DFID HEALTH RESOURCE CENTRE

An Assessment of Technical Assistance Provision To The Pakistan Health Sector

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Maliha H. Hussein
Zafar Ismail
Chris Minett

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DFID Health Resource Centre
5-23 Old Street
London EC1V 9HL
Tel: +44 (0) 207 251 9555
Fax: +44 (0) 207 251 9552

The DFID Health Resource Centre (HRC) provides technical assistance and information to the British Government's Department for International Development (DFID) and its partners in support of pro-poor health policies, financing and services. The HRC is based at HLSP's London office and managed by an international consortium of four organisations: HLSP Ltd, UK; Ifakara Health Research and Development Centre, Tanzania (IHRDC); ICDDR,B - Centre for Health and Population Research, Bangladesh; Sharan, India;.

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Abbreviations and Acronyms

ADB	Asian Development Bank
ADTA	Advisory technical assistance
AIDS	Acquired Immune Deficiency Syndrome
CaPAS	Contract and Procurement Advice Section
CIDA	Canadian International Development Agency
CTA	Chief Technical Advisor
CV	Curriculum vitae
DFID	Department for International Development
DMC	Developing Member Country
DSSP	Devolved Social Sector Programme
EAD	Economic Affairs Division
EDO	Executive District Officer
EPI	Extended Programme of Immunisation
FSSP	Financial Sector Strengthening Programme
GTZ	German Economic Co-operation Agency
HIV	Human Immuno-deficiency virus
HLSP	Health and Life Science Partnership
HNPS	Health Nutrition and Population Sector Programme
HPSP	Health and Population Sector Programme
HSRU	Health Sector Reform Unit
ICAP	Institute of Chartered Accountants of Pakistan
IFAD	International Fund for Agriculture Development
IPSP	Integrated Provincial Support Programme
LATH	Liverpool Associates in Tropical Health
LHW	Lady Health Worker
MDG	Millennium Development Goal
MoH	Ministry of Health
MNCH	Maternal, Neonatal and Child Health
MOHFW	Ministry of Health and Family Welfare
NACOP	National Association of Consultants in Pakistan
NACP	National AIDS Control Programme
NESPAK	National Engineering Services of Pakistan
NGO	Non Government Organisation
NHF	National Health Facility
NHPU	National Health Policy Unit
NPD	National Programme Director
NPM	National Programme Manager
NWFP	North West Frontier Province
OJEU	Official Journal of the European Union
OJT	On the Job Training
PIFRA	Project for Improvement in Financial Reporting and Auditing
PACTP	Pakistan Council of Architects and Town Planners
PATHS	Partnership for Transforming Health Systems
PEC	Pakistan Engineering Council
PIU	Project Implementation Unit
PMU	Project Management Unit
PPR	Public Procurement Rules
PPTA	Project preparatory technical assistance
RFP	Requests for proposals
SDC	Swiss Development Corporation
SHAPLA	Strengthening health and population services for the least advantaged

SPU	Strategic Policy Unit
SRO	Statutory Regulatory Order
STL	State Team Leader
SWAp	Sector Wide Approach
TA	Technical Assistance
TAMA	Technical Assistance Management Agency
TB	Tuberculosis
TC	Technical Co-operation
TEC	TAMA Executive Committee
TOC	TAMA Oversight Committee
TORs	Terms of reference
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organisation

Summary

This report covers a range of issues concerned with the procurement and management of technical assistance for the health sector in Pakistan. It considers how DFID can ensure that its investments in technical assistance continue to move towards a growing vision of a more aligned and market oriented approach to technical assistance, procured directly by partner countries through national systems, and nationally managed. It also sets out guiding principles for the design of models that shift the emphasis from the procurement, supply and management of technical assistance from the donor to the development partner.

The report reviews models for the delivery of technical assistance across a number of sectors and a number of countries. It identifies those that are moving towards providing greater control of the procurement and management of technical assistance by the partner government rather than the donor.

It reviews the effectiveness and efficiency of the Technical Assistance Management Agency that has been supporting the National Health Facility and draws lessons from its strengths and weaknesses. In general it is judged to have been a successful mechanism for distributing relatively large volumes of technical assistance.

As well as the option of building internal procurement capacity in government that complies with “broadly accepted good practice”, the idea of partner governments’ outsourcing the procurement of technical assistance to a specialist agency is also explored. The report also reviews the regulatory framework at both national and provincial levels of government and concludes that there are some elements of effective procurement of consultants and related services that are missing from existing rules and guidelines, though some good practices on which to build.

A key element of the report is an emphasis of moving away from using “supply driven” consultancy or consultants linked or employed by a particular consultancy firm or consortium. The report reviews the market for technical assistance in Pakistan and concludes there are well-motivated and effective consultants available. However, there are surprisingly few specialist procurement companies.

1. Introduction

This report sets out some options for DFID Pakistan to advance its strategic direction towards a more market-oriented approach to the direct procurement and management of technical assistance through Pakistan's own national systems. This approach is in line with the Paris Declaration on Aid Effectiveness and the growing vision of a more market oriented approach to technical assistance, where TA is untied from donor country suppliers, procured directly by partner countries through national systems, and nationally managed.

In particular it:

- assesses the effectiveness and efficiency of the technical assistance provided through TAMA in support of the programmes of the current National health Facility;
- considers the extent to which the effectiveness of TAMA can be attributed to the management model adopted, and draws comparisons with other models surveyed in the health sector in Pakistan and beyond;
- makes general recommendations for future capacity development provision to the health sector in the medium to long term that moves towards the Paris Declaration, facilitates pooling of resources with other donors, and takes accounts of lessons from current models and DFID's guidance on technical co-operation personnel;
- provides an oversight of the Pakistan market for the supply of technical assistance to the health sector;
- provides an appraisal of the opportunities and constraints faced by Government Departments at provincial and federal level in procuring services, and technical assistance; and that
- informs Federal and Provincial Government thinking on how they can take greater control of the management and procurement of their technical assistance and harmonise capacity development in line with the Paris Declaration.

The full terms of reference for this consultancy are at Annex H.

The Government of Pakistan already uses its own resources and systems to procure and manage technical assistance; section 5 of this report reviews these procurement systems in more depth. It assesses the extent to which they adhere to "broadly accepted good practices" and the potential that exists for using those systems to procure and manage technical assistance funded by donors.

Technical assistance is about consultants sharing expertise and know-how to build capacity and/or to facilitate change or transformation. Where bilateral and multilateral donors provide grant aid for the procurement of technical assistance there are a number of different models that, to varying degrees, empower the partner organisation (government, NGO or private sector) to procure and manage the technical assistance necessary to deliver its development objectives. A range of these models used both within Pakistan and other countries is reviewed in section 2.

For the purposes of this report the term "partner" is used to refer to the government, non-government or private sector organisation in a country that is making use of technical assistance. The term "donor" is used to refer to the bilateral or multilateral

development partner making resources available as a grant to the partner to be used for technical assistance.

The assignment was approached by interviewing the key stakeholders, in particular:

- bilateral and multilateral donors;
- government at federal, provincial and district levels;
- users/clients of technical assistance, particularly the Programme Managers engaged in the National Health Facility;
- those engaged the procurement and management of technical assistance in support of the health sector;
- those engaged in the provision/procurement of technical assistance in other sectors and other developing countries.

2. A Review of Different Models for the Procurement and Management of Technical Assistance in Pakistan and Elsewhere.

2.1 Introduction

There are several different models for the procurement of technical assistance and certain characteristics that are common to the successful operation of them all:

- "ownership" by the key stakeholders both partner agency and donor;
- robust joint design of the project and a shared understanding of how technical assistance will be used to delivering development goals and objectives;
- a close, mutually supportive, facilitative and trusting working relationship between partner and donor;
- the quality of the partner's project/programme management; and
- the quality, interest and motivation of the advisers working with or for the donor.

It is evident that the success of a project or programme depends as much on these factors as it does on the particular model adopted for the procurement and management of technical assistance. For instance, there was more than one example where, although the donor's procurement systems were used throughout, the partner's programme manager was clearly in control of the process and, particularly, the management of consultants.

The different models surveyed fall into two broad categories:

- models where technical assistance is primarily managed and procured by the donor in varying degrees of partnership with government. In some instances these models function alongside technical assistance procured and managed directly by government; and
- models where a third party agency procures technical assistance on behalf of government and the donor/s, using international "best practice" procurement processes. In these models the management of the technical assistance is, invariably, a partnership between government and the third party agency often with donor inputs into the wider governance and monitoring of the project/programme concerned.

The TAMA model currently used to support the NHF in Pakistan falls into this category. See section 3 for an in-depth assessment of TAMA.

2.2 Models where the technical assistance is procured directly by the donor using the donor's systems and processes.

Most of these models for technical assistance provision and procurement are integral parts of the programmes or projects they are assisting. Typically the donors' own systems and procedures are used but often with a high level of control by the partners' programme or project managers. In the Pakistan health sector a number of multilateral and bilateral donors work with the different levels of government, NGOs and the private sector to provide resources, usually grants, for the procurement of technical assistance.

Thus, for example, most of the technical assistance that donors provide to the HIV/AIDS, Nutrition, TB control and other programmes is managed directly by the National Programme Coordinators or project directors. Generally, technical assistance needs are identified in the loan agreement and the length of time for which international and local consultants will be engaged is clearly specified. This leads to little flexibility in terms of technical assistance provision. For example, the Asian Development Bank's Loan Agreement for the Women's Health Project clearly specifies the arrangements under which support services and consultant services will be recruited and the length of time for which consultants will be deployed.

It should be noted that the technical assistance provided to support a project or programme is invariably provided in a number of different ways including an element of technical assistance sourced, funded and managed directly through government processes.

Moving outside the health sector, the World Bank, UNDP and the International Fund for Agriculture Development (IFAD) all identify fairly specifically the needs for technical assistance during project design. The selection, engagement and services of consultants are then undertaken according to these agencies' guidelines.

The following models all use donors' procurement processes.

2.2.1 The Asian Development Bank (ADB)

The TA provided by ADB assists the Developing Member Countries (DMCs) in:

- identifying, formulating, implementing, and operating development projects;
- improving their institutional capabilities;
- formulating and coordinating development strategies, plans, and programmes; and undertaking sector-, policy- and issues-oriented studies;
- promoting the transfer of technology.

The TA can be both short- and long-term and falls into the following categories for any one DMC:

- Project Preparatory Technical Assistance (PPTA) to prepare projects, a programme loan, or a sector loan for financing by the ADB and other external sources. This is generally used for

- a feasibility study, which may include preliminary designs; preliminary engineering; cost estimates; technical, financial, economic, and socio-economic analysis; environmental analysis; social impact assessment; a study for initial benchmark indicators; and/or
- detailed engineering, including detailed designs, specifications, detailed cost estimates, prequalification of bidders, and bidding documents.

- Advisory Technical Assistance (ADTA) to finance institution-building; plan-formulation; implementation, operation and management of an ADB-financed project; and sector-, policy-, and issues-oriented studies. This is usually extended in a sector- or economy-wide context and for institution building. It may be on a stand-alone basis or accompanying a project. In some cases it may be project specific. Generally, ADTA is meant to assist in

  - establishing or strengthening institutions
  - preparing national and sector development plans and programmes, particularly for small DMCs
  - implementing, operating and managing ADB-financed projects
  - assisting DMCs in handling build-operate-own (BOO) and build-operate-transfer (BOT) projects; and
  - carrying out sector-, policy-, and issues-oriented studies

- small-scale technical assistance (SSTA) not exceeding US$ 150,000 is used for providing expertise in any of the foregoing and is usually used for procuring the services of an individual consultant from the local market.

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TA is financed through either grant funds (Technical Assistance Special Fund (TASF) and Japan Special Fund (JSF) and co-financing funds from bilateral donors) or through loans made to the DMCs. Normally, ADB selects and employs consultants for TA grant projects, and normally borrowers do so for loan or loan-cum-grant projects. Consultants for sub-projects under a TA program, even if financed fully as a grant, are selected and engaged by the executing agency in accordance with ADB's Guidelines on the Use of Consultants.

For TA provided through grant funds, the ADB normally selects the consultants either from its roster or in response to Expressions of Interest and after short-listing through proposals. Individuals are not required to submit proposals and are selected on the basis of CVs. The Grantee is not involved formally in the selection process.

In the case of TA obtained through Loan funds, the borrower selects the consultants according to the procedures set out in the latest issues (April 2006) of the *Guidelines on the Use of Consultants by Asian Development Bank and its Borrowers.*

One disadvantage of obtaining the TA through grant funding is that the Grantee has no choice in either the preparation of the ToRs or in the selection of the consultant. In addition the supervision of the output is by the ADB's staff in the Manila Headquarters.

The disadvantages of obtaining TA through loan funds are that the process of approval is cumbersome and time consuming and is undertaken, mostly, by the Project Team located at the Manila Headquarters.

The advantages in both instances are that the process relieves the Grantee or the borrower team from pressures by vested interests to select consultants of their choice.

2.2.2 The UNDP Model

The UNDP model of "National Execution" is an interesting approach, moving towards the transfer of responsibility for procurement to partner agencies. These could be government, NGOs, civil society or the private sector. Thus far, in Pakistan, it has been used for governance initiatives and for relatively small amounts of technical assistance. However, the learning from the model and the approach could inform strategies for moving towards government taking complete responsibility for the procurement and management of technical assistance.

The vision of the model is that, eventually, the partner or executing agency will control all grant monies made available to support a particular project, programme or initiative. UNDP emphasises that this is a developmental process that takes time. It has been going 7-8 years and is seen as a long-term investment in capacity building.

The initial step is to assess the capacity of the executing agency, which often leads to technical assistance to build capacity. When the executing agency has the basic capacity developed, responsibility for the procurement of technical assistance, in line with whatever conditionalities apply, lies with a Project Director. The UNDP selects, appoints and pays for the National Programme Manager (NPM) without reference to the Grantee. The NPM's counterpart from the Government is a National Project Director who is appointed as a part-time person from within the cohort of available government officers and who continues to draw his government pay with no project-related additions.

Often there is also a Project Cell reporting to the Project Director and funded by the UNDP. This typically comprises the Project Manager, a Finance Manager and an Admin person. Any further project cell members would depend on the project's stage of development. The Executing Agency has its own bank account, set up by the UNDP. The NPD is the main account signatory and the NPM is a co-signatory.

The Project Agreement between the UNDP and the Grantee specifies the content of the project and the TA required for its implementation. The TA is obtained locally and competitively by inviting proposals that are evaluated according to UNDP own processes and procedures. These are specified in its "procurement bible" (the UNDP Project Cycle Operations Manual) (PCOM). Each selection is then sent to UNDP for approval.

As long as the "bible" is followed, UNDP takes a hands-off approach, relying on its agent (the programme manager) working with the Executing Agency's own Project Director to ensure proper processes are followed. However, the quality of the technical assistance procured, and the way it is utilised and managed, are entirely the responsibility of the Executing Agency through its Project Director.

All decisions for procurement are governed by a system that sets financial limits for approval:

- Rs. 30,000 approval by NPM
- Rs. 100,000 jointly by Committee consisting of NPD, NPM and Admin Officer
- Rs. 500,000 by the above Committee augmented by UNDP's representative
- In excess of Rs. 500,000 approval is by UNDP Head Office

The Government, however, adds a representative of the Planning and Development Division/Department and the Ministry/Department of Finance to the Committee and also requires that decisions of the Committee be approved by a competent authority within the Government (more often than the Additional Secretary of the P&D). This makes the meetings of the Committee a rare occasion and delays the process of approval inordinately.

UNDP is very keen to emphasise that there is no separate mechanism for monitoring the procurement and utilisation of technical assistance. UNDP participates in the Executing Agency's own monitoring processes with a strong emphasis on outputs. Thus the success of the initiative is judged by what it achieves against project objectives rather than looking at inputs. Typically, they follow a three monthly cycle, with a steering committee made up of all stakeholders including UNDP. The meetings approve a work plan that lists the technical assistance that will be used over the next three months.

The schemes are subject to external UNDP audit on a regular basis; this is the only direct monitoring that UNDP undertakes. Evidence suggests that whilst there are often teething problems – as shown by the number and seriousness of early audit queries – over time the Executing Agency builds capacity and assumes more effective responsibility for how it procures and utilises technical assistance to deliver its agreed objectives.

UNDP has still not achieved the goal of simply enabling the Executing Agency to use grant funds to procure its own technical assistance using its own systems and without any donor intervention. However, it is clear that this is their intention.

It is the view of UNDP that this model could work at all levels of government and different types of Executing Agencies. It facilitates pooling and it is flexible and developmental. UNDP also provides training and development for its project managers through courses, meetings and retreats. Initially UNDP also provides a lot of support for the Project Directors. Civil Servants can be appointed as Programme Managers but if the Executing Agency is a branch of government they cannot be from the department concerned.

It is also the view of UNDP that the model ensures alignment with UN and country objectives. It is anticipated that, over time, other UN agencies are likely to move towards the model.

The guiding principles that emerge from UNDP's National Execution model are:

- Start with limited powers – gradually build up delegation over time;
- Accept it will not be perfect;
- Monitor performance and outcomes, not inputs;
- Do not create separate monitoring systems for technical assistance;
- Follow the donor's processes initially but with the aim of building capacity in the Executing Agency to use its own systems.

