para. 2	Complied with.
24. (b) The Secretary, MOH and the Secretary of each PHD shall be responsible for the overall organization and execution of their respective Project components.	Schedule 6, para. 2	Complied with.
25. (a) The Director General, MOH and the Director General of each PHD shall be responsible for planning, implementation and monitoring of their Project components under the guidance of the Secretary, MOH and the Secretary of each PHD, respectively.	Schedule 6, para. 3	Complied with.
26. (b) The Director General, MOH shall be assisted by a Deputy Director General (DDG) or another officer at the equivalent level responsible for MCH/FP to coordinate day-to-day Project planning, implementation and monitoring with the Federal health Program directors concerned. The officer responsible for MCH/FP shall organize monthly meetings under the Project, which shall be chaired by the Director General MOH, with the Federal Health Program directors concerned to review Project progress and prepare action plans for the ensuing month.	Schedule 6, para.3	Complied with.
27. (c) The Director General of each PHD shall be assisted by a Deputy Director (DD) or another officer at the equivalent level responsible for MCH/FP to coordinate day-to-day Project planning, implementation and monitoring with the DHOs concerned. The officer responsible for MCH/FP shall organize monthly meetings under the Project, which shall be chaired by the Director General of each PHD, with the DHOs concerned to review Project progress and prepare action plans for the ensuing month.	Schedule 6, para. 3	Complied with.
28. Prior to the Effective Date, the Borrower and each Province shall set up a Project Coordination Unit (PCU) within the MCH/FP Directorate or its equivalent at the federal and provincial levels, respectively, to provide administrative and technical support under the Project, and to monitor the progress of the Project. The federal Project Coordination Unit (FCU) shall be headed by a full-time Deputy Director General, MCH/FP or its equivalent as the project Coordinator. Each provincial PCU shall be headed by a full-time Deputy Director, MCH/FP or its equivalent as the Project Coordinator. Each PCU shall include a Deputy project Coordinator (MCH/FP), a project accountant, a monitoring and evaluation officer, a project engineer, and support staff. In addition, Punjab shall establish, within three months after the Effective Date, an additional PCU in southern Punjab. Punjab shall (i) appoint an additional project Coordinator to head this PCU; and (ii) ensure that this PCU includes adequate technical and support staff.	Schedule 6, para. 4	Complied with.

29. (a) Each Province shall ensure that the District Health Management Team (DHMT) in each project district plans, implements and monitors women's health development in the district concerned. Each DHMT shall be headed by a District Health officer (DHO) who shall be responsible for the operations of the DHMT. The Additional District Health Officer (ADHO) for MCH/FP shall be the Secretary, DHMT for women's health development and shall be responsible for day-to-day coordination of Project activities in the district. The other members of the DHMT shall include a representative from DOPW and a representative from the NGO selected to assist the DHMT in carrying out project activities at the district level.	Schedule 6, para. 5	Complied with.
30. (b) Within nine months after the Effective Date, each province shall ensure that each DHMT prepares a District Women's Health Plan (DWHP) and obtains Bank approval of the DWHP. Each Province shall ensure that each DHMT obtains Bank approval of the annual work plans proposed under the DWHP.	Schedule 6, para. 5	Complied with.
31. Within six months after the Effective Date, each Province shall ensure that the DHMTs are functioning in the Project districts. Each Province shall ensure that the DHMTs continue to function during and after the project implementation period. Each DHMT shall meet at least monthly during project implementation and shall submit monthly progress reports on its activities under the Project.	Schedule 6, para. 6	Complied with.
32. The Borrower shall obtain the approval of the Bank of each Federal Health program. The Borrower shall ensure that the activities proposed under each such Program are included in the Annual Operation Plan.	Schedule 6, para. 7	Complied with.
33. Within one year after the Effective Date, each Province shall select and contract a nongovernment organization (NGO) for each project district to assist the DHMT, carry out social mobilization activities, and provide health services, as determined by the DHMT concerned, in accordance with arrangements satisfactory to the Bank.	Schedule 6, para. 8	Partly complied with. The provinces of Sindh and NWFP contracted 4 NGOs each. The province of Punjab contracted NGOs in 3 out of 8 districts. For lack of reputable NGOs, Punjab did not hire NGOs in 5 districts, and Balochistan dropped the subcomponent altogether.
34. Within three months after the Effective Date, the Borrower and each Province shall strengthen their respective MCH/FP Directorates or its equivalent to improve planning, implementation and monitoring of MCH/FP services in accordance with an action plan agreed by the Borrower, the Provinces and the Bank. The Borrower and each Province shall inform the Bank of the progress of such implementation by 31 December of each year of project implementation.	Schedule 6, para. 9	Complied with.
35. Each Province shall ensure that the Project Coordinator of its PCU shall province, on the basis of financial plans submitted by the DHMTs concerned, the necessary funds to the DHMTs concerned from its Imprest Fund Account.	Schedule 6, para. 10	Complied with.

