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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation
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Abbreviations

- **ASSIST**: USAID Applying Science to Strengthen and Improve Systems Project
- **CEA**: Cost-effective analysis
- **CYP**: Couple-years of protection
- **DALY**: Disability-adjusted life year
- **FP**: Family planning
- **FP/RH**: Family planning and reproductive health
- **MOH**: Ministry of Health
- **NGO**: Non-governmental organization
- **SSF**: Suraj Social Franchise
- **URC**: University Research Co., LLC
- **USAID**: United States Agency for International Development
- **WRA**: Women of reproductive age
1 Introduction
The USAID Mission in Pakistan requested in April 2016 that the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project conduct two cost-effectiveness analyses (CEA) on activities that USAID had supported in Pakistan in previous years. One is a maternal and child vaccination program, and the other is a family planning program.

- **Maternal and child vaccination program:** From March 2014 to July 2016, USAID implemented a program of community-based advocacy, registration of children and women eligible for vaccination, and capacity development of the district health management teams to improve their monitoring and supervision systems to increase the demand for vaccination services. The activity was conducted by John Snow International. USAID Pakistan requested the USAID ASSIST Project to determine the cost-effectiveness of the program in order to evaluate whether it should be scaled up in its current form or modified.

- **Family planning program:** USAID Pakistan has also supported a voucher program between October 2013 and June 2016 implemented by the Ministry of Health (MOH) whereby women of reproductive age were given vouchers for family planning consultations, contraception services, and goods to improve access to such fertility services. The mission requested that ASSIST conduct a cost-effectiveness analysis of this program to determine its level of efficiency to guide recommendations for scale-up or modification.

The purpose of the cost-effectiveness analyses is to provide information on program efficiency to USAID and local and national public health officials as the basis for evidence-based decision-making for continuation of these programs when USAID support for them ceases.

In July 2016, ASSIST started these studies, and in FY17 the project will complete them and present the results.

Scale of USAID ASSIST’s Work in Pakistan

![Map of Pakistan with Health Systems Strengthening indicated in blue]

2 Program Overview

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<th>What are we trying to accomplish?</th>
<th>At what scale?</th>
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<td>1. Cost-effectiveness analysis of vaccination program</td>
<td>Intervention and subsequent CEA study was conducted in 4 districts of Sindh Province</td>
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<td><strong>• Provide rigorous objective information of the efficiency of the vaccination promotion program</strong></td>
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<td>2. Cost-effectiveness analysis of family planning voucher program</td>
<td>Intervention was conducted in 29 districts of Sindh Province and 3 districts in Punjab Provinces; all were considered in the analysis</td>
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<td><strong>• Provide rigorous objective information of the efficiency of the family planning voucher program</strong></td>
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3 Key Activities, Accomplishments, and Results

Activity 1. Cost-effectiveness analysis of vaccination program

BACKGROUND
Immunization coverage in Pakistan remains low despite recent efforts by provincial and national Ministries of Health. Reasons include a lack of political commitment, unreliable vaccine supplies, high cost, motivation deficits among the Extended Program for Immunization Program staff, and scarcity of monitoring, evaluation and reporting data. The Government of Sindh Province sought technical assistance from USAID to improve immunization uptake in four low-coverage districts: Jacobabad, Kashmore, Tharparkar, and Thatta. This evaluation estimated the effectiveness and efficiency of increasing immunization uptake and thereby improving population health. It used cost-effectiveness analysis from the perspective of the funder, USAID, and the health system.

KEY ACCOMPLISHMENTS AND RESULTS
The total cost of the immunization promotion program implemented in these four districts from the perspective of the program funder, USAID, was $1.56 million since its inception in February 2014. About 440,000 children and women were immunized through the program, and the overall cost-effectiveness comparing it to business-as-usual from the USAID perspective was US$1.30 per disability-adjusted life year (DALY) averted. If the Sindh Department of Health was to implement the intervention, either by paying for an implementing partner such as John Snow International or implementing the program with their own staff, they would have a US$10 million or more return on investment because of the money they would save by not having to provide treatment to so many children afflicted with vaccine-preventable illnesses. This result is not sensitive to any feasible changes in the input variables. The relative efficiency of the program supports its implementation more widely in other parts of Pakistan, especially where immunization uptake remains low. The relatively low cost per DALY averted considering the funder’s perspective suggests the intervention could have a large impact on the welfare of women and children with modest investment.