While this process is relatively flexible, the project document can at times be rigid and compromise flexibility. The differences in the pay and allowances of the NPD and the NPM referred to earlier can also cause lack of motivation in the former. In addition, because the type of technical assistance and their terms of reference are pre-determined, there is a feeling among client agencies that these tend to advance the UNDP's own agenda as well as their own. Nevertheless, with some adjustments

the model could prove to be useful in the move towards using local procurement systems for technical assistance.

2.2.3 German Economic Cooperation Agency (GtZ)

GtZ provides TA directly through a Chief Technical Advisor (CTA) and other technical advisers. These are located within the premises of the recipient agency and work within an overall TA framework that is agreed to between the recipient agency and GtZ before commencement. All personnel-related costs of the TA and most operational costs are funded by GtZ.

The Health Sector Reforms and Research Unit (HSRRU) of the Department of Health of the Government of the NWFP is mandated to provide technical assistance and capacity building for policy formulation, human resource development, and donor coordination. It also provides the planning and implementation of health sector reform strategies such as decentralisation, hospital autonomy and quality systems management. GtZ supports the unit.

The Head of the Unit is an officer with the rank of an Additional Secretary in the DoH, supported by two senior technical advisers (one national, the other international, funded by GtZ) and a number of government counterparts who, together, comprise the staffing of the unit. GtZ also, if required, fund a small administrative support team. The HSRRU is firmly embedded as a functioning component of the structure of the DoH. The Unit has the capacity to procure additional technical assistance, using GtZ's procurement processes. However, any additional technical assistance works closely with government counterparts and the focus is very much on capacity building and is limited largely to the originally specified TA framework.

As a generalisation, GtZ first identifies a niche for itself and, based on its independent assessment of capacity, determines the need for technical assistance. Based on this, it prepares a project outline that it discusses with the client of its controlling authority. It then proceeds to prepare a detailed project document, which incorporates the ToRs of a Chief Technical Adviser and other TA it may have identified during the capacity assessment. The Chief Technical Adviser is invariably from Germany and there appears to be a bias in favour for employing German consultants in other roles although this is not always the case. For example, only one of the two full time consultants engaged in the HSRRU is German, the other is a Pakistani national.

The project document also includes a TA framework that specifies the type of TA and the extent of involvement of a selected candidate. The disadvantage of this is that the preparation of individual ToRs and the selection of consultants are undertaken exogenously by GtZ. The former could well be inappropriate to needs. The latter sometimes results in "round pegs in square holes". As a consequence, more often than not the TA is viewed by the recipient agency as a "donor driven agenda".

The advantages are that owing to the *in situ* availability of the TA there is substantial on the job training and transfer of technology.

2.2.4 The Swiss Development Corporation

The Swiss Development Corporation (SDC), through its Financial Sector Strengthening Programme (FSSP) in the micro-finance sector, has been providing assistance to a host of NGOs and private sector players. The model seeks to meet the needs of a diverse clientele; it structures its technical assistance flexibly. In its current phase, the SDC has fundamentally changed the manner in which it deals with support to NGOs, as it was felt that the first phase model which was set up to meet the emerging needs of the micro finance sector led to a wide dispersion of effort and made it difficult to assess impact. Thus in phase 2 of the FSSP, the TA support has been more carefully directed at only a few selected players.

As the FSSP deals with non-government organisations and the private sector it has the advantage of not having to cope with the bureaucracy of government. However, the SDC is currently providing support to the Micro Finance Unit of the State Bank of Pakistan; this support is being provided to the Bank directly and is supervised by the National Programme Officer within the SDC. Although the initiative is not yet complete, the initial indications are promising in as much as government has more direct control over the procurement and management of its technical assistance.

The intention is for government to use its own procurement systems with the close support of the SDC. There is not a great deal of information published on this approach. Brief discussions with representatives of the SDC in Pakistan indicate that the procurement model developed for the State Bank of Pakistan is an interesting approach that moves much closer to the vision of a more market orientated supply of technical assistance. It is, however, small scale and as yet incomplete. It has also been resource intensive for the donor in terms of time (though this is probably to be expected with a pilot).

The SDC's representatives also attribute some of the anticipated success of the pilot to the fact that the financial and banking sector, both government and NGO, tend to have better, well developed procurement capacity than some other sectors.

2.2.5 The Contract and Procurement Advice Section (CaPAS) model

CaPAS is the procurement arm of DFID India. Between its establishment in 1999 and March 2006, CaPAS issued 2015 contracts worth over £26 million and with cumulative savings of nearly £10 million through more effective procurement and contract management.

CaPAS has taken on procurement audit and capacity assessments, procurement advisory work for technical assistance, health sector procurement advisory support at central and state level, resource contracting for DFID India office needs, global advisory, and mentoring and training attachments for colleagues on local contracting issues, as well as taking part in review missions in order to deal with procurement issues.

CaPAS is responsible for issuing and managing all consultants contracted in India up to £500,000 (contracts over £93,738 are advertised in OJEU). It maintains a data base of local consultants. It can also issue delegated international contracts up to £100,000 value. In addition it manages and oversees £2 million worth of technical assistance on central capacity building in the Ministry of Health.

DFID India's Procurement Group, of which the CaPAS is a section, fully endorses the Paris Declaration on Aid Effectiveness. It is trying to strengthen government

procurement practices but is not attempting to revamp them completely. Under their harmonised approach, procurement manuals are being developed through joint discussions between donors and the government.

CaPAS does provide some Financial Aid to different levels of government, which are able to procure their own technical assistance with these grants. While this is independent of CaPAS, the government department concerned often seek their advice and support.

Whilst the CaPAS model works well, and probably represents the epitome of efficiency and effectiveness for procuring technical assistance, it represents a large, long-term investment that, at this stage, does not particularly advance progress towards achieving the vision of more market orientated procurement and management of technical assistance by partner governments.

2.2.6 The World Bank (WB) model

The World Bank provides technical assistance through both its grant and loan operations, and for this generally hires the services of individuals. The following statement of principles governs the selection of an individual[1]:

"*Individual consultants are selected on the basis of their qualifications for the assignment. Advertisement is not required*[2] *and consultants do not need to submit proposals. Consultants shall be selected through comparison of qualifications of at least three candidates among those who have expressed interest in the assignment or have been approached directly by the Borrower. Individuals considered for comparison of qualifications shall meet the minimum relevant qualifications and those selected to be employed by the Borrower shall be the best qualified and shall be fully capable of carrying out the assignment. Capability is judged on the basis of academic background, experience, and, as appropriate, knowledge of the local conditions, such as local language, culture, administrative system, and government organization."*

If grant monies are used, the World Bank drafts TORs that it shares with the Grantee and then selects three suitable candidates from a roster of individual consultants that it maintains. The Task Manager, in discussion with the Procurement Staff of the Bank, then ranks these individuals according to capability and selects the highest ranked individual and negotiates a contract. Of late, there is a strong likelihood that the Task Manager will also seek concurrence of the choice with the Grantee. The selected candidate is administratively responsible to the Bank and his technical output is also gauged by the Task Manager from the Bank, and in some instances by the Grantee.

The advantages of this process are that the Grantee is not pressurised by vested interests in the selection of the consultant. However, this may not be applicable to the choice by the Bank. In theory, the process should provide a consultant who is eminently suitable. In practice, however, this may not happen and the selection results in the appointment of a consultant with inadequate capability on one or more

[1] Where firms are hired there is the process of international competitive bidding is used

[2] However, in some cases Borrowers may consider the advantage of advertising at their option.

counts. There is also a widely held belief that most ToRs for TA provided through the Grant mechanism by the WB are designed to fulfil a pre-determined agenda.

If loan monies are used, then selection is normally limited to Consulting Firms for which the Borrower uses the Bank's ICB procedures. It is rare for an individual rather than a company to be appointed through this process. At each stage, starting with the draft of the Expressions of Interest to the finalisation of the contract, approval by the Bank is mandatory. This ensures transparency. The principal advantage of this process is that there is an ownership by the Borrower. The risks include the use of inappropriate selection criteria and insufficient skills in the evaluation team, which can lead to the appointment of organisations that lack the required capability. In addition, the Bank's procedures are cumbersome, and the inability of the Borrower's staff to prepare the required documentation can lead to is considerable delay.

2.2.7 The National AIDS Control Programme

In the context of Pakistan health sector, a good, practical example is the provision of Technical Assistance for the National Aids Control Programme (NACP).

The NACP has been receiving TA from about 1996. The Government decided to scale up its activities in 2002, embarking on the largely World Bank-financed Enhanced HIV/AIDS Control Programme. Support also comes from DFID and CIDA.

The initial TA was provided by the Bank's staff from Headquarters in Washington and the Resident Mission in Pakistan, supplemented by experts from international sources. The additional TA was obtained through the Grant mechanism where NACP identified the need and the World Bank provided the expertise by short-listing suitable candidates. The World Bank and the NACP did the selection jointly and the contracting was by World Bank.

The TA was designed to assist in the preparation of the National Strategic Framework, the Project Implementation Plan and the PC-I Form for the formal approval of the Bank-assisted HIV/AIDS Control Projects. These covered the Federal Government (including FATA, FANA and Azad Jammu and Kashmir) and the four provinces for the five-year period 2003/2008. In hindsight the TA was not deemed to be successful as the resulting documents contained a number of shortcomings. However, since this was the first attempt to prepare such documents by Bank staff and their counterpart Government officers, they have been accepted as a step in the learning process.

The second phase of the TA was designed to procure the services of a firm to build capacity of the National and Provincial AIDS Control Programmes and their contracted NGOs. This was to cover the Procurement of Goods and Services; General, Contract, Programme and Project Management; and performance monitoring of the NGOs delivering services to vulnerable population groups

As part of the HIV/AIDS Control Project, the NACP acquired the services of a Management Firm (MF), through international competitive bidding, to provide the Technical Assistance required. A committee established by the Ministry of Health used World Bank Guidelines for the selection of consultants. The process involved short-listing suitable firms and evaluating both technical and financial proposals to select the highest ranking one. At each stage of the process, the World Bank Task

Manager's concurrence was obtained to ensure both transparency and adherence to the guidelines.

Each change of staffing during the TA contract happens only after the submission of three CVs with qualifications and experience equal to or higher than those in the original terms of reference. Once NACP approves this short-list it is forwarded to the Bank with a recommendation for the selection of the best candidate. The Bank either concurs or suggests an alternate from the short-list. On each occasion the maximum turn-around from submission to approval is three weeks.

The TA is being provided through an *in situ* team of professionals at Headquarters and a Provincial Coordinator at each of the four provincial offices. The team's functions are to provide back up and on-the-job training, and, if unavoidable, to fill gaps in staffing, especially in Procurement and Financial Management.

During implementation, the NACP and the MF identified the need for specialists not identified in the original ToRs. The Bank agreed a contract variation through which the NACP had access to a fast-track mechanism to procure TA. To date this has been used for mid-term performance review, project planning, office management and financial systems development. The TA requests have been responded to within 48 hours and the selected consultants have been able to join immediately.

As a consequence, the NACP is proposing that in the extension to Phase I of the Project, a Technical Assistance Procurement and Management Firm be appointed for the entire period, namely to the end of fiscal year 2011/12.

The NACP is an example where effective design and, more importantly, effective leadership, have led to a high degree of national ownership of the procurement and management of technical assistance, even though the donor's procurement processes have been used throughout**.**

2.3 Models where the donor employs a third party agency to procure and manage technical assistance for the partner.

This section of the report deals with international best practice on procurement. These include processes that:

- are open and transparent;
- are based on clear terms of reference and established, predetermined criteria;
- are subject to internal and external audit;
- have open advertising that removes as many barriers to market entry as is possible and practicable;
- have clear rules on declaration of interests and a clear separation of those interests during procurement;
- use ranking and scoring methods to reduce or eliminate bias in the assessment of expressions of interest and bids;
- cover all components of terms of reference when evaluating expressions of interest and bids, including the track record and capacity of those seeking appointment.

DFID has used third party agencies for the procurement and management of technical assistance in a number of programmes. Examples include the Partnership

for Transforming Health Systems in Nigeria (lead agency HLSP); the Integrated Provincial Support Programme in South Africa (lead agency Charles Kendall & Partners); the Health Sector Wide Approach in Malawi (lead agency LATH), the Faisalabad Devolution Project, Pakistan (GHK International); the Health and Population Sector Programme, Bangladesh (HLSP); and the Technical Assistance Management Agency, Pakistan (lead agency Options).

Typically these agencies have their own procurement systems that follow international good practice. Generally, the agency is embedded in the partner organisation with the agency, from where it undertakes much of the day-to-day management of consultants. The South Africa and Malawi examples are of interest in the context of this report because they are more concerned with the procurement of technical assistance than with management.

In considering these models it is possible to envisage the third party agency moving towards the use of the partner's procurement systems. This could contribute to achieving the aims of the Paris Declaration

2.3.1 Faisalabad Devolution Project (Pakistan)

The purpose of the project is to establish efficient and effective local government in Faisalabad City District (population 5 million), which is responsive to the needs of local communities and the priorities of poor people, and which could be replicated elsewhere in the country.

GHK International has established a Strategic Policy Unit (SPU) that relates directly to the Nazim, the District Co-ordinating Officer and the Executive District Officers responsible for government departments. The unit is embedded in the sense that it is a resource that works directly to City District Government.

The SPU uses its own systems, which comply with international good practice, to procure TA to support the District Government's priority actions. The SPU also has TA in house for day-to-day training and capacity building in a range of areas and to help with financial planning for the privatisation of services.

The project, which is a pilot scheme, is resource intensive in terms of technical assistance, donor involvement and overhead costs. As it stands, it could not be replicated across all districts. Nevertheless, the current Project Manager firmly believes belief that, using lessons from Faisalabad, similar results could be achieved using the much smaller input of a Project Manager/lead technical adviser, a finance manager and an administrative manager.

As with any model, the effectiveness of this approach would depend, to a great extent, on the quality and experience of the people appointed to these key posts.

2.3.2 Partnership for Transforming Health Systems (PATHS) (Nigeria)

This is a programme of collaboration with partners, across all sectors, to develop partnerships for transforming the health systems in Nigeria. It started in September 2002 as a facilitative, stakeholder driven programme. It focuses on Nigerian partnerships and local ownership, and has teams at the centre and in five states: Benue, Enugu, Ekiti, Jigawa and Kano.

PATHS styles itself as “a facilitative programme that is shaped and driven by the needs and priorities of Nigerian stakeholders from the public, private, and non-profit sectors and community based organisations.”

The programme is delivered through a consortium of five international and national partners led by HLSP. It is managed by a National Programme Manager (NPM), State Team Leaders (STL) and their teams.

PATHS work through Steering Committees and the national and state teams. The National and State Steering Committees are the engine for programme implementation. They mobilise partners who develop state-specific strategies covering agreed priority areas. State Steering Committees send selected, viable strategies to the National Committee for concurrence and support. The Committees also have the responsibility of monitoring implementation.

PATHS provide partners with system and capacity-building support to ensure that they have a sound grasp of options and experiences in systems reform and programme design, and the techniques and methodologies for implementation.

Unlike some donor supported programmes, no parallel structures are established. The implementation of the programme is integrated into existing health, development and reform initiatives and this works well. Business plans related to directorates at state level and to each district health board are government plans, not PATHS’. The PATHS state team provides support in their preparation. PATHS then arranges TA, on a six monthly cycle, to support their implementation. This short time scale provides flexibility and helps to match the technical assistance to progress in capacity building.

A key factor in making the technical assistance effective is that it is procured locally by the State Team leader and her/his team in collaboration with government officials. This local procurement offers responsiveness and flexibility while maintaining transparency and good governance.

Although PATHS rather than government employs the consultants, they are driven by the government agenda. This is because of the embedded nature of the State Team and the extensive use of local consultants. PATHS has also, over time, established a database of national consultants. This is used extensively, especially to respond to unplanned requests for technical assistance.

The apparent success of the PATHS approach seems to be linked to the setting of priorities based on needs identified locally by the State Committees. As a result of this, the work programmes vary among the States. Some concentrate on capacity building to improve management systems and processes, others are more concerned with tackling clinical priorities that will impact directly on Millennium Development Goals.

Each state team has a high level of autonomy and is firmly embedded in the State Government structures. The State Team Leader normally accounts to the Commissioner (State minister) for Health. Technical assistance is procured through each state team using predominantly local and regional consultants. Team Leaders in most states are Nigerian, with a minority being long-term international consultants. Although there is flexibility, most technical assistance is tied to consortium members. PATHS uses its own procurement processes that follow international good practice. The programme does not set out to facilitate pooling but there do not appear to be reasons why this should not happen.

2.3.4 The Malawi Health Sector Wide Approach (SWAp)

DFID and other SWAp partners use a third party agency, Liverpool Associates in Tropical Health (LATH), to procure the long-term Technical Assistants for the Health SWAp. This is intended to be an interim arrangement that, with capacity building, will lead to transfer to the MoH of responsibility for TA procurement using government systems. The MoH already procures short-term consultants for the SWAp.

The third party agency supports the MoH's leadership of the selection process by shortlisting and interviewing all candidates. Government officials decide what attributes they are looking for, including being a self starter and ability in networking, flexibility, empathy to the context, listening, practicality, and the partnership approach. Officials report that the interviews help them get the right people into the right jobs at the right time. All the Technical Advisers are integrated in the Ministry and their line managers are Ministry officials. Officials state that they are delighted to have so many Africa experts, as they feel that they understand the problems well. They feel strong ownership overall.

