



# South-South Consulting



***Prof. Malcolm Potts Speaks***

**PARTNERS IN POPULATION AND DEVELOPMENT**

Permanent Observer at the United Nations

**Expert Interview with Dr. Malcolm Potts, MB, BChir, PhD, FRCOG,  
Fred H. Bixby Professor, School of Public Health, University of  
California, Berkeley**

**Preface**

The breadth of reproductive health experience represented by the professionals in this meeting was impressive. The participants also represented the wide range of different needs in their many respective countries. This colloquium organized by Partners in Population and Development offered a welcome opportunity learn and to share ideas in what are some of the most difficult problems in improving the well-being of women and their families in low-resource settings. It was an exciting exchange of thought and new insights.

**Martha M. Campbell, Ph.D.**

*President, Venture Strategies for Health and Development, and  
Lecturer, School of Public Health, University of California, Berkeley*

**Mr. Harry S. Jooseery:**

*Executive Director, PPD*

It is my proud privilege to introduce to you a gentleman who has worked for Family Health International for many years and is now a professor in the School of Public Health, University of California at Berkeley. I have read a lot of his books, during my post graduation in reproductive health, which have been truly instrumental in helping shape my career and I'm thankful to him.

He is specifically associated with reproductive health rights which is his area of expertise. Since the beginning of his career, he has been an advocate for reproductive health, with specific focus on developing countries. He is one of high intellectual capability, having proven himself worldwide.



It is my honour to introduce to you Dr. Malcolm Potts.

## **Dr. Malcolm Potts:**

*Fred H. Bixby Professor  
University of California, Berkeley*

The main objective here is to share ideas. As consultants when we see that something has worked in our country; we have the pleasure to share it with other countries. It's not what we think but what others have learnt.

Let's begin by sharing our experiences.



## **Tauseef Ahmed :**

*Freelance Consultant to Ministry of Population Welfare, Pakistan*

**Question:** In the last few years, my experience has been that consultants are called upon to do work which is outside the scope of their core competence. The consultant may not be prepared for the client's demands. What should be done in terms of the bridging this gap?



**Answer:** *Do as the client wants. It is imperative that we have the integrity to follow those things which are very important for the welfare of the people. To help the under privileged we have to focus on a few things rather than a broad range of possibilities and we need to be confident and competent in these fields. It is our role as consultants to focus on achievable priorities.*

## **Dr. Al-Ahmad (Al-haj Saleh) Alqatit :**

*Deputy General, Higher population Council, Jordan*

**Question:** What is the significant difference between the terms 'Reproductive Health' and 'Health'?



**Answer:** *Reproductive health includes things such as safe sex – topics that are not always discussed widely and some people want to avoid, but for those working in reproductive health the controversial can be important.*

*We are certainly interested in the general health of the people but in reproductive health we need to focus. For example, family planning has a huge impact on infant mortality, brings down maternal mortality rate etc. In programs related to reproductive health, we start with family planning and then add things that work in a particular area. If we begin by emphasising on family planning we can move very easily into efforts to reduce maternal mortality rate.*

**Tomas M. Oasis,**

*Executive Director, Commission on Population, Philippines*



**Question:** How we can compete with consultants from the West, given their resources?

**Answer:** *I think you have a great deal of leverage because you come from the South.*

*The whole idea of Partners in the South-South support is a powerful tool. You know the problems, and you have experience to solve them.*

*Advertise your cost effectiveness over large western competitors. Most of the donors have a sincere commitment to building a South-South strategy. They know that particularly in this field, you have to know people and get close to them, which is your strength and that is how you should advertise yourself.*

*Stay in touch with these big firms. Consultants are often required on short notice, and that's when a big pool of people can help. Most people can't go on a short notice, that's another strength you have. Network, have a common email connection, it can help you get the right opportunities at the right time. It is also important to be remembered for your work.*

**Linda Mildred Van Staden :**

*Director, Population and Development Program, Department of Social Development, South Africa*



**Question:** UNFPA has various programs for example, Reproductive Health, Gender issues,(especially violence against

women and children) and the third league of their program is Population and Development. They do not bring a lot of funding to South Africa but, they bring technical expertise that we very clearly need. Instead of working closely, the Department of Health is not open to discuss their implementation plans with the UNFPA or us. How can we make the Department of Health interested in partnership with us in reproductive health and sexual health?



**Answer:** First of all, there should be professional training of the people who are going to be confronting gender violence. It is not an easy area.

Second, while something like gender violence is a sad and important topic, it is difficult to have make a large scale difference. We need to start with the women who suffer. For example, I have been working with the German Credit Bank (KfW) to set up an out put-based assistance (OBA) program in Kenya. The German Government, which is interesting in ensuring that the money they give goes directly to the people we are all trying to help. We have introduced a coupon system which poor women can buy for safe delivery or long acting family planning. When the woman gives the coupon to the service provider, the service provider every time they conduct a safe delivery the provider is paid an item of service payment from a central management agency. In one hospital which looks after women who have been raped, the management agency pays an item of service payment for the examinations and counselling. If you can put in place a system that works in a cost effective manner it will be easier to convince others to join the partnership.