Activity 2. Cost-effectiveness analysis of family planning voucher program

BACKGROUND
Pakistan has a high unmet need for family planning and a contraceptive prevalence reported as low as 35% among urban woman and 23% in the rural population. Improving availability, access, and quality of family planning and reproductive health (FP/RH) services appears to contribute to addressing this problem in this setting. USAID has supported interventions to increase coverage and improve the quality of FP/RH services in Pakistan for many years. One intervention is the Suraj Social Franchise (SSF) in which private providers working in remote rural areas are identified, trained, certified, and inducted into the franchise. The quality of the services they delivery was improved by a continuous supportive supervision mechanism. With support from USAID, Marie Stopes Society Pakistan used vouchers that allowed married women of reproductive age (WRA) to access FP/RH that is free at the point of service. The purpose of this study is to report on the effectiveness and efficiency of this intervention from the program funder’s perspective, as implemented in 29 districts of Sindh and three districts of Punjab Province between October 2013 and June 2016.

KEY ACCOMPLISHMENTS AND RESULTS
More than 168,000 women in 32 districts of Sindh and Punjab provinces received FP services through the voucher program between October 2013 and June 2016, at a total cost of US$3,278,000, including the

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cost of paying for the vouchers redeemed for payment by the participating facilities. This is a total cost for two years of US$19.50 per recipient WRA and an incremental cost-effectiveness of US$3.67 per additional couple-years of protection (CYP) achieved by the program compared to business-as-usual. The cost per recipient is less than the US$55 per woman serviced reported in 2013, and the incremental cost per additional CYP is less than the total cost per CYP of US$17. It was also less than that reported in a 2011 study in Pakistan, where authors reported the cost per person served as franchise $31, government $39, private $30 and NGO $24. In terms of its efficiency, it is difficult to compare this result to other family planning program cost-effectiveness studies from the same setting because no others were found in the published or grey literature from the past decade. It does compare well against an economic analysis of vasectomies in India from 2007 which showed a cost-effectiveness of US$1.31-1.52 per CYP. It also compares well against the total cost per CYP of contraception in 13 USAID priority countries, which ranged from $2 to $13, depending on the contraceptive method used. Ideally there would be other family programs conducted in the same setting and using the same outcome measures to compare the result from this study to. With the information available, it appears that continuing to implement the program in the same districts and extending it to other areas in Pakistan is supported by the evidence available.

4 Sustainability and Institutionalization

The study on increasing vaccination coverage will inform USAID Pakistan for the forthcoming decision on the joint funding project with the World Bank and European Union in which they are involved. The joint funding mechanism may provide financial support to the vaccine promotion program, and given the cost-effectiveness determined from the models here, it is strongly recommended they do so.

For the FP program, support from USAID has ended, and other donors and the Ministry of Health now need to decide if they are willing to invest in the project to provide eligible women of reproductive age with high-quality FP services. Again, because of the efficiency of the program, it is recommended that this be the course of action.

5 Knowledge Management Products and Activities

- A narrated PowerPoint presentation will be produced for dissemination to stakeholders in Pakistan in the first quarter of FY17. It is also expected that a peer-reviewed manuscript will be produced for consideration for publication, likely as a short report or commentary.

- For the FP study, further dissemination of the results is expected in FY17. A PowerPoint presentation with narration will be published on the ASSIST website in the first half of FY17. It is also expected that at least one manuscript will be prepared for consideration for publication is a peer-reviewed journal. There may also be a webinar depending on the demand by the USAID Pakistan Mission.

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