There is now coordination of technical co-operation provided by the World Bank, UNFPA, Norway, and DFID, all of which is aligned behind the SWAp's Programme of Work. Government manages TA jointly with donors, it is all untied, and most comes from African countries.

In terms of the Paris Declaration, Government already uses its own procurement methods for short-term consultants, and because all consultants, short and long term, are accountable to and managed by Government, the level of control and ownership is very high.

2.3.5 Integrated Provincial Support Programme (IPSP) (South Africa)

This programme, which came to an end in 2006, supported five provinces (Eastern Cape, Limpopo, the Free State, KwaZulu-Natal and Mpumalanga) in implementing successful innovative service-delivery initiatives. DFID has invested £18 million in supporting the programme in two phases starting in 1999. Its aim is to improve service delivery through the Department of Public Service Administration (DPSA) and provincial governments. It has been coordinated with GtZ's Public Service Reform Project, which also works with the DPSA and provincial governments.

A key element of the programme was the provision of technical assistance for capacity building and development. It differed from similar projects in as much as DFID used a procurement agency, Charles Kendall & Partners, and not a consortium of management/technical consultancies, to support the programme.

The procurement agency established small procurement units in the DPSA and each of the five provinces. These comprised two or three technical advisers to assist with defining needs and drawing up terms of reference, and a small team engaged in procuring the technical assistance on behalf of government. They used their own procurement processes based on international best practice.

It is understood the South African Government pursues a policy of positive discrimination in favour of groups that, in the past, have been under-represented in this and other types of higher-level jobs and opportunities. Thus it was important that the procurement processes enabled consultants from what were perceived to be

these disadvantaged groups to be appointed. The IPSP procurement units at national and provincial levels were able to obtain more than 60% of consultants from these under-represented groups.

The agency has no management role. The Provincial Government manages consultants and there is no question of the procurement agency giving preference to "tied" consultants. However, with regards to the contracting of consultants, the unit does have a role in monitoring performance against key milestones. An important aspect of the support to the IPSP has been the transfer of skills.

2.3.6 Health and Population Sector Programme (HPSP) (Bangladesh)

This programme, which started in 1998 and ended in 2004, was a sector-wide approach involving a number of development partners. DFID's contribution was made via the SHAPLA programme (Strengthening Health and Population for the Least Advantaged), with half going to pool funding and half for technical assistance.

DFID was closely involved in the delivery of SHAPLA. The general perception of government and those who reviewed the programme was that the provision of technical assistance was too donor and supplier driven. All technical assistance was tied to consortium members.

To overcome this weakness, the successor programme to the HPSP, the Health Nutrition and Population Sector Programme (HNPSP) has been designed with an embedded Programme Support Office that will comprise five key advisers, recruited from national and international consultants. They will advise on, support and facilitate the development process as a part of the Ministry of Health and Family Welfare (MOHFW).

The Programme Support Unit will work closely with the implementation wings of the Ministry with the aim of strengthening MOHFW capacity. The government Implementation Manual for the HNPSP specifies that, to use pooled funds for consultancy contracts up to $200,000, its own "Public Procurement Regulations 2003" should be used; for contracts above that amount, World Bank procedures should be used. This is a similar arrangement to the one used successfully for the Malawi Health SWAp. There will be no separate implementation unit.

Although the HNPSP is in its third year, for a variety of reasons the MOHFW has not yet established the Programme Support Office. There has, therefore, been no opportunity to assess the effectiveness of using the government's procurement processes although, in theory, there is nothing to stop Government procuring its own technical assistance from pool funds up to the contract limit of $200,000.

As at March 2007, it appears that Government, through its own procurement processes, has identified a potential supplier. The PSO will comprise six full time advisers recruited through the firm appointed by government: a Team Leader and Health Sector Specialist; a procurement Specialist; a Financial Management Specialist; a Health Economist/Poverty Analyst; a Public Health Specialist, and a Gender Specialist. The PSO will also provide the facility for government to procure additional technical assistance as and when required by the programme.

The HNPSP model would offer full "Paris Declaration" compliance but only time will tell if Government has the capacity to procure and manage technical assistance to

support its programme. Care will need to be taken to avoid the PSO advisers, who will be specialists in the development field, from filling any technical or leadership gaps that may exist within the Ministry. The success of the model will depend on the capacity of government to manage the PSO advisers effectively and on the quality of the advisers they appoint.

3. The Technical Assistance Management Agency (TAMA) (Pakistan)

TAMA was established and is managed by a consortium of national and international partners led by Options. It procures a £9 million package of technical assistance to support the National Health Facility. It works with the Ministries of Health and Population Welfare (MOH/PW) to improve seven federal programmes: population welfare, family planning and primary health care (also known as the lady health workers programme), tuberculosis, immunisation, HIV/AIDS, malaria and nutrition.

TAMA's objectives are to procure and help manage technical assistance on behalf of the national health and population programmes in order to improve programme policy and strategy and the delivery of high quality public health programmes. TAMA is held accountable for the quality of the technical assistance it provides.

The governance arrangements of TAMA are at three levels – a TAMA Oversight Committee (TOC), made up of TAMA's stakeholders; a TAMA Executive Committee (TEC) at federal level and four TAMA Executive Committees at provincial level. The Executive Committees comprise representatives responsible for operationalising TAMA activities. The TOC is expected to give overall policy guidance and strategic direction while the TEC reviews specific TA proposals and is responsible for their approval.

TAMA uses its own procurement processes that follow international good practice. Initially it facilitated fund pooling to the extent that USAID provided support in addition to DFID.

A particular challenge for TAMA arises from having to provide technical assistance to several different programmes across two line ministries. It is therefore not embedded in the programmes it supports. The result is that it keeps a certain distance from all of them, which enables it to procure TA for all seven as well as supporting the Ministry of Health and the newly established National Policy Health Unit.

This separation is perceived to:

- cause delays and reduce responsiveness;
- raise expectations without always meeting them;
- provide less control for Programme Managers than they have with TA procured through other models.

On the positive side, there is also a view that the separation has helped TAMA resist the pressures that lead many Government officers to want to distance themselves from TA procurement. This reluctance results from a lack of capacity to assess the needs for and the level of effort required from TA, write the ToRs, and avoid pressure to select individuals on the basis of factors other than price and fitness for the task. This may be the best way to ensure that the selection of TA results in the best choice

and is based on merit and criteria, until there is a substantive increase of confidence in, and efficiency of, government systems for procuring consultants.

The scale of funding for technical assistance for the National Health Facility is unusual for the health sector; most other programmes do not have access to such large amounts. Some government officials, particularly at the Provincial level though also at Federal level, voiced concerns about being able to manage funds of this scale effectively. Most felt that the TAMA modality had worked well and should be replicated.

TAMA was designed to be flexible and responsive to emerging demands from the NHF programmes for specific technical assistance. Whilst this flexibility has been a strength, it has sometimes been used to procure support that probably cannot be strictly classified as technical assistance. For example it has been used to cover staff positions while PC-1s await approval or to compensate for government officials who lack management skills. This arose as a result of the absence of a budgetary provision for filling the positions awaiting approval; the inability of programme staff to have officials placed in their surplus pools; and TAMA not stating clearly enough at the outset that the consultants provided were only for bridging the gap for a stipulated time. The Oversight Committee has now introduced a ban on this type of technical assistance.

When USAID funding ended, TAMA's budget was severely constrained until DFID secured additional funds to fill the gap. This put a brake on TAMA activities for a period, restricted long-term placements, and created tensions between clients and TAMA.

TAMA's objectives and governance arrangements, described above, do not mention quality assurance. However, with the support of the TOC and the TECs, TAMA undertakes a quality assurance role with regard to the provision of technical assistance.

Many programme managers felt that TAMA's monitoring of consultants' performance was an intrusion and against sound principles of management. They argued that the responsibility for performance monitoring should have been that of the Programme Managers and not TAMA. In fact, this is supposed to be done jointly.

While there is much discussion in TEC and TOC meetings about the impact of the technical assistance provided, little evidence is available for this to be assessed. Not only is there insufficient evaluation to allow a judgement to be made, but it is methodologically difficult to trace the effect of TA on outputs and outcomes.

For most TA models, monitoring and evaluation mechanisms are weak, and it is difficult to identify, precisely, their short or long-term impact. Most monitoring is based on inputs rather than what is achieved in terms of outputs. However, TAMA has recognised this aspect and has tried to deal with it by assessing how its TA inputs can be measured against the NHF logframe outputs. Linking each technical assistance request with the Millennium Development Goals and the potential for meeting specific targets has led to a greater focus on outcomes.

3.1 How did TAMA use its Funds?

As a result of the various changes and revisions in its budget, TAMA has a total budget of UK £8.734 million from January 2004 to November 2007. A detailed breakdown of how these funds have been spent up to December 2006 and their likely deployment up to the end of November 2007 is given in Annex A. Of these funds, 73% have been used for providing TA and 27% for administration. The major share of the TA funds has gone to the National Policy Health Unit and the Ministries

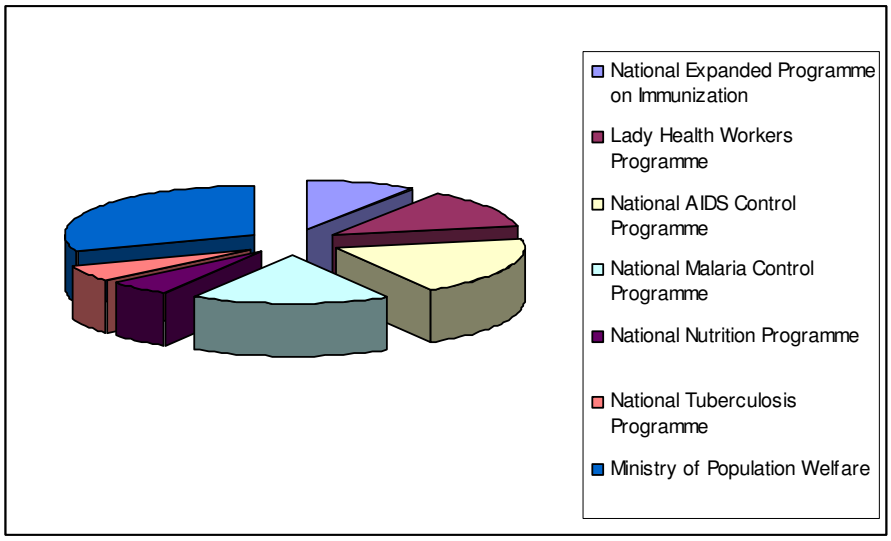
of Health and Finance combined (33%). Of the total TAMA budget, the national programmes and population welfare have received only 51% of the funds as the rest has been spent on the ministries and for administration.

TAMA assistance has been directed mainly at the federal level: less than 2% went to the provincial level in the first three years. At the end of the current phase of TAMA, about 78% of the assistance will have been provided at the federal level and 22% at provincial level. Since USAID funds were meant largely for the provincial level, its withdrawal delayed the start of provincial TA until DFID could secure funds to fill the gap. Once the funds were available and provincial TAMAs established, this inequity was partly redressed, leading to the increased proportion going to the provincial level by the end of the NHF. For the future, it is recommended that specific allocations of TA funds are made for the federal, provincial and district level related to relative need.

The predominantly federal focus of TA provision reflects TAMA's original location at this level. However, to its credit, TAMA rectified this design problem and by building strong capacity at the provincial level in the form of provincial TAMAs. These are better placed to assist in the identification and implementation of technical assistance at this level.

At the programme level, the population Welfare Programme and the National AIDS Control Programme appear to have been the most pro-active in utilising TAMA. The Population Welfare Programme has also used a lot of short-term TA for specific tasks of a more strategic nature. The NACP has resisted the temptation to fund staff positions through TAMA. This is an indication of the fact that strong leadership with a clear vision of how TA should be used is a pre-requisite for effectively articulating technical assistance needs and being able to negotiate them through the mechanisms established for approval. Figure 1 below shows the level of technical assistance that each of the programmes will have accessed at the end of the current phase of TAMA (See Annex A, Table 3).

Figure 1: Level of Technical Assistance Received by TAMA



3.2 Was the TAMA Modality an Effective Modality for Building Government Capacity?

A complete list of consultants deployed by TAMA is given in Annex A, Table 4, with details provided in Annexes B to G. This shows that up to February 2007, TAMA had deployed 149 consultants at various levels in the different programmes, as well as at the NPHU and the Ministries of Finance and Health. At the federal level, 64 were for individual TA assignments and 52 were placed in study teams or as trainers.

Annex B gives details of the deployment of individual consultants with different programmes and ministries. An analysis of this information shows that many types of personnel were provided through the TA modality under the NHF, including consultant cover for routine staff positions – despite the focus on the impact of TA in the TEC and TOC meetings. It is being increasingly appreciated by those steering TAMA that regular staff positions are not an effective use of TA funds and, as mentioned above this is no longer allowed.

It is difficult to assess the effectiveness of the TA provided by TAMA in the absence of clear indicators and mechanisms for doing this. TAMA does not monitor this, rather seeing its role as responding to the TA needs that are identified by the client programmes and institutions. However, using the level of satisfaction of the clients as a measure, most client programmes are content, although a few complain about delays and the level of bureaucracy. However, most agree that it is best to place the procurement of such TA outside the Government system as otherwise it would not be as effective and would cause delays. Thus the TAMA modality appears to be a good compromise between a more flexible modality and one that still keeps government involved through the TEC and TOC steering and approving mechanisms.

The TAMA structure has evolved over time on the basis of implementation experience. It has changed its initial structure in two critical ways. First, it has built its technical capacity to assess technical needs and, second, it has developed provincial structures to be better able to respond to the needs at the that level. It has obtained excellent staff at provincial level, many of whom have served in the health department or with national health programmes and have, therefore, a good understanding of the sector. They are well respected at the provincial level and have

been able to form excellent working relationships. TAMA flexibility and its ability to meet provincial needs is deeply appreciated by the staff of the health departments.

3.3 Governance of TAMA

The TAMA Oversight Committee and Executive Committees were the intended mechanisms for securing government ownership and stewardship for the procurement of technical assistance for the NHF. However, the composition of these committees may need to be reconsidered. For example, it is probably not necessary to have the Economic Affairs Division, Ministry of Finance and Planning and Development Department represented in the TEC, with responsibility for approving TA requests.

By and large, the added value to decision-making on details such as these probably does not justify such wide and high level representation. This is particularly the case as there is poor continuity in representation from these high-level agencies. However, some believe that Planning and Development have provided a useful challenge function and that their participation has enabled them to undertake a more effective monitoring and evaluation role in connection with the line ministries. By contrast, the fact that NHF programme managers, arguably the main clients of TAMA, are not represented on the TECs is a weakness. Consequently they do not get the chance to present their requests themselves or fully understand why requests are approved or rejected.

The composition of the TOC is largely the same as that of the TEC, except that the TOC also includes provincial representation. While the TOC is expected to give overall policy guidance and strategic direction, in practice its minutes indicate that many of the discussions involve operational issues. This may be because TOC meetings are usually attended by officials who lack the authority to take policy decisions.

The agendas for future TOC meetings may need to be more clearly defined and some of the overlap in the composition of the TEC and TOC eliminated. It is possible that provincial representation on the TOC may become redundant once mechanisms are operational for provision of TA directly to that level.

The TOC and TEC governance model means that responsibilities have been somewhat diffuse. More robust government ownership might have been generated if the originally nominated officials had taken part rather than delegating to frequently-changing alternates. TAMA, acting as Secretariat to the committees, has, not unreasonably, filled the vacuum and assumed more direct control of the quality of the technical assistance provided for the programmes.

3.4 TAMA's experience with the local consultancy market

TAMA experience shows that there is expertise available in Pakistan that can be deployed in the health sector. Of the 149 consultants that TAMA has deployed, 15 were government servants deputed from government departments. However, when one takes into account the government servants who were used by TAMA after their retirement or from among those who left government jobs before being recruited through TAMA, then the number is much larger.

Regardless of this, the large majority of consultants used by TAMA were taken from the open market. Only 20 international consultants were hired. TAMA did not report any particular supply side issues in recruiting consultants at the federal or provincial

level. While TAMA initially confined itself to using consultants from among the consortium partners, they later expanded their sources beyond this group. This flexibility in using local consultants from the open market should be retained in future technical assistance provision and should be specified in the bidding documents.

3.5 Opportunities and constraints faced by government departments at provincial and federal level in procuring services and technical assistance

The opportunities and constraints faced by Government Departments in procuring services and technical assistance at the federal and provincial level are common in many respects. However, at the provincial level, the problems are compounded by shortages of human and financial resources. Some of the key issues are outlined below.

The Public Sector Development Programme and the PC-1 are mechanisms for securing financing for Government departments and programmes. Programmes can, in principle, access PSDP funds through PC-1 proposals, usually for capacity building related to discreet projects or plans. TA needs to be well defined in PC-1 documents, and the lack of capacity to do this is a key reason why this avenue is not extensively used. Furthermore, where it is used, TA is often the first thing to be dropped if the budget is challenged.

Programme managers and department heads are often not comfortable with identifying their technical assistance needs. This is particularly so with longer programmes (normally five years for a PC-1 programme). In addition, those responsible for preparing PC-1s do not see planning for technical assistance as part of their jobs and consequently do not budget for short-term positions.