36. The Borrower and each Province shall ensure that adequate allocations and releases are made in their respective budgets from the Annual Development Plans for the Project for each fiscal year commencing from fiscal year 1999/2000 to provide recurrent costs under the Project for staff salaries, and operation and maintenance of the project facilities.	Schedule 6, para. 11	Partly complied with. Staff salaries were provided, but very meager amounts allocated each year for the operation and maintenance of the project facilities.
37. Within one year after the Effective Date, or at a later date as the Bank may otherwise agree, the Borrower shall have obtained the UNICEF Contribution and the OPEC Fund Loan or shall have made other arrangements satisfactory to the Bank, to fund the amount intended to be provided by the UNICEF Contribution and the OPEC Fund Loan.	Schedule 6, para. 12	Partly complied with. UNICEF share was not available to the Project but UNICEF provided technical assistance. The Government did not avail OPEC Loan being expensive.
38. Each Province shall limit the transfer of the DHOs and the ADHOs for MCH/FP Directorate or its equivalent in each project district to less than once a year during and after project implementation.	Schedule 6, para. 13	Partly complied with. Transfers were made as and when required.
39. Within six months after the Effective Date, each Province shall (i) make the training capacity in the midwifery program available for LHWs; and (ii) appoint at least one community nurse in each project district.	Schedule 6, para. 14	Complied with.
40. Within one year after the Effective Date, each Province shall increase the training capacity for midwives in each project district by 30% in accordance with targets agreed by the Bank and each Province.	Schedule 6, para. 15	Complied with.
41. Within three months after the Effective Date, the Borrower shall engage a chief technical advisor to provide technical advice to MOH and the PHDs on project implementation.	Schedule 6, para. 16	Partly complied with. Technical Advisor was engaged after 2 years of loan Effective Date.
42. (a) Each PCU shall prepare a program on foreign and local fellowships for the project staff under the Project. Within one year after the Effective Date, each PCU shall submit to the Bank for its approval the program on the fellowships to be provided under the Project. The program shall include detailed criteria and procedures of selection of trainees, proposed venues for the fellowships, and an implementation schedule.	Schedule 6, para. 17	Partly complied with. Local fellowships were provided. However, due to government's ban no foreign fellowship was awarded except NWFP which selected candidates and sent them to John More University-UK for one year diploma in Health Sciences.
43. (b) MOH and each PHD shall ensure that a strict system of selection and bonding is adopted in connection with the foreign fellowships provided under the Project to ensure that recipients of such fellowships continue their services in a women's health-related field for a reasonable period upon completion of their training.	Schedule 6, para. 17	Complied with. The Government of NWFP devised a strict merit based selection criteria and transparent procedures for the selection of candidates from the target districts.