If you just say that we are going to have more seminars you may not have much leverage. The Kenyan OBA system is designed to make payments to ministry of health hospitals, faith-based facilities and accredited private doctors and midwives.

**Olga Mabitsela :**

*Director, Population and Development Strategy, Department of Social Development, South Africa*



**Question:** We have ambitious programs and policies on paper, but the implementation seems to be sorely lacking. Take, for example, the case for maternal mortality rate. It has remained constant for two years. Do you have any suggestions in this regard?

**Answer:** Very ambitious projects not being implemented is one of the things that has characterised the world since Cairo. We need to remember the Cairo Plan of Action was not intended to do everything at once but to achieve certain goals by 2015. If you try to do everything at once, you often end up doing nothing. The failure to reduce the maternal mortality rate is a very good example.

A lot of the women go for ante-natal care (ANC), knowing the importance of ANC. The problem is they cannot afford to go anywhere for a safe delivery. If when delivery is supposed to be free, as in Nigeria. the family still has to put money on the table to buy drugs, sutures, etc. To continue the Kenyan example, in one Nairobi slum a woman can go and buy a coupon for 2 dollars, which she then takes to a government hospital, or an accredited private hospital, and the health professional helping her would get around 50 dollars for delivering that baby safely. It is easy to administer and monitor. This way almost 80-90% of the money goes to people we are trying to help. In big expensive western-based organisations (such as the one I used to run), half the money goes into paying for people like me, on renting air conditioned buildings and on heavy administrative costs driven by the need to satisfy government reporting and accounting requirements.

*When you are asked to be a consultant, find out exactly how money is spent and how much of any budget actually gets to the people. Efficient money management is the key to most problems in international health. I think we have to bring about a revolution, especially when it comes to money western tax payers give, in the hope of helping poor people. How much goes to running the program and how much to subsidizing those things poor people cannot afford such as a safe delivery or long acting contraceptive.*

*Most deaths in the developing world are due to deliveries at home. I want to share with you a project that I am personally very excited about. We have now a technology that can control postpartum haemorrhage (PPH). We are using an off-patent drug (misoprostol) manufactured in China, Egypt and India to save women dying from PPH in Nigeria, Uganda, Ethiopia and elsewhere.*

*Death due to unsafe abortion, is another cause of worry. Abortion death is a difficult issue to handle especially because it is deeply rooted in ethical issues. We can't tell other people what to do, but we can share experiences. There is unambiguous evidence that where abortion is safely available, the death rate just collapses. When I practiced obstetrics in England, abortion illegal and the second largest cause of maternal death: recently there was a whole year in England when not a single woman died from an abortion. The decline in the maternal mortality in the West, between 1900 and 2000 was two thirds due to improved obstetrics and a third because women used family planning and had fewer high-risk pregnancies.*

### **Bakary Kante :**

*Economist Agricole/Consultant, Kara-Consult, Mali*



**Question:** Are there any key issues that need be kept top of mind, especially in the impact assessment of the project of reproductive health?

**Answer:** *Evaluating programs is very important but also difficult. We live in a political world, and have to write things that the people in the higher positions want, but then we also need to have some integrity. So if you want to evaluate something, do it on as many parameters as you can. For example if you want to evaluate a family planning project, then measure the impact on women as well as the number of meetings, etc.*

*Get as much information about the budget as possible. Examine it closely for overheads and break down costs allocated to various activities. Western donors need to learn when things are not working. Don't be afraid to criticise incompetence. Finally, when you have the information, and if it's critical of a project –and often it is - then learn to present it in a way that doesn't put off the person hiring you.*

*An evaluation should show the way to improve the project the next time around.*

*As a group of South-South consultants, you have an edge over others, because of your understanding of the realities and difficulties faced with regards to corruption. , & your abilities to handle it.*

**Dr Osama Refaat Sherif :**

*Deputy Director, RCT, Egypt*



**Question:** We are following the cleanliness standards and national standards set 20 years ago. Egypt, as a developing country, has not reached what was expected from the population growth rates. Death rates are low due to the high quality health

services offered by the government. We are asked to find solutions other than those being used for the last 20 years to decrease the population growth. We have implemented the National Family Planning Guidelines, influenced people about the government offering quality health services, but to no avail. Could you please advise?

**Answer:** *Think outside the box. Doctors are often not comfortable with budgets or managing cost-effective programs.*

*Secondly, doctors are intrinsically conservative and because of that the contraceptives and family planning methods are often made available in unnecessarily conservative ways. You can teach anybody to distribute oral contraceptives in one day of teaching.*

*Sometimes we have to just push a bit as consultants. It is easier to apologize than to ask permission. If you ask permission for everything, somewhere somebody will block it. There are some things that we need to fearlessly go ahead and do. Sometimes we will get into trouble. But when it comes to very challenging issues, such as safe abortion, learn to use controversy as an ally not an enemy. As South-south consultants, those employing you expect you to be realistic. You know your community well. To use the abortion example again, you know that a rich woman can get everything she needs to control her fertility, including a safe abortion. It is the poor woman who is deprived and sometimes it's regulations that deprive the poor their rights. We have to stand up for the poor even if we get into trouble doing it.*

**Dr. Amr El-Noury :**

*Advisor to the chairman, Hospital Insurance Organisation in Quality for Hospital Accreditation, Egypt*



**Question:** My question is about the disparity between the rich and the poor. This is very difficult to bridge as wanted in the MDG's. My question is how can we, if possible, decrease this gap?