It is very difficult to raise funds for technical assistance if provision is not made in the original PC-1. Where PC-1s have been preceded by PC-2s, then the request for TA is an integral part of the planning document. Most infrastructure projects follow this procedure, while social sector projects do not.

Programme Managers who are more aware of technical assistance requirements are reluctant to include them in PC-1s because they feel that any TA budget will be sacrificed in the battle for resources that will inevitably follow. Even when requirements for technical assistance are well articulated and are budgeted, the government system for procurement is cumbersome and most managers prefer to let the funds lapse rather than try to utilise them.

The lack of capacity to identify needs for technical assistance is becoming an increasingly important issue both at the Federal and Provincial levels. At the Federal level, there is some discomfort in identifying technical assistance needs, and officials felt they would appreciate outside help from specialists in this area. Some expressed doubt about the capacity of the Ministry of Health to properly oversee or help identify needs for technical assistance. Frequent transfers and postings of officers from other ministries with little understanding of health sector issues added to the difficulty of proper needs identification.

At the Provincial level, the fact that since 1995 all staff in health departments have been recruited on relatively short-term, one or two year contracts, has meant the development of what might be described as a “culture of short-termism”. Whilst this inevitably has an impact on the whole range of government business, it also impacts on the design of longer-term projects and programmes and has led to the situation where their capacity to plan for long-term technical assistance support is severely compromised.

A review of the PC-1s of several of the federally funded programmes reveals that most of them have not budgeted in any significant manner for technical assistance (see Table 3.1). In identifying what is and is not Technical Cooperation, DFID's standard definition is used, i.e. "*the provision of know how in the form of personnel, training, research and associated costs*." The Lady Health Worker Programme PC-1 is designed to cover the period 2003-2010 and has a total budget of Rs. 39 billion. While a line item for technical assistance is built into the budget, this is strictly speaking not for the programme itself but for establishing a Project Management Unit in the Ministry of Health and to finance four long-term positions in that unit. The total allocation for technical assistance in the LHW programme amounts to 1% of the total budget.

The PC-1 for the National Tuberculosis Programme (2005-2010) has a budget of Rs 1.184 billion, with a staff training cost of Rs 8 million, but no provision for technical assistance. The total allocation for technical assistance type activities is 4% in the NTP.

The Roll Back Malaria PC-1 for 2005 -2011 has a budget of Rs 2.265 billion in which a TA component of a mere Rs 2.7 million has been budgeted under various programme components. However, research and training make up about 13% of the budget.

The yet to be approved PC-1 of the Nutrition Programme for 2007-2011 has a budget of Rs 3.8 billion. Twenty-three per cent of its budget is allocated to a range of capacity-building items, including short training sessions for the LHWs, Supervisors and other field staff.

The NPHU is the only PC-1 in which there is a budget for short-term experts. This budget amounts to Rs 24.5 million out of a total amount of Rs 193 million for 2003/4 to 2007/8. However, the staff positions of this PC-1 are being financed by TAMA and the short-term technical assistance has not materialised. (A new PC-1 awaiting approval redresses this – proposing that GoP take a greater share of the funding commitment.)

These PC-1s are instructive in how they deal with TA. The budget figures for the other programmes could not be obtained in the time available.

Table 3.1: Proposed Allocation for TA Type Activities (in million Rupees)

Programme	Total Budget	Personnel	Training	Research	
				Amount	% Budget
Lady Health Worker Programme (2003-2010)	39,381	105	7	300	1%
National Tuberculosis Control Programme (2005-10)	1,184		8	35	4%
National Nutrition Project	3,848		863	29	23%
Malaria Control Programme (2005-2010)	2,265	2.7	239	60	13%

Even when a budget is allocated, it doesn't necessarily follow that it will be used. Most programme staff at the federal and provincial level are engaged in the day to day business of managing large programmes and do not always have time, experience or competencies to develop robust terms of reference for research studies or consultants, hire teams and then supervise their work. Even those with competence prefer to spend their time on other activities as the procurement of technical assistance is seen as a cumbersome task. This is a key reason why the research budgets in most projects and programmes are typically under-spent.

3.6 Conclusions

TAMA effectiveness

TAMA has proved to be an effective mechanism for procuring and, as its name implies, managing technical assistance for the various programmes that comprise the National Health Facility.

TAMA has tended to take a proactive leadership role, using its role as Secretariat for the TECs and the TOC, although in reality it is accountable to government at federal and provincial levels. This is a response to government leadership having been largely reactive.

The model has shown itself capable of procuring significant volumes of technical assistance, to be flexible and responsive to the requirements of the NHF Programme Managers/Directors, and capable of adapting and developing provincial procurement structures.

Criticisms that TAMA may have been procuring the wrong type or quality of consultants, or that consultants have been used inappropriately, are not the fault of the procurement model. It must be for Government to decide the nature and role of consultants used. It seems that it is the lack of appropriate government leadership and, probably, inappropriate representation on the five TAMA Executive Committees that are to blame for these perceived weaknesses, not the TAMA model.

Sources of technical assistance and their flexibility

The main opportunity for provincial and federal government departments to access technical assistance comes via the development partners. Each of the federally funded health programmes has access to TA from a host of agencies in addition to TAMA. UN agencies including WHO, UNFPA, and UNICEF have been principal sources of technical assistance in the health sector. The World Bank and ADB have also been active.

Examples include the TB control programme, which receives assistance from USAID, channelled through WHO, and from several other sources. The Nutrition Programme uses assistance from a number of donors. The National AIDS Control programme has received World Bank TA support and the Asian Development Bank finances the Women's Health Project. TA provided through such programmes is usually aligned closely with needs identified during project design. While many of the programmes listed above have some flexibility in their TA provision, this tends to be less than the flexibility and responsiveness that TAMA is able to provide.

Managers' use of TA

Even when technical assistance is incorporated into programmes, managers are not always able to make the best use of it because counterparts are not identified or the expert is used for routine tasks to cover for staff or skills shortages. A proper system of mentoring and transfer of knowledge and expertise is not built in. Even when the technical expert is contributing to system development there is no person assigned to learn from their expertise so, when the technical assistance is withdrawn, there is no one to take over the role. In a few cases, programme managers have also used support from TAMA to compensate for inadequately qualified regular staff posted to their programmes rather than bid for better qualified staff from the Ministry. This has happened in the Lady Health Worker Programme and the National Health Policy Unit, for example.

The provision of technical assistance is also hampered by the difference between the higher pay of consultants and regular government staff whom they support. This differential causes friction and does not lead to the ideal learning environment. Problems are further compounded where young professionals or government servants are hired as consultants while on deputation or leave.

The UNDP model particularly suffers from this aspect. In this case, the National Programme Coordinator, who is the Government counterpart, is the head of the project but is not paid additional compensation. However, the directly recruited Project Manager, who is often less experienced, is paid a much higher compensation package. By comparison, the ADB pays a slightly higher compensation package than government to its project managers, and the government servants who are sent on deputation to manage these projects are more content. However, this model leads to a brain drain from the government to the projects as the best government officials compete to get assigned to these posts.

Most programme managers do not have a systematic approach in requesting technical assistance. This leads to a tendency to try and get what they can from any source available. This erodes the efficacy of technical assistance and does not contribute to long-term capacity building.

The approach of the National Aids Programme, highlighted as a success story earlier in this section, is very instructive in this context. Its manager has developed a clear and pragmatic approach to accessing technical assistance. She has refused all

donor funded long-term staff positions because, being subject to donor financing, they be discontinued at the end of a project. Her approach is to obtain approval of long-term positions through the regular budget and to use donor-funded short-term inputs only for specific tasks. This approach has worked well and led to the development of a good cadre of people within the programme. Most other programmes that fill long-term positions through projects find their capacity truncated when the funding come to an end.

Government ownership

The fact that actual clients who use the technical assistance procured by TAMA, the various programme managers, are not present or directly represented on the TAMA Executive Committees probably contributes to the lack of obvious Government ownership of the TAMA process.

As has been discussed, an advantage of the TAMA model is its distance from government in terms of its procurement process. If there were stronger, more appropriate government representation on its various governance committees, it would not be difficult to envisage moving closer to the vision envisaged by the Paris Declaration. Government rather than the donors could establish a Technical Assistance Procurement Agency. Such an agency would use its own procurement methods geared up to supporting government programmes but it would, importantly, be an agency established and performance managed by government.

The distance from government of a model such as TAMA, even if established by government, would probably be attractive to donors as a model for pooling resources because it would be established to use "best practice" procurement processes and subject to audit. Donor representatives could participate in the governance arrangements. All stakeholders would have to be satisfied that government had the capacity to manage an arm's-length procurement agency effectively. The delays experienced in procuring the PSO for the HNPS programme in Bangladesh may be instructive, and it would be useful to build on that experience with establishing and managing its own technical assistance agency.

4. The Regulatory Framework

In 2002 Pakistan set up the Public Procurement Regulatory Authority through a Presidential Ordinance. This was part of the outputs from the on-going revamping of the Auditing, Accounting, Budgeting and Financial Management functions of the government, aimed at improving transparency in fiscal and accounting operations and reducing corruption.

The Ordinance was issued to over-ride the discretion available to Federal Government agencies in using self-generated procedures for procurement. To attain these objectives, the Government of Pakistan's Finance Division issued the S.R.O.[4] 432 (I)/2004, setting out the Public Procurement Rules, 2004. These Rules clearly stipulate that they "*shall apply to all procurements made by all procuring agencies of the Federal Government whether within or outside Pakistan*". This law is applicable only at the Federal level, so any discrepancies at the Provincial level and within donor agency guidelines are not affected.

[4] Statutory Regulatory Order

These Rules (generally referred to as the PPRA Guidelines) draw heavily on the World Bank's Procurement Manual with some notable exceptions.

Their characteristics are that they:

- allow for prequalification, thereby possibly restricting competition to some extent;
- recognise the supremacy of donor regulations ("*Whenever these rules are in conflict with an obligation or commitment of the Federal Government arising out of an international treaty or an agreement with a State or States, or any international financial institution the provisions of such international treaty or agreement shall prevail to the extent of such conflict*");
- specify the manner and media which should be used for advertising opportunities for procurement of goods and services but nevertheless allow some discretion in the selection of specific targets;
- provide considerable discretion is establishing criteria for evaluation of proposals;
- permit the re-submission of technical proposals if the original proposals are found to be deficient. The redeeming feature is that all bidders are provided this opportunity. This permits the submission of more responsive proposals;
- are not as elaborate as the Bank's Manual; and they
- are not clear with respect to the procurement of TA and related services.

The Government of Punjab is the only provincial government to have issued guidelines for the selection of consultants. A Handbook sets out details of systems and procedures for inviting and evaluating proposals and capability of both firms and individuals. These were first issued in 1999 and were revised in September 2006. These revised guidelines are still in process and comments have been invited from stakeholders. The Punjab Government guidelines also recognise the supremacy of donor procurement rules and guidelines

One feature of the Punjab's Guidelines is that they specify the composition of the Evaluation Committee and also set out the monitoring framework to supervise the output from the selected Consultant.

It is not the framework or rules and regulations that create the opacity in and impediments to adopting best practices, but the mechanisms and systems adopted for implementation. These impediments are embedded into the existing systems and procedures of Government. Some examples include:

- The Public Sector Development Programme is based on the approval of PC-Is which set out the objectives of the programme or project and the inputs required. Since there is a culture that the Planning Division/ Department invariably trim the requests for budgetary allocation on the basis that there is an overall shortage of public resources, it is the soft element of these projects and programmes that are invariably the first to be axed. Plans for technical

assistance are common targets for such cuts; consequently, TA requests are frequently conspicuous by their absence. See the analysis of health programmes budgets in section 3 of this report.

Consequently, requests for technical assistance are made to donors through the Economic Affairs Division (EAD). Normally the sponsoring agency identifies the source, broadly negotiates the content and funding and then approaches the EAD to place a formal request with the identified donor.

- Government capacity to specify its requirements for technical assistance has been eroded as a consequence of the widespread use of contract employment being offered to fresh incumbents, even at senior levels. Thus the motivation to ensure capacity development within government agencies is no longer present as the planning horizon for these officials is a maximum of two years as compared to the civil servants who could look forward to a minimum of 25 years of service with increasing responsibility over time.

- It is only lately that Guidelines have been introduced. While their use is mandatory, there has been no concerted effort to train the staff involved in procurement in using them effectively. Moreover, there is considerable discretion allowed to deviate from the broad criteria set forth. As such there is no serious effort on the part of government to introduce and endogenise a culture for using the Guidelines. This is further compounded by an absence of dedicated Procurement Officers

- Existing systems and procedures for the approval of TA, selection of consultants and finalising contracts have too many layers of approval, which leads to delays

- Committees established by governments for procurement have a membership of senior officials who are experienced at procurement of goods and works but often have little or no experience of the sector for which TA is being procured. As a consequence, the committees tend not to meet as required, they cannot take decisions and the senior officials do not attend but depute junior officers who do not have the powers to take decisions, and the deliberations are not focussed. There is, therefore, a tendency to refer thorny issues to sub-committees and special review committees for a decision that is then deliberated by the main committee itself.

5. The Supply of and Market for Technical Assistance in Pakistan

5.1 Background

Government and funding agencies in Pakistan have used consulting services for many years. Initially it was limited to the provision of services by international firms, but as national staff were trained and gained experience and knowledge, local organisations began to emerge. Originally limited mainly to engineering, in the mid-fifties it extended to include management, market research, and project and investment planning. The latter was undertaken largely by accountants and specialist organisations established for the task. Growth in these sectors witnessed the phenomenon of retired government officers establishing their own organisations. A large number were one-person operations.

In the early sixties, the need to improve living conditions in squatter settlements (*katchi abadis*) became a matter of concern. This resulted from government no longer providing planned settlements for refugee rehabilitation and from the lack of low-cost options for settling rural-urban migrants. Migration created a need to planning for this growing segment of urban residents. Initially, this job was done by architect/planners who produced urban rehabilitation schemes that shifted segments of these populations to the peri-urban areas, with little or no social or economic infrastructure.

As a consequence, sociologists and economists working with inputs from education and health planners began to make in-roads into this arena. Initially the public sector research institutes offered these services or departments housed within public sector universities. The pioneer organisation offering this specialised service was the JRP-IV Project of the Institute of Social Studies and the University of Karachi. More recently, the research institutes in the social sciences embedded within the public sector universities and private research institutes such as the Sustainable Development Policy Institute, Islamabad and the Social Policy and Development Centre, Karachi have been providing TA at all levels ranging from policy analysis to project implementation, from social development at the grass root level to institutional and governance reform at the highest levels of government.

As the phenomenon of acquiring technical assistance tended to be based on cronyism and nepotism, some of the more professional providers decided to form a national association as a platform to advocate for transparent procurement procedures. The National Association of Consultants in Pakistan (NACOP) was established in the mid 1970s; its membership included the full spectrum of consultancy services, including but not limited to architects, engineers, management consultants, market researchers, sociologists, and economists.

The Association, however, was unable to curtail the under-cutting of bids among the various companies and organisations. Consequently, cost cutting meant the standards of work undertaken were compromised. This was further compounded by the insistence of government agencies for selecting consultants on the value of the proposals rather than on their quality – a spill-over from British Raj procedures. A consequence of this bitter rivalry, particularly among the engineers, was the death of the Association.

Each of the major government agencies involved in developing physical infrastructure maintains a roster of consulting engineers, architects and planners. They do not share these either between themselves or with the organisations registered with them. Each of the firms are categorised by the segment(s) of engineering in which they specialise. Other sources of information on consulting engineers, architects and planners are the Pakistan Engineering Council (PEC) and the Pakistan Council of Architects and Town Planners (PACTP). However, neither body provides ready access to their lists. None of the engineers, architects and town planners, including foreign firms, can operate in the country without such registration. To ensure transparency in the selection process, the PEC has issued a set of regulations governing the provision of TA by consulting engineers.

Apart from the accounting and auditing profession, no comparable bodies exist to ensure quality of consultants. In these areas, each firm has to be licensed by the Institute of Chartered Accountants of Pakistan (ICAP). The list of licensed firms is available only to ICAP members.

5.2 Major Players By Sector

Over the years the availability of local expertise for the provision of TA has increased to span the entire spectrum of development activities, governance and stakeholder empowerment. However, there is a dearth of skills in the pure and applied sciences and some segments of engineering. While in the past such organisation would limit themselves to working within their own areas of professional expertise, most firms, particularly the larger ones, now respond to requests for proposals (RFPs) requiring skills that they buy in from freelance professionals or academics.

This mechanism at times results in the entire team of professionals consisting of individuals who have had no long-term association with the firm responding to RFPs. Owing to the protracted negotiations, these freelance professionals may move on to other assignments and are, therefore, not available when needed. To avoid having to appraise replacement candidates and to avoid further delays, the responding firms keep silent and only after they have signed the contract request for a change in staffing. The end result may well be that the firm awarded the contract is no longer the most suitable for the assignment.

One unethical practice which most of the firms engage in is to negotiate a charge rate with the client that is substantially higher than the implicit amount that should be paid to the free-lance consultant. While negotiating, the margin is understood to be five to ten percent of the charge rate. In actual practice, this could be as high as 50 percent during negotiations with the freelance consultants. Since the latter know they are being offered a raw deal, most walk out. This also adds to the high turnover in the nominated project staff.