		In all other provinces and FCU the foreign training component was converted into local trainings.
44. The Borrower and each province shall ensure that all civil works provided under the Project are carried out in accordance with the Bank's Environmental Guidelines for Selected Infrastructure projects.	Schedule 6, para. 18	Complied with.
45. The Borrower, each Province, any Confinancier and the Bank shall monitor the implementation and progress of the Project through at least two reviews in each year of project implementation. Each review shall be conducted by the parties on the planning, implementation and monitoring of project activities, contracting and financial management, quality of civil works carried out, procurement and use of equipment, and identifying reasons for any delays in project implementation addressing such delays.	Schedule 6, para. 19	Complied with. Not two but only one mission per year was fielded.
46. During project implementation, MCH, through the federal PCU, and each PHD, through its provincial PCU, shall carry out benefit monitoring and evaluation (BME) activities, as agreed by the Bank, for their respective Project components. Each PCU shall have at least one staff responsible for carrying out BME activities in accordance with key indicators agreed upon by the Borrower and the Bank.	Schedule 6, para. 20	Partly complied with. Baseline data collected in all 20 districts, analysis done, and reports published. The FCU planed to conduct third party evaluation, but later on cancelled the contract due to weak capacity of the selected firm.
47. MOH shall evaluate the benefits of the Project after the Project has been completed in accordance with a schedule and terms of reference to be agreed upon by MOH and the Bank.	Schedule 6, para. 21	Complied with.
48. A midterm review on all aspects of the Project shall be carried out by the Borrower, the Provinces, any Confinancier and the Bank in the third year of project implementation, or at any other time as may be agreed upon by the parties. The results of the midterm review including an assessment of the Project's objectives against key result areas, shall be discussed by the parties and if required, appropriate corrective measures shall be formulated to ensure successful project implementation and achievement of the Project objectives.	Schedule 6, para. 22	Partly complied with. In place of MTR, a special loan administration mission was fielded in 2004.
48. The Borrower and the Provinces shall continue to hold policy dialogue with the Bank on health sector issues related to the Project.	Schedule 6, para. 23	Complied with.

DHMT = district health management team, DHO = district health officer, DOPW = Department of Population Welfare, MOH = Ministry of Health, PHD = provincial health department.

SUMMARY OF CONSULTING SERVICES

Consultant	Brief Terms of Reference	Total Appraised (person-months)		Total Actual (person-months)	
		International	National	International	National
National Technical Adviser	Provide technical input to the planning and development of women-friendly district health systems through the district focus approach, including DHMT capacity building, women's health plan development, NGO contracting, procurement, disbursement, and monitoring.	24	0	24	0
Balochistan Technical Adviser	Provide technical input to the planning and development of women-friendly district health systems through the district focus approach, including DHMT capacity building, women's health plan development, NGO contracting, procurement, disbursement, and monitoring.	0	24	0	26
Women's Health Education Program Development (Firm)	Assist MOH and the PHDs in preparing, implementing, and monitoring a strategic plan for the development of a strong health education program in the country, including its financial and capacity-building requirements and organizational setup.	24	98	0	54
Domiciliary Midwife Program Development Firm	Assist the MOH and PHDs in preparing, implementing, and monitoring a strategic plan for the development of a strong domicialary midwifery program in each project district or division, and in setting up a training and support system with the help of the PHDs.	4	18	0	0

Consultant	Brief Terms of Reference	Total Appraised (person-months)		Total Actual (person-months)	
		International	National	International	National
Civil Works Design and Construction Supervision Firm	Finalize the design, specifications, schedules of rates; prepare packages for construction; inspect and supervise construction; and inform the concerned project director/ coordinators about any deviation in civil works implementation for action and reporting to the Government and ADB.	0	36	0	0
Other Consulting Services	These additional consulting services were to be identified as needed during project implementation.	2	36	0	0

ADB = Asian Development Bank, DHMT = district health management team, MOH = Ministry of Health, NGO = nongovernment organization, PHD = provincial health department.

Source: Federal and provincial project coordination units, 2007

ASSESSMENT OF OVERALL PROJECT PERFORMANCE

Criterion	Assessment	Rating (0–3)	Weight (%)	Weighted Average
Relevance	Relevant	2	20	0.4
Effectiveness	Effective	2	30	0.6
Efficiency	Less efficient	1	30	0.3
Sustainability	Likely	2	20	0.4
Overall Rating	**Successful**		**100**	**1.7**

Highly Successful: Overall weighted average of at least 2.7.
Successful: Overall weighted average of 1.6 to less than 2.7.
Partly Successful: Overall weighted average of 0.8 to less than 1.6.
Unsuccessful: Overall weighted average of less than 0.8.