One major spill-over of the “body-shopping” technique of stapling together a team for responding to RFPs, has been the exponential growth of freelance consultants, most of whom are retired government officers. Moreover, the increase in availability of grants and loans for development has added to the demand for the provision of consultancy services. Most donor funding agencies have begun to realise the benefits of employing local consultants. These include the price advantage – locals are much cheaper even though they have the same or better qualifications, knowledge of the local socio-cultural milieu, insights into complex political-economic issues, and access into the bureaucracy for designing acceptable implementation mechanisms. This has also resulted in a substantial increase in the fees paid to local freelance consultants, some of whom enjoy fee rates similar or equal to international levels.

The largest number of firms and individuals providing advisory and consulting services are the engineers. The firms alone are estimated to be over 1,000. The number of freelance consultants is estimated to be substantially more than this. The providers of engineering related TA include both public and private sector organisations. The National Engineering Services of Pakistan is by far the biggest organisation and also has the largest turnover. This is solely due to the fact that NESPAK is awarded work by public sector organisations without bidding for it. The private sector firms have been crying foul for years, but to no effect. The public sector agencies using these services state that because NESPAK is in the public sector, they are absolved from any possible audit objections. This situation, however, may no longer prevail when the Auditor General introduces performance audit. This is scheduled for 2008 as part of the PIFRA project.

Examples of the larger private sector civil engineering firms are Associated Consulting Engineers, Engineering Consultants, Republic Engineers, Mott McDonald Pakistan Ltd, Engineering Associates, Techno-Consult, and Associated Consulting Centre. Based on discussions with these organisations and with several government agencies, it would appear that these companies tend to specialise in particular areas of work.

Following close behind these large firms is a plethora of firms and individual practitioners offering services in the accounting, auditing and financial management arena. The six largest of these firms have international affiliations and are part of the global network of some of the largest organisations in the world. These are Taseer, Hadi affiliated to KPMG; AF Ferguson linked to Price Waterhouse Coopers; M Yousuf Adil associated with De Loitte; Anjum Asim Shahid Rahman, which is part of the Grant Thornton network; Sidat Hyder Morshed Associates, who are the local counterparts for Ernst & Young, and EDO Ebrahim who form the local affiliate of BDO.

Taseer Hadi also provides head-hunting services to the corporate sector and each of the others offer services in the management and corporate governance sectors. More recently they are also providing consultancy in the social sectors, generally by employing freelance consultants as members of the teams for providing TA in response to RFPs.

Research institutes and departments that are part of the public sector universities also use their collective strength to sell technical assistance. This is done either institutionally or through a mechanism of a Principal Researcher, who pulls together a team of colleagues, procures the TA and shares a percentage of the fee with the parent organisation for use of its facilities. The advantage of either approach is that the costs charged are substantially lower than the private sector organizations offering the same services. In addition, some of the more professionally sound academicians in these institutes and departments also make themselves available for providing TA either directly to the end-user or as part of a team being proposed by one of the private sector firms. Examples of institutions adopting this approach are the Pakistan Institute of Development Studies, the Applied Economics Research Centre, the Institute of Business Administration, and the Departments of Economics and Business Management. Some of the departments and faculty members concerned cover Social Work, Social Studies, Mass Communication and Women's Studies Departments or Centres of Excellence.

Private sector universities also provide technical assistance. Prominent among them are the Lahore University of Management Sciences, the Aga Khan University, and the Shaheed Zulfiqar Ali Bhutto Institute of Science and Technology.

To some extent these public and private sector academic institutions fill a major void in the social sector arena, particularly in human rights, stakeholder empowerment, governance, education, health and poverty alleviation. However, private firms have also emerged. The most prominent are Systems Ltd, Sosec, Semiotics, and Arjumand Associates. These are augmented by the larger civil society organisations such as the several Rural Support Programmes.

5.3 Technical Assistance in the Health Sector

Technical assistance in the health sector covers a wide spectrum of technical, managerial and organisational disciplines. Assistance for purely technical support covers all clinical specialities aimed at improving clinical practice, as well as public health initiatives concerned with wider aspects of health policy and reform. More general technical support for the health sector is concerned with the policy, planning, organisation, management and economics of health care.

Technical assistance to support the clinical/public health aspects of change or reform tend to be provided by specialist individuals or organisations, such as universities and institutes in the public and private sectors. The soft components of TA, such as management, planning, economics, etc., are provided not only by these individuals and institutions, but also by economists, planners, sociologists and management specialists who work as free-lance consultants or with organisations in the private sector, and by firms specialising in the social sectors that are not limited to health.

Ministries and Departments of Health requiring technical assistance in the clinical arena largely rely on their own budgets to obtain these services on a contract basis, using the services of specialist doctors working with private sector universities and research institutes as well as retired employees. Clinical services are obtained both for specific tasks with a stated output (such as the development of standards operating procedures or to improve systems and procedures), or to augment the capacity of public sector health care facilities where post-retirement vacancies cannot be filled or where such skills are deficient in facilities other than the one from which the individual has retired. Both these types of contract are largely based on cronyism and nepotism and may, therefore, not be the best value for money.

In the non-clinical arena, on the use of TA depends on the availability of funds from a donor-assisted project. This technical assistance is generally provided by larger management or accountancy-based consultancies or, again, by individuals who have a particular skill or service. Such firms can offer a wide range of technical and capacity building support services including research, planning and monitoring.

This support is further augmented through the dissemination of research undertaken by the private sector, either through funding obtained for work in the social sectors or by internally generated funds. Examples of organisations undertaking this kind of activity include the Aga Khan University, Social Policy and Development Centre, the Ziauddin University and the Sustainable Development Policy Institute.

In addition to the universities, institutes and free-lance individuals, a number of local organisations have emerged, specialising in the social sectors including health. These include, but are not limited to, Arjumand Associates, SoSec, Economic Advisory Services, Semiotics, AASA Consulting Ltd. In addition to these, the major accounting and management consulting firms have recently started putting together teams when bidding for advertised projects. These date from as far back as 1974 and are based on one or more individuals having experience of clinical or other aspects of the health sector.

One other mechanism augments these resources. This is where the bi- and multilateral agencies identify the need for specific inputs required either for planning projects to be subsequently funded by themselves or for undertaking specific research, monitoring or evaluation studies. Most of these are not awarded through a

transparent manner, but are based on a selection drawn from a list of available resources registered with them.

In summary, there appears to be no dearth of available mechanisms and resources for the provision of TA in the health sector.

5.4 New Entrants

While there appears to be no dearth of talent and skills, in the final analysis, it is only a selected few providers of technical assistance in each sector who are continuously engaged and are at times overloaded with work. These are the ones who have been tried and tested and have passed muster for professional standards that compare favourably with the best in the world. The best among them either opt for freelance work or set up their own organisations in partnership with like-minded individuals. These also offer opportunities for new graduates to gain experience of working in the field of providing TA.

Over the years, the old-guard is being replaced constantly with a new batch of retirees from government, professionals returning after completing their stint with international agencies (such as the World Bank, the Asian Development Bank and the various agencies of the UN family) or after having achieved their goals in life either as academicians or with the multi-national organisations in the private sector. Depending on their seniority and market exposure, prior to their return, they can walk into and be offered TA assignments.

Others have to go through the same route as internees with one difference - they are selected for senior level positions that require international exposure. The internees are largely the fresh graduates from universities and colleges, particularly from the more well-known in the private sector. To this cohort are the middle-level government officials who retire after completion of service, or those who retire mid-stream voluntarily with confidence in their ability to overcome the challenges thrown at them by the uncertain stream of income as consultants.

Given the size of the market for TA, it is surprising to see that only two organisations offer the services for the procurement of technical assistance. These are KPMG and Sidat Hyder Morshed and Associates in Karachi and Taseer Hadi in Lahore. They identify available talent either from their own roster of freelance consultants or in response to advertisements for specific skills. These skills are matched to meet the manpower specifications specified by the client. More often than not, these organisations prepare a short-list, and if needed, interview candidates before selection for short-listing. As the case requires, either the short-list or the name of the selected candidate is sent to the client.

This service is currently limited to the private sector. Such demands are not placed by the public sector agencies, because government procurement rules do not allow the use of procurement agents such as the Crown Agents and Charles Kendall and Partners. Government agencies circumvent these restrictions by agreeing to the establishment of Project Management Unit (PMU) or Project Implementation Unit (PIU) as a specialised body for the duration of the project. They then request the PMU/PIU to procure the TA identified in the project document from the local market. This has the advantages of removing the political pressure or vested interest interference in the selection process.

6. Future Options: Moving to more Government-led Procurement and Management of Technical Assistance

6.1 Introduction

This section suggests approaches for the medium to longer term that will enable partners and donors to move towards the resolutions of the Paris Declaration on Aid Effectiveness for alignment with national priorities.

The suggestions also seek to facilitate pooling in support of the partner country's programmes. They take account of DFID's "How To" note on technical co-operation. The aim is to achieve sustainability through building the capacity of government systems and institutions. The suggestions will also be flexible and pragmatic, facilitating decentralisation and support for the provincial and district levels of government but without bypassing federal government. There is no attempt to suggest that "one size fits all" in programmes or initiatives.

In addition to the above, any system or process for the procurement of technical assistance in support of a programme or project should aim to ensure that any technical assistance:

- is aligned with and responsive to the needs and priorities of a joint development agenda;
- builds and improves the capacity of the partner with a transfer of skills and knowledge that will enable it to maintain systems and be a continuing resource to support new initiatives and developments without further assistance from the donor;
- represents value for money;
- provides good quality advice, inputs and interventions that are sensitive to the partner's culture;
- are, wherever possible and appropriate, from the partner's own country or region;
- provides a reasonable level of continuity on both sides;
- is procured through processes that are flexible, transparent, comply with international best practice and ensure resources are used for the purpose for which they were provided;
- can be managed, as far as possible, through the partner's own systems and processes; and
- can be monitored and evaluated using outputs rather than inputs ie what is achieved rather than how it is achieved.

6.2 Small scale investment in technical assistance

Current approaches for providing technical assistance for capacity development depend, to a large extent, on the scale of investment being provided and the nature of the programme or project being supported. Where donors invest relatively small amounts to support capacity development in individual projects, they generally build this support as an integral part of the project. Since the volume of funds is small and the purpose for which it is being provided is specified during design, no additional mechanisms are required to manage the technical assistance other than those which are established to manage the project.

This might be called the embedded approach. There are several excellent examples ranging from the UNDP "National Execution" model to the embedded Strategic Policy Unit supporting the strengthening of government at district level in Faisalabad. The fact that one is provided directly by the donor, using its own procurement systems, and the other by a third party agency does not seem to be material.

6.3 Large scale investment in technical assistance

However, where DFID plans to provide large-scale investment for technical assistance to support a sector wide programme or major initiative, such as the NHF, the DSSP or, in future, the MNCH programme, a different model is required. This is particularly the case where the programme aims to decentralise support to lower levels of government including provincial, district and below.

There is limited capacity within the current system to handle large investments in capacity building. Mechanisms such as TAMA have, therefore, proved useful at disbursing funds to a large range of players and generally they facilitate pooling.

There are, however, other models, particularly PATHS in Nigeria, IPSP in South Africa and SWAp in Malawi, that provide large-scale support to extensive programmes and that embed the technical assistance in government systems. At the same time these systems provide the necessary distance for procurement, free from patronage and delays. Arguably they also provide greater control and responsiveness for programme managers/clients.

In South Africa, DFID's support to the Department of Public Service Administration and provincial governments was delivered through an Integrated Provincial Support Programme. Interestingly, DFID restricted competition for the agency used for the supply of technical assistance to generalist procurement agencies rather than specialists in the sector concerned. This arrangement appears to have worked well and has been responsive to the agenda of central and provincial government. There is clear ownership by government for the quality, management and outputs of the consultants.

The effect of such a change in focus is to make it clear, from the outset, that, whilst an agency may be responsible for procuring consultants, government is accountable for how they are used and for the extent to which they help government deliver its outputs. There should be no separate mechanism for monitoring the performance of consultants outside whatever arrangements have been agreed for the governance of the programme or project.

A shift in emphasis towards procurement should not preclude health specialist consultancy agencies or consortia from undertaking the procurement role in the health sector. However, in considering appropriateness of a particular agency, their skills and experience in procurement should be assessed, rather than the stable of tied consultants and health sector experience they are able to provide.

The CaPAS established by DFID India provides a similar "procurement only" service for partners but, in this case, not through a third party agency.

Experience has shown that, in using third party agencies, whether they are procurement focussed or supply focussed, there is still the need for technical assistance to build capacity within government. This technical assistance needs to be

focussed on helping government align the use of technical assistance with programme/project goals and help with developing terms of reference for consultants.

Such a mechanism ought to provide government with an arm's length agency, free from inappropriate interference and patronage. It should have the flexibility and responsiveness to procure technical assistance that will be managed, controlled and accounted for by government rather than the agency – which would be in keeping with Paris Declaration resolutions and the guidance of DFID's "how to" note. Given that a prerequisite for any agency should be that it uses procurement processes that comply with international best practice, it should also give confidence to other donors that might be willing to pool funding with DFID.

When designing such an agency, government and its donor partners could also, where suitable, use government's own procedures for procuring technical assistance, albeit under the control of the agency. It is likely that procedures would have to be adapted to comply with international best practice but moving towards the use of government's own procurement systems could be included as a condition of any contract.

It could be argued that few governments have the specialist capacity for cost effective, responsive, flexible and reasonably quick procurement. Some, as with the UK Government, have established specialist, highly efficient and cost effective procurement units such as CaPAS. These units are able to procure large volumes of technical assistance for a wide range of programmes and projects.

However, this approach, if it were established by DFID Pakistan, would not comply with the "how to" advice or move towards the Paris Declaration's aim that procurement should, increasingly, be under the control of the partner government. An alternative would be for the partner government to establish its own arm's length procurement agency or strengthen existing cells. Whilst this appears a logical and attractive way of building specialist procurement capacity, there is a danger that such a unit, even at arm's length would be subject to the pressures and patronage of the bureaucracy. This could distort priorities and reduce its effectiveness.

Another, possibly more practical, approach would be for government to accept that procurement of technical assistance is not part of its core business. It could then outsource procurement to an appropriate agency acting on its behalf. This approach would ensure that government controls the process of procurement through its contract with the agency but that the use, monitoring and management of consultants would be directly under its control.

Thus government could use a procurement bureau, or what is sometimes called a "body shop", to supply consultants. A key task of such an agency would be to develop and maintain a list of pre-approved firms and consultants that could be accessed and contracted through the procurement bureau. Government programme directors and managers would select from the list and the agency would arrange the contracts and payment.

As pointed out in section 5, there is a limited number of procurement agencies in Pakistan and there appear to be limitations on the use of international agencies. If government decided to go down the procurement route by employing its own agency, some adjustment would have to be made to the procurement rules.

If such an approach were considered, it should be possible to provide programme managers at different levels of government with a notional, ring fenced technical assistance budget as part of the design and conditionalities of a project or programme.

In Malawi, something of a hybrid has been successfully implemented, with government using its own procurement systems for short-term consultancy assignments and an agency (led by LATH) procuring long-term, higher-cost consultants. A similar approach has been agreed for the Bangladesh Health, Nutrition and Population Sector Programme, with government using World Bank procedures to procure high value contracts and their own systems for contracts valued at less then $200,000. However, the arrangement is not yet functioning.

6.4 Moving towards a greater provincial and district focus

In programmes where a major share of the capacity building will be at district level, the mechanism used to procure technical assistance will need to take this into account. Typically, programmes use tied grants to ensure the flow of funds to the lower tiers of government and ensure they are used for specified purposes.

Thus a flexible technical assistance facility based at the provincial level, which proactive districts that meet set criteria can access, should be considered. In designing such a mechanism, it is recommended that the views of the districts should be sought through a participatory process. A workshop should be convened where a selection of the proactive districts can comment on how technical assistance should be procured and managed.

The positive experiences of other programmes operating at district level should inform the design. The Faisalabad District Devolution Project has an extensive technical assistance component directed at the district level. It is an extremely ambitious project covering all aspects of government at district level and, as such, extremely resource and management intensive and requiring long term support. However it does provide a model for effective targeting of technical assistance at district level that could inform programmes operating largely at district level.

The USAID model under the Education Sector Reform Agenda was also focused at the district level used NGOs as a delivery mechanism. However, while the model is effective in delivering some types of assistance, it is perceived as being outside the government system, builds little long-term capacity or ownership, and is not sustainable. Often the implementing NGO has limited capacity and uses technical assistance funds to rapidly expand and build its own capabilities. A regional presence that grouped a cluster of districts was considered, but in the past such a regional presence has not been very effective as the actual powers were held at provincial level.

There is a view that future health programmes should simply use TAMA as the mechanism for procuring technical assistance to support programmes. It is seen as a model that, if used properly with strong and effective programme leadership, can work effectively and deliver technical assistance when and where it is required.

Understandably few prospective programme managers or directors are keen to be used to test new, untried models which could cause delays and might prove ineffective.

In designing future processes for technical assistance for the health sector it is recommended that DFID Pakistan considers models that combine the strengths of the embedded units at district and provincial levels (the Faisalabad and NWFP models), some of the features of the UNDP's National Execution model, and the IPSP procurement model used to support the Department of Public Service Administration's service delivery in South Africa.

It is therefore recommended that any third party agency should concentrate on the procurement of technical assistance rather than its management. It is suggested that procurement could be through units located at national and provincial levels.

Each autonomous unit would be headed by a manager reporting to the focal person responsible for programme implementation at the provincial and national levels. This manager would also provide technical assistance, particularly at provincial level, to help each focal person to decide what type of technical assistance is required to support their programme at both provincial and district levels. This would help to ensure that terms of reference are aligned to programme objectives and goals, and build programmes' capacity for the management of their own consultants (procured for them by the unit).

In addition to this technical assistance component, each unit would also establish a procurement arm to obtain all the consultants for supporting the implementation process at provincial and district levels. (In the IPSP there were one or two consultants providing technical assistance in each province and a team of between five and seven people in each procurement team.) The unit located at the national level would probably be smaller to account for the lower levels of investment at that level in comparison with the provinces and districts.

As with the SPU Faisalabad and HSRU NWFP models in Pakistan, the units would be embedded in the government's own programme management structures. However, the units would be staffed by a third party agency procured through international competition. Those competing might be specialist procurement agencies or consultancy companies but their brief would be to procure technical assistance, not to supply or manage it. It would be important for them to have very strong links with the market for technical assistance in health in Pakistan and an excellent track record in procurement in the Pakistan market.

As far as procurement processes are concerned, the agency establishing the procurement units would have to develop procedures that comply with international good practice. Having said that, where elements of the government's own procedures can be used and still meet the minimum standards of good practice, this should be done.

The agency establishing the unit would also have to ensure that its units use and maintain the highest possible standards of transparency and governance. They should be subject to regular audit. The provision of efficient, effective procurement of technical assistance that meets accepted international standards of probity, transparency and governance should facilitate pooling of funds from other donors

6.5 An enabling environment

A key reason why resources for technical assistance are not included in government PC-1s, or if they are included, not spent, is the reluctance of government programme directors/managers and other drawing and disbursement officers to take responsibility for committing technical assistance funds. The reason, although not always stated explicitly, is pressure from patronage.

At present, government officials tend to prefer procurement to be at a safe distance from their internal decision making processes. They feel that, by working with the donor, either directly or through an agency, they have a better chance of getting the technical assistance they require than they would by using internal, government processes. A key challenge for any move towards more market driven procurement and management of technical assistance will be building capacity in government systems to ensure transparency, good governance and objectivity in decisions.

TAMA is located at a safe enough distance from the government procurement system to enable it to work without delays, cumbersome processes or undue pressure/patronage. This balance, which combines the stewardship and ownership of government while at the same time keeping the financial liability outside their domain, will be critical in the medium term. However, the problem will still have to be overcome if the vision for a more "market oriented approach to technical assistance where it is untied from donor country suppliers, procured directly by partner countries through national systems, and nationally managed" is to be realised.

Another key factor with regard to the procurement of technical assistance is the lack of an enabling environment in which government staff can use their competence to deliver on policies and strategies. An illustration of this in Pakistan is the large number of consultants used to finance routine positions and to use funds under the NHF PC-1 preparation. The reason for this was not always lack of capacity. It was often lack of time of existing staff and lack of financial support for data collection and the type of consultation required to prepare a good PC-1.

In the long-run, government needs to build capacity to enable it better to identify requirements for technical assistance, orienting its staff to budget for it and to modifying its rules to allow for technical assistance funds to be used effectively. Most PC-1s of the national programmes have little provision for short-term technical assistance inputs. Future technical assistance should help government with this aspect and apply some conditions to enable it to happen in a phased manner.

The TAMA experience has also shown that the design of TA underestimated the technical capacity required to manage it. TAMA rectified this by building capacity to provide more technical oversight. In future the level of capacity required to administer the volume of technical assistance should be carefully considered.

6.6 Conclusions

It is proposed that the following guiding principles should inform future strategies for DFID's future investment in technical assistance to support the health sector in Pakistan.

- Any third party mechanisms should place more emphasis on the procurement than the supply and management of technical assistance, although third parties have an important role in building local capacity for all three aspects.

- Technical assistance linked to procuring consultants from a particular consultancy firm or consortium should be phased out and priority given to sourcing local or regional consultants.

- Design of new models for the procurement of technical assistance should seek to minimise the barriers to market entry for local and regional firms or consultants.

- Government should consider controlling the procurement of technical assistance by outsourcing the specialist procurement function to a third party agency.

- As far as possible, any model for the supply of technical assistance should ensure that it is embedded in and accountable to the different levels of government (district, provincial or national) where it is required to implement programme objectives and goals.

- Any model should include an initial component of technical assistance aimed at strengthening government's capacity to decide the need, scope, function, alignment and affordability of technical assistance to support the various components of a programme. This should include helping government in the development of terms of reference.

- For the time being, keep the procurement agency at arm's length and independent.

- Where possible, the agency should follow government's own procurement systems where these use internationally recognised good practice.

- Resources for technical assistance should be made to government in the form of ring-fenced, notional "TA budgets", specifically allocated for the support of a particular programme component or level of government.

- Government officers should be given authority to "order" technical assistance from the procurement agency in line with their "TA budget", programme design and any other criteria that might be agreed.

- Government should be held accountable for the quality, management and performance of consultants procured for them.

- There should be no separate mechanisms for the monitoring and management of technical assistance beyond those agreed as part of the programme design to monitor implementation progress.

If these guiding principles were followed, it would ensure the procurement process was transparent, followed international best practice, facilitated pooling and moved towards fully national procurement processes. Most importantly, it would move responsibility for the quality, management and contribution of technical assistance to government programme managers and directors.

If an effective technical assistance procurement mechanism were established by government, consideration could also be given to using it to procure assistance for other programmes, possibly in different sectors, thus achieving a degree of continuity and economies of scale. CaPAS in India is probably the best example of this, though not itself a government mechanism.

ANNEX A
Use of TAMA Funds

Table 1: TAMA Assistance by Programme/Ministry (Jan 2004 - Dec 2006)

	Federal	Provincial	Total
Programme / Ministry			
National Expanded Programme on Immunization	£289,302	£4,556	£293,858
Lady Health Workers Programme	£373,159	£25,600	£398,759
National AIDS Control Programme	£649,171	£22,543	£671,714
National Health Policy Unit	£570,673	£0	£570,673
National Malaria Control Programme	£577,726	£5,236	£582,962
National Nutrition Programme	£159,846	£0	£159,846
National Tuberculosis Programme	£95,757	£0	£95,757
Ministry of Population Welfare	£640,421	£16,573	£656,994
Ministry of Finance	£151,823	£0	£151,823
Ministry of Health	£580,046	£0	£580,046
Total	**£4,087,924**	**£74,508**	**£4,162,432**

TA quality assurance by technical team and operational cost	**£1,849,630**
Total expenditure	**£6,012,062**

Table 2: TAMA Assistance Planned by Programme/Ministry (Jan 2007 - Nov 2007)

	Federal	Provincial	Total
Programme / Ministry			
National Expanded Programme on Immunization	£55,035	£49,345	£104,380
Lady Health Workers Programme	£10,500	£147,984	£158,484
National AIDS Control Programme	£15,650	£162,230	£177,880
National Health Policy Unit	£117,450	£0	£117,450
National Malaria Control Programme	£52,452	£102,350	£154,802
National Nutrition Programme	£22,154	£36,000	£58,154
National Tuberculosis Programme	£43,465	£75,500	£118,965
Ministry of Population Welfare	£422,325	£244,000	£666,325
Ministry of Finance	£22,470	£0	£22,470
Ministry of Health	£127,741	£366,000	£493,741
Total	**£889,242**	**£1,183,409**	**£2,072,651**

TA quality assurance by technical team and operational cost	**£485,709**
Total Expenditure	**£2,558,360**

Table 3: TAMA Assistance Planned and Projected (January 2004-November 2007)

	Federal	Provincial	Total
Programme / Ministry			
National Expanded Programme on Immunization	£344,337	£68,302	£412,639
Lady Health Workers Programme	£383,659	£173,584	£557,243
National AIDS Control Programme	£664,821	£209,773	£874,594
National Health Policy Unit	£688,123	£0	£688,123
National Malaria Control Programme	£630,178	£122,586	£752,764
National Nutrition Programme	£182,000	£55,450	£237,450
National Tuberculosis Programme	£139,222	£100,500	£239,722
Ministry of Population Welfare	£1,062,746	£290,548	£1,353,294
Ministry of Finance	£174,293	£0	£174,293
Ministry of Health	£707,787	£401,100	£1,108,887
Total	**£4,977,166**	**£1,257,917**	**£6,399,009**

TA quality assurance by technical team and operational cost	**£2,335,339**
Total expenditure (A + B)	**£8,734,348**
Total initial project funding	£6,539,348
Additional funding approved by DFID	£2,195,000
	£8,734,348

Table 4: Summary of Consultants placed by TAMA at the Federal and Provincial levels (Status as of February 2007)

Name of Programme/Ministry/Department	Consultants placed in Individual TA	Consultants placed in Studies/ Trainings	Total placed at Federal level	Punjab	Baloch-istan	NWFP	Sindh	Placed at Provincial level	Total Consultants placed
National Health Policy Unit	**19**	**-**	**19**	**-**	**-**	**-**	**-**	**-**	**19**
National Programme for Family Planning & Primary Health Care	**10**	**-**	**10**	**01**	**-**	**-**	**01**	**02**	**12**
Malaria Control Programme	**04**	**07**	**11**	**01**	**01**	**02**	**01**	**05**	**16**
Tuberculosis Control Programme	**01**	**02**	**03**	**01**	**-**	**01**	**-**	**02**	**05**
Expanded Programme on Immunization	**02**	**06**	**08**	**-**	**02**	**03**	**-**	**05**	**13**
NutritionProgramme	**06**	**-**	**06**	**-**	**01**	**02**	**01**	**04**	**10**
AIDs Control Programme	**08**	**04**	**12**	**01**	**01**	**01**	**03**	**06**	**18**
Ministry/Departments of Population Welfare	**08**	**08**	**16**	**-**	**-**	**01**	**02**	**03**	**19**
Ministry/Departments of Health	**02**	**02**	**04**	**02**	**01**	**02**	**01**	**06**	**10**
Ministry of Finance	**04**	**06**	**10**	**-**	**-**	**-**	**-**	**-**	**10**

Name of Programme/Ministry/Department	Consultants placed in Individual TA	Consultants placed in Studies/ Trainings	Total placed at Federal level	Punjab	Baloch-istan	NWFP	Sindh	Placed at Provincial level	Total Consultants placed
Ministries of Health & Population Welfare	**-**	**16**	**16**	**-**	**-**	**-**	**-**	**-**	**16**
Department of Health Punjab	**-**	**01**	**01**	**-**	**-**	**-**	**-**	**-**	**01**
Total number of Consultants	**64**	**52**	**116**	**06**	**06**	**12**	**09**	**33**	**149**
Of the Total Consultants from Govt.	***09***	***02***	***11***	***01***	***-***	***03***	***-***	***04***	***15***
Of the Total International Consultants	***06***	***12***	***18***	***-***	***-***	***01***	***01***	***02***	***20***

ANNEX B

Federal Ongoing TA Categorized As Individual Consultants

Annex-B								
Progress of Federal Ongoing TA (Individual Consultants)								
TA Code	TA Name	Mos	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
National Health Policy Unit (NHPU)								
NHPU-1	**Chief NHPU**	**24**	**Ongoing**	**01/04/05**	**31/03/07**	**1**	**Dr. Mushtaq Khan**	**Non-Govt.**
NHPU-3	**Health Policy Analyst**	**09**	**Ongoing**	**06/12/06**	**30/06/07**	**1**	**Dr. Talib Lashari**	**Non-Govt.**
NHPU-4	**Health Economic and Financial Expert**	**06**	**Contracting**	**Feb. 07**		**-**	**Consultant selected. But regretted to join**	**--**
	M&E Specialist	**08**	**Ongoing**	**10/11/06**	**30/06/07**	**1**	**Dr. Sohail Amjid Skeikh**	**Non-Govt.**
NHPU-8A	**Research Associate-1**	**19**	**Consultant resigned. Sourcing**	**01/08/05**	**31/08/06**	**1**	**Ms. Naushin Hussain**	**Non-Govt.**
NHPU-8B	**Research Associate-2**	**18**	**Consultant resigned. Sourcing**	**01/09/05**	**31/08/06**	**1**	**Dr. Ahsan Latif**	**Non-Govt.**
NHPU-8C	**Research Associate-3**	**22**	**Ongoing**	**01/09/05**	**30/06/07**	**1**	**Ms. Saadya Razzaq**	**Non-Govt.**
	Research Associate-4	**8**	**Ongoing**	**07/11/06**	**30/06/07**	**1**	**Dr. Haroon Afridi**	**Non-Govt.**
	Research Associate-5	**7.5**	**Ongoing**	**22/11/06**	**30/06/07**	**1**	**Mr. Ashar M. Malik**	**Non-Govt.**
	Research Associate-6	**20**	**Consultant resigned (Selected as Policy Analyst) - Sourcing**	**01/09/05**	**05/12/06**	**1**	**Dr. Talib Lashari**	**Non-Govt.**

Annex-B

Progress of Federal Ongoing TA (Individual Consultants)

TA Code	TA Name	Mos	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
NHPU-11	**Office Manager**	**20**	**Consultant resigned. Sourcing**	**01/09/05**	**31/10/06**	**1**	**Mr. Muhd. Tanveer**	**Non-Govt.**
	Finance Officer	**9.5**	**Ongoing**	**18/09/06**	**30/06/07**	**1**	**Mr. Waheed Ahmad**	**Govt.**
NHPU-13	**IT Expert**	**22**	**Ongoing**	**01/09/05**	**30/06/07**	**1**	**Mr. M. Usman Khan**	**Non-Govt.**
NHPU-14A	**Office Support Staff (Secretary)**	**3**	**Ongoing**	**01/08/05**	**30/06/07**	**1**	**Ms. Rohina Nazli**	**Non-Govt.**
NHPU-14B	**Office Support Staff (Secretary)**	**18**	**Consultant resigned. Sourcing**	**01/08/05**	**31/08/06**	**1**	**Ms. Sumaira Khan**	**Non-Govt.**
	Office Support Staff	**06**	**Ongoing**	**5/12/06**	**30/06/07**	**1**	**Mr. Peerzada**	**Non-Govt.**
	Office Support Staff (Secretary)	**21**	**Ongoing**	**18/10/05**	**30/06/07**	**1**	**Ms. Naila Nawab**	**Non-Govt.**
	Office Support Staff	**24**	**Ongoing**	**22/07/05**	**30/06/07**	**1**	**Mr. M. Naeem Khan**	**Non-Govt.**
	Office Support Staff	**22**	**Ongoing**	**02/08/05** **06/02/06**	**27/01/06** **26/06/07**	**1** **1**	**Mr. Shoaib Khalil** **Mr. Naheed Khan**	**Non-Govt.** **Non-Govt.**
National Programme for Family Planning and Primary Health Care								
LHW-1	**National Programme Adviser**	**32**	**TA Completed.**	**1-Feb-04**	**31-05-06**	**1**	**Dr. Imtiaz Malang**	**Non-Govt.**
LHW-2	**Management Adviser**	**24**	**TA Completed.**	**01/05/05** **17/01/06**	 **16/01/07**	**1** **1**	**Dr. Mushtaq Ahmad** **Dr. Fawad Khan**	**Govt.** **Govt.**

Annex-B

Progress of Federal Ongoing TA (Individual Consultants)

TA Code	TA Name	Mos	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
LHW-3	**Financial Adviser**	**32**	**TA Completed.**	**1-02-04**	**30-09-06**	**1**	**Mr. Freed Khokhar**	**Non-Govt.**
LHW-4	**Logistics Adviser**	**20**	**TA Completed**	**22-09-04**	**21-09-05** **21-05-06**	**1**	**Mr. Inamullah Khan**	**Non-Govt.**
LHW-5	**Procurement Adviser**	**7**	**TA Completed**	**10-11-04**	**09-06-05**	**1**	**Mr. Tanvir Opal**	**Non-Govt.**
LHW-6	**MIS Adviser**	**24**	**TA Completed**	**1-02-04**	**31-01-06**	**1**	**Mr. Anwar Hussain**	**Non-Govt.**
LHW-7	**BCC Adviser**	**12**	**TA Completed**	**1-11-04**	**31-10-05**	**1**	**Mrs. Asma Akbar**	**Non-Govt.**
LHW-9a	**Training Adviser**	**12**	**TA Completed.**	**18-11-04**	**17-11-05**	**1**	**Dr. Saleem Wali Khan**	**Non-Govt.**
LHW-11	**Office Manager/ Coordinator**	**24**	**TA Completed**	**1-02-04**	**31-01-06**	**1**	**Mr. Khawar Atta**	**Non-Govt.**
National Malaria Control Programme								
Mal-1	**International Programme Adviser**	**22**	**TA Completed**	**24-09-04**	**31-07-06**	**1**	**Dr. Chandana Mandis**	**Non-Govt.**
Mal-2	**Epidemiologist**	**15**	**Consultant resigned on 30/9/05. TA Completed**	**1-07-04**	**30-09-05**	**1**	**Dr. Sharif Ahmad Khan**	**Govt.**
Mal-3	**Programme Officer**	**24**	**TA Completed**	**9-08-04**	**8-08-06**	**1**	**Dr. Mubashir Malik**	**Govt.**

Annex-B

Progress of Federal Ongoing TA (Individual Consultants)

TA Code	TA Name	Mos	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
Mal-4	**Administrative Assistant**	**12**	**TA Completed**	**20-12-04**	**19-12-05**	**1**	**Mr. Qamar-uz-Zaman**	**Non-Govt.**
National TB Control Programme								
TB-2	**Expert in Communication Strategies**	**8**	**TA Completed.**	**4-04-05**	**3-12-05**	**1**	**Mrs. Amna Aly Kamal**	**Non-Govt.**
National Expanded Programme for Immunization								
EPI-1A	**Health Education Expert with IPC as a specialty**	**3**	**TA Completed**	**5-07-04**	**20-11-05**	**1**	**Ms. Shazia Hussain**	**Non-Govt.**
EPI-1B	**Social Mobilization Expert**	**6**	**TA Completed**	**5-07-04**	**4-01-05**	**1**	**Ms. Sheeba Afghani**	**Non-Govt.**
National Nutrition Programme								
Nut-1	**Finance Manager**	**32**	**TA Completed. TA further extended**	**28/10/04**	**30/6/07**	**1**	**Mr. Khan Badshah**	**Govt.**
Nut-2	**Project Support Officer**	**29**	**TA Completed. TA further extended**	**14-07-04** **08-08-05**	**07-04-05** **07-11-06**	**1** **1**	**Mr. Naseem A. Khan** **Dr. Fakhara Naheed**	**Govt.** **Non-Govt.**
Nut-3	**Health Planner for revision of PC-1**	**3**	**TA Completed.**	**02-07-05**	**30-10-05**	**1** **1**	**Mr. Naseem A. Khan** **Mr. Afeef mahmood**	**Govt.** **Non-Govt.**
Nut-4	**Administrative Officer**	**9**	**TA Completed**	**19-08-05**	**18-05-06**	**1**	**Ms. Sadia Abrar**	**Non-Govt.**

Annex-B

Progress of Federal Ongoing TA (Individual Consultants)

TA Code	TA Name	Mos	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
National HIV/AIDS Control Programme								
NACP-1	**International HIV/AIDS Lead Specialist**	**94 days**	**TA Completed**	**30-05-05**	**11-11-06**	**1**	**Dr. Paul Johnssen**	**Non-Govt. (Intl. Consultant)**
NACP-2	**BCC International Specialist**	**12**	**TA Completed**	**21-03-05**	**20-09-06**	**1**	**Dr. Joseeh Rittmann**	**Non-Govt. (Intl. Consultant)**
NACP-3	**Finance Manager**	**12**	**TA Completed.**	**01-02-04**	**31-01-05**	**1**	**Mr. Salman Amin**	**Non-Govt.**
NACP-4	**Procurement Adviser**	**12**	**TA Completed.**	**1-02-04**	**31-01-05**	**1**	**Mr. Shahzad Bangash**	**Non-Govt.**
NACP-6	**Specialists (International + National) to Develop M&E Framework**	**3**	**TA Completed.**	**-**	**-**	**1 1**	**Dr. Adnan Khan Mr.Joost Hoppenbrouwer**	**Non-Govt. Non-Govt. (Intl. Consultant)**
NACP-7	**Specialists for Policy/ legislation Development (International + National)**	**3**	**Ongoing**	**12-01-06**		**1 1**	**Mr. Anees Jillani Mr. Lane Porter**	**Non-Govt.**
NACP-8	**Specialist for Protocol Development**	**3**	**TA Completed**	**--**	**--**	**-**	**Dr. Paul Johnssen**	**Non-Govt. (Intl. Consultant)**
NACP-9	**Capacity Building for PACPs/NGOs**	**3**	**TA Completed**	**--**	**--**	**-**	**Dr. Paul Johnssen**	**Non-Govt. (Intl. Consultant)**

Annex-B

Progress of Federal Ongoing TA (Individual Consultants)

TA Code	TA Name	Mos	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
Ministry of Population Welfare (MoPW)								
MoPW-1	**Expert for Training on NS vasectomy**	**88 days**	**TA completed.**	**8-09-04**	**8-01-05**	**1**	**Dr. Tariq Rahim Shah**	**Non-Govt.**
MoPW-2	**Training Methods/ Evaluation Expert**	**121 days**	**Ongoing.**	**4-01-05**	**31-12-06**	**1**	**Dr. Nighat Huda**	**Non-Govt.**
MoPW-3	**Text Book Consultant for Family Welfare Workers**	**180 days**	**Ongoing.**	**1-05-05**	**31-12-06**	**1**	**Dr. Farasat Bukhari**	**Non-Govt.**
MoPW-4	**Social Mobilization Training Consultant**	**3**	**TA Completed.**	**01-05-05**	**31-10-06**	**1**	**Dr. Najma Lalji**	**Non-Govt.**
MoPW-6	**Consultant for PPP Strategic Plan**	**8**	**TA Completed**	**21-10-05**	**30-11-06**	**1**	**Mr. Iftikhar-u-Rehman**	**Non-Govt.**
MoPW-7	**Biostatistician for Training in Reproductive Health Research for National Research Institute for Fertility Care (NRIFC)**	**6**	**TA Completed**	**4-07-05**	**30/10/06**	**1**	**Dr. Arshi Farooqi**	**Non-Govt.**
MoPW-10	**Policy Expert/ Planner**	**24**	**Sourcing. MoPW approval to revised ToRs awaited**	**Feb. 07**	**-**	**1**	**Sourcing**	
MoPW-12	**Communication& Advocacy Specialists (Merger of Media Adviser & Sindh TA on Strategic**	**12**	**Ongoing.**	**30/11/06**	**29/6/07**	**1**	**Dr. Coorine Shefner Rogers** **Mr. Ahmad Saleem**	**Non-Govt. (Intl. Consultant)** **Non-Govt.**

Annex-B

Progress of Federal Ongoing TA (Individual Consultants)

TA Code	TA Name	Mos	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
	Plan)							
Ministry of Health (MoH)								
MoH-1	**Accounts Officer**	**27**	**TA Contract extended till June 2007**	**22-03-05**	**30-06-07**	**1**	**Mr. Abrar Hussain**	**Govt.**
MoH -2	**Technical Advisor for NHF Activities**	**23**	**Ongoing**	**9-08-05**	**30-06-07**	**1**	**Mr. Matiullah Khan**	**Non-Govt.**
Ministry of Finance (MoF)								
MoF-3	**Information Technology Analyst**	**12**	**TA Completed**	**15-07-05**	**14-07-06**	**1**	**Mr. Muhd. Sarwar**	**Non-Govt.**
MoF-4	**Consultant for PPRA Related Needs Assessment**	**3**	**Ongoing**	**6/2/06**	**May 2006**	**1**	**Mr. Shoaib Ansari**	**Non-Govt.**
MoF-6	**Financial Management Trainings for the Provincial and District LHW and Population Welfare Programmes**		**Near completion**	**Sep 2006**	**Feb 2007**	**1** **1**	**Mr. Hifz-ur-Rehman** **Mr. Hidayat Ali**	**Govt.** **Non-Govt.**

ANNEX C

Federal Ongoing Ta Categorized As Studies/Trainings

Federal Ongoing Tas - Studies /Training							Annex-C
TA Code	**Name of TA (Study/Training)**	**Days**	**From**	**To**	**No. of Consultants**	**Names of Consultants**	**Govt./ Non-Govt.**
Ministries of Health and Population Welfare							
MoH+ MoPW 1	Costing of Health and Population targets in PRSP	- - - 191 days for 4 Local Consultants	09/09/04	28/08/05	3 Intl. Consultants and 4 Local Consultants	1. Marty Makinen 2. Xingzhu Liu 3. Oven smith 4. Arif Yaqoob 5. Anwar Jangua 6. Dr. Farooq Azam Jan 7. Mr. Shahid Javed	Abt. Associates Abt. Associates Abt. Associates Non-Govt. Contech Intl. Non-Govt. Non-Govt.
MoH + MoPW 2	Developing Consensus TOR for Critical Analysis of National Programmes in the Context of Options for Further Financial, Administrative and Managerial Decentralization	- - - 114 days 171 days 151 days 144 days 132 days LS contract	15/02/06	31/5/07	9 3 Intl. 6 Local	1. Dr. Jim Setzer 2. Stephanie Boulenger 3. Dr. Bashir–ul-Haq 4. Dr. Anwar Jangua 5. Dr. Akram Rana 6. Mr. Abdul Wasay 7. Mr. Nazir Chudhery 8. Ms. Shazreh Hussain 9. Ms. Mahmooda Nasreen	Abt. Associates Abt. Associates Non-Govt. Contech Intl. Contech Intl. Non-Govt. Non-Govt. Non-Govt. Non-Govt.
Ministry of Health (MoH)							
MoH-3	Preparation of PC-1 for MCH Cell–2 short-term Consultants.	81 days 87 days	27/10/05	30/11/06	2	1. Mr. Tayyab Masood 2. Mr. Abdul Rehman	Non-Govt. Non-Govt.
MoH-4	Capacity Building for MoH	-	-	-	-	JS (F&D) attended course	-
Ministry of Finance (MoF)							
MoF-1&2	Capacity building for MoH/	-	-	-	-	5 Resource persons hired	-

Annex-C

Federal Ongoing Tas - Studies /Training

TA Code	Name of TA (Study/Training)	Days	From	To	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
	MoPW relating to MTBF and budget execution					for material development and trainings delivery	
MoF-3	Funds flow and expenditure tracking study	30	30/11/04	28/01/05	1	Mr. Abdul Wasay	Non-Govt.
MoF-3A	Follow-up of Funds flow and expenditure tracking study	22	22/07/06	26/08/06	1	Mr. Abdul Wasay	Non-Govt.
MoF-4	Rapid sector review including strategic management review of the two line Ministries	**MoPW part** 36 days 17 days **MoH part** LS contract 10 days	04/09/04	13/05/05	4	**MoPW part** 1. Mr. Tauseef Ahmed 2. Mr. Arif Yaqoob **MoH part** 3. Dr. Faheem Arshad 4. Mr. Asifullah	 Non-Govt. Non-Govt. Govt. Non-Govt.
Ministry of Population Welfare							
MoPW-9	Strategic Review /Third party assessment of National Trust for Population Welfare (NATPOW)	35 days 21 days 31 days -			4 1 Intl. 3 Local	1. Mr. Mahbub Ahmed TL 2. Mr. Salman Amin – FE 3. Mr. Tariq Durrani – ME 4. Mr. Joseph A. Sclafani	Non-Govt. Non-Govt. Non-Govt. Non-Govt. (Intl. Consultant)
MoPW-14	Evaluation of Tehsil Tiers	88 days 77 days	07/04/06	30/06/07	2	1. Dr. Farzana Bari 2. Mr. Auranzeb Khan	Non-Govt. Non-Govt.
MoPW-16	Curriculum for Reproductive Health (RH) of Adolescents; Curriculum for RH of Men	52 days	28/04/06	30/09/06	1	Dr. Tariq Rahim Shah	Non-Govt.
MoPW-18	Revision Manual of National Standards for Family Planning Services and Other Protocols	137 days	Feb. 07	Sep. 07	1	Dr. Tariq Rahim Shah	Non-Govt.
National Malaria Control Programme							

Annex-C

Federal Ongoing Tas - Studies /Training

TA Code	Name of TA (Study/Training)	Days	From	To	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
Mal-7a & 7b	Revision of national/provincial strategic plans including costing.	11 days 50 days 21 days 68 days 54 days	03/01/04 05/11/04 13/11/04 13/11/04 13/11/04	08/03/05 25/03/05 08/03/05 25/03/05 29/03/05	5	1. Dr. Sohail Safdar 2. Dr. Akram Rana 3. Dr. Jamil Khan 4. Mr. N.A. Naqvi 5. Mr. Afeef Mahmood	Non-Govt. Non-Govt. Non-Govt. Non-Govt. Non-Govt.
Mal-8 & Mal-10	Development of PC-1 in line with NHF with focus on public private partnership.	48 days	22/07/05	30/09/05	1	1. Abdul Rehman **Input by TAMA Consultants**	Non-Govt.
Mal-11	Development of Quality Assurance Guidelines and Monitoring Programme for Microscopic Diagnosis	35 days	18/05/06	05/07/06	1	Dr. Zarfishan Tahir	Non-Govt.
Mal-12	Preparation of Guidelines/ Field Manual including quality control practices for integrated vector control in Pakistan				1	Dr. Chandana Mandis	Non-Govt. (Intl. Consultant)
National Expanded Programme for Immunization							
EPI-2A, 2B, 2C, 6	EPI Logistic & Vaccine Management System Improvement	110 days Intl. input 56 days 32 days 22 days 07 days	21/11/04	30/06/07	4 2 International 4 Local Consultants	1. Mr. Steve Perry – TL 2. Mr. Ron Wehrens 3. Dr. Ayub Salariya 4. Dr. Ahmed Nadeem 5. Dr. Tanveer Ahmad 6. Dr. Naeem-ud-din	Non-Govt. (LATH) Non-Govt. (LATH) Non-Govt. Non-Govt. Govt. Non-Govt.
National TB Control Programme							

Annex-C

Federal Ongoing Tas - Studies /Training

TA Code	Name of TA (Study/Training)	Days	From	To	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
LATH	Exposure visit for the Programme Managers of NTBCP and NMCP to LATH	-	-	-	-	Exposure visit only – No Consultant hired	
TB-3	Outsourcing to firm for documentary development	LS contract	11/05/06	28/02/07	-	No Consultant hired. TB-DOTS documentary outsourced to M/S Serendip Productions	
TB-5	Situation Analysis and Model Development for Public-Public and Public-Private Partnership	87 days -	06/06/06 -	21/08/06 -	2	1. Dr. Noor Ahmad 2. Ms. Gillian Mann	Non-Govt. Non-Govt.
National AIDS Control Programme							
NACP-5	Training of NACP health workers on ARV			4 Doctors & 4 Nurses attended ARV course at CARAT Institute, India. Another Doctor and Nurse attended course in Thailand			
NACP-11	Mid-term review of national response and revision of national strategic framework	- - 36 days 25 days	19/05/06	30/12/06	2 International and 2 Local Consultants	1.Dr.Arlette Campbell White 2.Mr. Alan Handyside 3.Dr. Bashir-ur-Rehman 4. Mr. Ahmad Nadeem	Non-Govt. Non-Govt. Non-Govt. Non-Govt.
National Nutrition Programme							
Nut -2b	Financial support for printing materials					Printing material printed. No consultant required	
Pb-DOH-1	Strengthening Policy and Reform Initiative				1	Mr. Faris Rehman	Non-Govt.
					40 Local & 15 Intl. Consultants		

ANNEX D

Progress Of Provincial Ongoing Ta – Punjab Status As Of January 2007

Progress of Provincial Ongoing TA – Punjab								Annex-D
TA Code	**TA Name**	**WKs**	**TA Status**	**Start date**	**End date**	**No. of Consultants**	**Names of Consultants**	**Govt./ Non-Govt.**
National Programme for Family Planning and Primary Health Care								
LHWP-1	**Training Provincial and District Managers in Financial Management**	**12**	**Ongoing**	**19-12-06**	**15-02-07**	**-**	**3 Resource Persons hired for training**	**Non-Govt.**
LHWP-2	**Assessment of Logistics and Supply Management System at Provincial and District Level**	**12**	**Ongoing**	**24-09-06**	**10-12-06**	**1**	**Dr. Ayub Salarya**	**Non-Govt.**
Malaria Control Programme (MCP) Punjab								
MalP-2	**Develop Provincial MCP PC-1 2007-2012 inline with National & Provincial Strategic Plans**	**12**	**TA completed**	**24-09-06**	**10-11-06**	**1**	**Mr. Naseem Ahmad Khan**	**Govt.**
TB Control Programme								
TBP-2	**Assessment of "Reasons Constraining Tertiary level and Non-Govt.Health Care Providers in Complying with DOTS Regimes for T treatment**	**7**	**Ongoing**	**02-10-06**	**30-11-06**	**1**	**Dr. Aamir Khan**	**Non-Govt.**
PACP/HIV/AIDS Control Programme								
PACP-1	**Revision of PC-1 After MTR**	**12**	**Ongoing**	**27-11-06**	**10-01-07**	**1**	**Dr. Akram Rana**	**Non-Govt.**

Annex-D

Progress of Provincial Ongoing TA – Punjab

TA Code	TA Name	WKs	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
Department of Health (DoH)								
HEP - 1	Developing an Integrated Health Education/BCC Strategy	12	TA completed	07-09-06	11-10-06	1	Mr. Zahid Hussain	Non-Govt.
HEP -2	Developing PC I for Health Education Cell in line with Integrated BCC Strategy	12	Ongoing	27 Dec, 06	31 Jan, 07	1	Mr. Naseem Ahmad Khan	Non-Govt.
DOHP-1	Institutional Review/ appraisal of functioning of IPH and PHDC /DHDCs Network and Develop a Revival Plan /Strategic Planning for HR Development in the field of Public Health, focusing on NHF Programmes for enhanced role in the context of devolution	20	Sourcing	-	-	-	-	-
DOHP-2	Capacity Building of Officers Working in the Planning Cell / Development Wing of Punjab Health Department/ Health section P&D Department in Project Planning and Appraisal	5	Training Institute to be identified	-	-	-	-	-

ANNEX E

Progress of Provincial Ongoing TA – Balochistan Status as of January 2007

Annex-E **Progress of Provincial Ongoing TA – Balochistan**								
TA Code	**TA Name**	**Wks**	**TA Status**	**Start date**	**End date**	**No. of Consultants**	**Names of Consultants**	**Govt./ Non-Govt.**
Provincial AIDS Control Programme								
PACPB-1	**Revision of PC-1**	**12**	**Ongoing**	**08/01/07**	**02/03/07**	**1**	**Dr. Mohsin Saeed Khan**	**Non-Govt.**
PACPB-2	**Mapping of vulnerable groups outside of Quetta *(Turbat, Gawadar, Gadani, Zhob, Naseerabad, Jafferabad, Muslim Bagh)***	**16**	**Ongoing**	**Feb. 07**	**April. 07**	**-**	**-**	**-**
Expanded Programme of Immunization								
EPIB-1	**Revision of GAVI PC-1**	**09**	**Ongoing**	**27/11/06**	**20/01/07**	**1** **1**	**Dr. Tanveer Ahmad Zaver** **Abdul Rehman**	**Non-Govt.**
Health Education Programme								
HEB-1	**Preparation of Integrated Health Education Strategic Plan**	**10**	**Ongoing**	**22/08/06**	**29/01/07**	**1**	**Dr. Rakshanda Parveen**	**Non-Govt.**
HEB-2	**Development of Integrated HE /BCC PC1 for vertical programmes**	**12**	**Sourcing**	**Jan. 07**	**Mar, 07**	**-**	-	**Non-Govt.**
Provincial Malaria Control Programme								

Annex-E

Progress of Provincial Ongoing TA – Balochistan

TA Code	TA Name	Wks	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
MalB-1	**Institutional Review of Malaria Control Programme in line with Roll Back Malaria Strategy**	**10**	**Ongoing**	**06/10/06**	**14/01/07**	**1**	**Dr. Niamatullah Khan Gichki**	**Non-Govt.**
Provincial Nutrition Programme								
NutB-1	**Preparation of PC-1 for Provincial Nutrition Programme**	**10**	**Ongoing**	**05/01/07**	**17/03/07**	**1**	**Dr. Akhtar Hameed Khan**	**Non-Govt.**
Department of Health								
DoHB-1	**Development of Provincial Health Strategic Plan with focus on National /Vertical Programmes.**	**12**	**Interviewing**	**Jan. 07**	**April 07**	**-**	--	**-**
National Programme for PHC & FP								
LHWB-1	**Training on Financial Management**	**01**	**TA completed**	**18/12/07**	**23/12/07**	**-**	**3 Resource Persons hired for training**	
Population Welfare Department								

Annex-E

Progress of Provincial Ongoing TA – Balochistan

TA Code	TA Name	Wks	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Govt./ Non-Govt.
PWDB-1	Capacity Building of District Population Welfare Staff on Financial & Logistic Management and Procurement Mechanism		Sourcing	05/02/07	08/02/07	-	3 Resource Persons hired for training	Non-Govt.

ANNEX- F

Progress Of Provincial Ongoing TA – NWFP Status As Of January 2007

Annex-F Progress of Provincial Ongoing TA – NWFP								
TA Code	**TA Name**	**Weeks**	**TA Status**	**Start date**	**End date**	**No. of Consultants**	**Names of Consultants**	**Public/Non-Govt.**
National Programme for Family Planning and Primary Health Care								
LHW N-1	**Training of Coordinators of PPIU/DPIU on PHC System Development by AKU, Karachi**	**04**	**Ongoing**	**29/08/06**	**23/09/06**	**-**	**15 persons trained at AKU**	
LHW N-2	**Training of PPIU /DPIU Staff on Financial Management**	**04**	**TA Completed.**	**03/08/06** **21/09/06**	**12/8/06** **23/9/06**		**3 Resource Persons hired for training**	
Malaria Control Programme								
Mal N-1	**Development of Provincial MCP / RBM PC1 2007-2012 in Line with the National & Provincial Strategic Plans**	**12**	**Ongoing**	**12/09/06**	**30/11/06**	**1** **1**	**Mr. Naseem Ahmad Khan Afridi** **Mr. Sher Gul**	**Govt.** **Govt.**
TB Control Programme								
TB N-1	**Review of Existing System for Data Collection & Management, Developing Tools & Training Material, Followed by Capacity Building**	**12**	**Ongoing**	**12/09/06**	**10/12/06**	**1**	**Dr. Ghayyur Ahmad**	**Non-Govt.**
Expanded Programme for Immunization								

Annex-F

Progress of Provincial Ongoing TA – NWFP

TA Code	TA Name	Weeks	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Public/Non-Govt.
EPI N-1	**Revision of GAVI PC-1**	**12**	**TA Completed**	**25/09/06**	**30/11/06**	**1** **1**	**Dr. Fazal-e-Muqeem** **Mr. Zahid Shah**	**Non-Govt.** **Non-Govt.**
EPI N-2	**Development a Pool of Master Trainers in Social Mobilization at The District Level**	**03**	**TA Completed**	**09/08/06**	**18/08/06**	**1**	**Ms. Sheeba Afghani**	**Non-Govt.**
Nutrition Programme								
Nut N-1	**Preparation of Nutrition PC-1**	**12**	**Ongoing**	**19/10/06**	**30/12/06**	**1** **1**	**Dr. Parvez Paracha** **Mr. Rehmani Gul**	**Non-Govt.** **Non-Govt.**
HIV/AIDS Control Programme								
PACP-1	**Revision of PC-1 After MTR Report**	**12**	**Ongoing**	**15/11/06**	**15/01/07**	**1**	**Dr. Zahir Shah**	**Non-Govt.**
Department of Health /HRA/HSRRU								
DoH/ HSRRU-1	**Evaluation of Quality of Care & Community Satisfaction in Govt. Facilities through baseline survey**	**18**	**Ongoing**	**19/11/06**	**30/06/07**	**1** **1**	**Dr. Xavier Bosch** **Dr. Nadeem Ahmad**	**Non-Govt.(Intl)** **Govt.**
Population Welfare Department (PWD)								
PWD N-1	**Training of Demographers to undertake Mini-Studies in RH/Surveys/ Report writing**	**14**	**Ongoing**	**Dec 06**	**April 07**	**1**	**Dr. Bahrawar Jan**	**Non-Govt.**

Annex-F

Progress of Provincial Ongoing TA – NWFP

TA Code	TA Name	Weeks	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Public/Non-Govt.
PWD N-2	Capacity building of DPW Staff in Financial Management	4	Completed.	03/08/06	23/08/06	-	3 Resource Persons hired for training	

ANNEX- G

Progress Of Provincial Ongoing Ta – Sindh Status As Of January 2007

Annex-G Progress of Provincial Ongoing TA – Sindh								
TA Code	**TA Name**	**Weeks**	**TA Status**	**Start date**	**End date**	**No. of Consultants**	**Names of Consultants**	**Public/Non-Govt.**
National Programme for Family Planning and Primary Health Care								
LHWS-1	**Review of Monitoring and Supervision (M&S) System at District level**	**10**	**TA near to completion**	**13/9/06**	**11/12/06**	**1**	**Mr. Anwar Hussain**	**Non-Govt.**
LHWS-2	**Situation Analysis of Logistic System at district and sub-district level**	**8**	**Withheld till finalization of ToRs of stock out study**	**-**	**-**	**-**	**-**	**-**
LHWS-3	**Training of PPIU/DPIU Staff on Financial Management**	**4**	**TA completed**	**11/12/06**	**15/12/\06**	**-**	**3 Resource Persons hired for training**	**Non-Govt.**
Malaria Control Programme Sindh								
MalS-1	**Training Need Assessment of Malaria Control Programme**	**8**	**Ongoing**	**9/10/06**	**01/12/06**	**1**	**Dr. Israr Ahmad**	**Non-Govt.**
Nutrition Support Programme								
NutS-1	**Evaluation of Impact of Nutrition Related Services on Children and Mothers at Selected Nutrition Centres in Sindh.**	**12**	**Ongoing**	**20/10/06**	**10/01/07**	**1**	**Ms. Naila Beg Ansari**	**Non-Govt.**
Sindh HIV/AIDS Control Programme								

Annex-G

Progress of Provincial Ongoing TA – Sindh

TA Code	TA Name	Weeks	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Public/Non-Govt.
SACP-1	**Mainstreaming HIV/AIDS in district level development planning**	**12**	**Ongoing**	**8/12/06**	**31/12/06**	**1**	**Dr. Inayat Thaver**	**Non-Govt.**
SACP-2	**Revision of PC-1 after MTR Report**	**12**	**Ongoing**			**1** **1**	**Dr. Abdul Hakim** **Mr. Abdul Rehman**	**Non-Govt.** **Non-Govt.**
Population Welfare Department (PWD-Sindh)								
PWDS-1	**Preparation of a Strategic Plan**	**12**	**Ongoing**	**27/12/06**	**28/02/07**	**1** **1**	**Dr. Sheila Ward** **Dr. Mehtab Karim**	**Non-Govt. (Intl Consultant)** **Non-Govt.**
PWDS-2	**Strengthening Communication Planning**	**12**	**Ongoing**	**30/11/06**	**29/6/07**	**-**	**TA merged with Federal TA**	-
Department of Health (DoH)								
DoHS-1	**Development of PC-1 for Establishment of Health Policy Implementation Unit**	**12**	**Sourcing**	**-**	**-**	**-**	**-**	**-**
DoHS - 2	**Review of M& E System of Health Department in the context of devolution**	**12**	**Interviewing**	**-**	**-**	**-**	**-**	-
DoHS -3	**Feasibility Study to upgrade Provincial Health Development Centre (PHDC) into Public Health Academy**	**12**	**Contracting**	**22/1/07**	**14/04/07**	**1**	**Dr. Naeem-ul-Haq Qureshi**	**Non-Govt.**

Annex-G

Progress of Provincial Ongoing TA – Sindh

TA Code	TA Name	Weeks	TA Status	Start date	End date	No. of Consultants	Names of Consultants	Public/Non-Govt.
DoHS-4	Public Private Partnership Policy for Health Sector	12	Interviewing	-	-	-	-	-

Annex H

Department for International Development

Terms of Reference for a consultant to support an assessment of technical assistance provision to the health sector

Background

1. The Department for International Development, UK (DFID) is currently providing budget support and technical assistance to seven national health and population welfare programmes: Malaria, TB, HIV & AIDS, Lady Health Workers, Immunisation, Nutrition and Population Welfare. The National Health Facility provides £60 million in financial aid over 4 years (2003-07), and up to £8 million in technical assistance. The majority of this technical assistance is provided through a Technical Assistance Management Agency (TAMA) representing a consortium of partners led by Options Consultancy Services. Until November 2005, DFID also provided technical assistance on procurement through Crown Agents.

2. The technical assistance provided is a mixture of 'transformational' TA aimed at building government capacity, and 'transactional' TA aimed at completing set tasks.

3. Discussions are ongoing on options for DFID financial aid and technical assistance beyond 2007 when the current NHF programme is due to end.

4. DFID is also planning to provide financial aid and technical assistance to the new national Maternal, Newborn and Child Health (MNCH) Programme, and, with the Government of Punjab and the Asian Development Bank, is setting up a mechanism for technical assistance provision to the Punjab Devolved Social Services Programme.

5. The Paris Declaration on Aid Effectiveness, to which the GoP and most of its development partners are signatories, calls for greater alignment of development partner support for capacity development. In addition the recommendations of a recent DFID stock-take, involving case studies in several countries, have been translated into new guidance on provision of technical cooperation personnel.

6. It is therefore timely to learn lessons from recent experience in Pakistan, and support GoP in examining the scope for better aligning and harmonising capacity development and provision of technical cooperation personnel with GoP priorities and systems in the health sector. It is expected that this study will also inform TA in other sectors.

Objective

7. The objective of this consultancy is:

- To compare this with other models of capacity development and technical assistance provision in the health sector in Pakistan and beyond.
- To conduct and report on an assessment of the effectiveness and efficiency of the technical assistance provided through TAMA and how far this is attributable the management model adopted, and draw comparisons with other models surveyed.
- To identify, appraise and make recommendations on options for future capacity development provision to the health sector, compatible with the

Paris Declaration, lessons from current models, and emerging DFID guidance on technical co-operation personnel.

- To provide a detailed appraisal of the opportunities and constraints faced by Government Departments at provincial and federal level in procuring services, and technical assistance in particular;
- To inform Provincial and Federal Government Departments thinking on how they can take greater control of capacity development and their procurement of technical assistance, and harmonise capacity development in line with the Paris Declaration.

The recipients

8. The beneficiaries will primarily be the Government of Pakistan and its development partners.

Main tasks and inputs

9. The consultants will undertake the following tasks:

9.1 List and classify different models of technical assistance in Pakistan and elsewhere

9.2 Gather information on and assess achievements and progress with the provision of technical assistance under the National Health Facility, with particular attention to the issues addressed during and recommendations from the Capacity Development Background Study conducted for the NHF Mid-term Review.

9.3 Gather information and views on the operation and effectiveness of other models for technical assistance and capacity development within the health sector and beyond.

9.4 Review the federal and provincial procurement system for services including the procurement of international and national TA, focusing on the regulatory environment for procurement. More specifically: how far the legislative and regulatory framework covers procurement of services adequately; the institutional framework and the management structure; and capacity for effective and efficient procurement. This will involve an assessment of current market practice for the procurement of services and an assessment of the systemic challenges to the transparency of the process.

9.5 Identify and appraise options for supporting future technical assistance and capacity development in light of lessons from TAMA, other experiences in Pakistan, plans of other partners, and recent evaluations and guidance on DFID support for technical co-operation personnel.

9.6 Present to partners an interim report on lessons and possible ways forward on technical assistance and facilitate a discussion of the issues identified and consensus on the way forward.

9.7 Complete the report on technical assistance in the light of these discussions. Tasks necessary for this will be discussed and agreed following the actions at 9.5.

Issues

10. The consultants will need to take the following issues into account in conducting this work.

10.1 The Government of Pakistan and most of its development partners have signed up to the Paris Declaration on Aid Effectiveness. This includes a target on aligning donor support for capacity development and technical co-operation. In addition DFID has been evaluating its provision of technical cooperation personnel, including a number of case studies, and is producing new guidance on this. All this will need to be taken into account in identifying future options.

10.2 The study will need to consider the following components of technical assistance provision:

- government stewardship and ownership, including trends in government policy and practice on technical assistance
- the extent to which technical assistance is developing capacity or substituting for in-house expertise
- governance and management arrangements, including the location and effectiveness of decision-making, mechanisms for co-ordination of development partners and uptake of the products of TA
- procurement processes, including the institutional framework and capacity for government procurement of technical assistance
- needs assessment and quality assurance processes
- capacity and effectiveness of the supply side of TA, in terms of institutions and human resources to deliver good quality TA
- how technical assistance is meeting the specific needs of different provinces and districts and affecting front-line service delivery at district level and below
- effectiveness compared with other approaches to capacity development and to achieving planned outputs.

Methodology

11. The consultants will work closely with federal and provincial governments, TAMA and DFID and consult and involve other development partners. Methodologies will include but are not restricted to:

- Briefing by DFID and TAMA
- Review of documents and other information sources (see 12 below)
- Structured interviews and discussions with Federal and Provincial Government Officials (especially National and Provincial Programme Managers and National Health Policy Unit), TAMA and other partners
- Presentations, facilitation of discussions and group work

12. Resource materials will include, but not be restricted to:

- Reports of programme reviews and other programme documents
- TAMA meeting records, reports and website
- DFID reports and guidelines on technical co-operation personnel
- Reports on other models of technical assistance including through the UN system, and former programmes such as SAP

Outputs

13. The following outputs will be required at each stage of the work:

13.1 An interim report of findings on TA models, NHF technical assistance and options for future TA to the health sector (by 31st January)

13.2 A presentation summarising the interim report

13.3 A final report of findings and recommendations on technical assistance (by March 5th)

Timing

14. Timing of outputs required is described in section 13 above. The work will begin as soon as possible in January 07. Work preparatory to and during discussions on the interim report will be for up to 15 days per consultant. Work to follow up the interim phase will be for up to 12 days per consultant, with the time required for the second phase subject to a review, following discussions of the interim report, of further work needed.

Management and reporting

15. The contract will be with DFID. The consultant will report to the DFID Deputy Programme Manager (Julie Skone) and Lead Adviser (Jane Edmondson). DFID and TAMA will supply relevant documents from their records.

16. A small advisory group will be established, including government and other interested partners to guide the work, advise on subsequent dissemination, and promote implementation of recommendations arising.

17. The outputs should be submitted electronically to the DFID Deputy Programme Manager.

Person Specification

The work requires three development professionals, one with considerable knowledge, skills and experience in providing and evaluating technical assistance, one able to examine institutional and resource aspects of the supply side of technical assistance, and the third in procurement processes in Pakistan. The lead consultant will have experience of working with different models of TA provision in more than one country and experience of monitoring and evaluating donor investments. Public health experience is not essential but the consultant will need knowledge of issues related to social sector service delivery and its institutional context, preferably including in Pakistan. The second consultant will have skills and experience in developing institutional and individual capacity to deliver technical assistance in the health sector, and knowledge of current and potential suppliers of health sector technical assistance in Pakistan. The third consultant will have experience of public and private sector procurement systems, regulations and mechanisms in Pakistan, preferably with experience in the health sector. Excellent report writing and presentation skills in English are essential for both consultants.