**Answer:** *Since Cairo, the tendency has been to try and do everything, from diagnosing cancer to AIDS. Result: nothing got done. We need to focus. In particular the focus we once had on family planning has been lost. As health professionals, it is our responsibility to bring up family planning in a pleasant and non-embarrassing*

*way to less privileged people, and to teach others to do this. Make it easy for them to ask questions. Sometimes they might not need your advice, but that's all right, as it would be their choice. We have really lost an enthusiasm and commitment which must be restored.*

*Put yourselves in the shoes of those you are trying to help. You need to have confidence, focus, enthusiasm, a sense of humour, compassion, and also the willingness to pull back. If somebody wants to have seven children, don't stop them, put forth the same information in a more acceptable way.*

*Pay attention to details and also unsafe abortion, don't deny it's a problem. Talk to the women who are suffering, it is very informative. When you practice in an environment of conservative laws and regulations, look for loop holes. Women are a goldmine of information on the difficulties and barriers between them and the contraceptives (and sometimes the safe abortions) they need. Create awareness. Place information where people are going to see it. In Family planning, it's not the facts but the perceptions that drive decisions. Meet people's perceptions. Respect the customs & traditions of the land. keep experimenting. If you make a mistake – and you will – try another strategy. You need inner drive to not take NO for an answer. When it comes to solving problems in family planning and reproductive health, in eight out of ten cases we will find the solution if we listen to those we are trying to serve and if we focus on their perceptions. If a woman thinks an IUD can wonder about her abdomen she is sensible to reject the method. In this case we need to focus not on family planning but overcoming misinformation .*

### **Dr. Shaikh Abdus Salam :**

*Professor, Dept of Mass Communication and Journalism, Dhaka University, Bangladesh*



**Question:** In Bangladesh, the family planning program began in 1953., & today the contraceptive prevalence rate, is at 58%. I understand that in the last ten years, it has reached 58% up, from the 52% levels of usage. How can we expedite a further increase in usage.

**Answer:** *I think Bangladesh needs to go back to focussing on frontline health care workers, and rewarding them. There have been reprehensible things in South Asia regarding family planning. The general idea is to not push but rather make it easy for the poor and vulnerable to do family planning and we have to get back to that.\**

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\* Since the Cairo meeting, the Bangladesh DHS has been published. The TFR has fallen from 3.3 to 2.7 but the contraceptive prevalence has NOT risen. The evidence is women want smaller families but because we have taken the focus off family planning women are having more abortions. We must reverse this trend and focus more on family planning.



**Ms. Sellema Houij**

*Administrator, National Office of Head and Population (ONFP), Tunisia:*



**Question:** In Tunisia, we have started a program for AIDS, and the program is run by the state. How can NGOs help in the development of this program?

**Answer:** *One of the things that people don't seem to see is that when it comes to AIDS, the world has fallen into two very different parts. 40% of the AIDS epidemic is in 3% of the world's population. Much of the rest of the world is never going to have a generalized heterosexual AIDS epidemic. Far too much effort is being put into AIDS in areas where AIDS is going to remain limited to IV drug users, gay men and sex workers. These core groups deserve compassionate treatment but in Tunisia, for example, HIV is not going to become a self sustaining epidemic outside these groups.*

*Male circumcision is an exceedingly powerful protection against AIDS. It is "an anatomical vaccine;" it reduces the chance of getting an HIV by 50% or more every time you have intercourse..*

*Secondly, although African men don't have more sexual partners in their lifetime than American men, but they often have concurrent sexual partners. If you have more than one sexual partner at a time, it only helps to spread the disease.*

**Ms. Mariah J. Mosomi :**

*Consultant, Kenya:*



**Question:** I wanted to find out what needs to be done, given the cost of consultancy, in terms of money, time, their institution and even the community they work for. What can consultants do and how can they help the client to ensure that they add value to the system?

**Answer:** *We must have the integrity to follow the evidence base and tell the person who is employing you, the scientific facts, and do that patiently and in a respectful way. I think, one of the take-away messages to everyone in this meeting is to always add a value to your consultancy and not lose focus on who you are trying to help.*

**Mr. Alfred Phiri :**

*Assistant Director Evaluation and Research, Zimbabwe:*



**Question:** As we all know that reproductive health is a very broad area. In our country, the current target is to mainstream gender issues into our programs. In terms of operations and research, are there any tested models that can help in this regard?

**Answer:** *I think there are practical things that you can do. 20 years ago in Iran, somebody distributed pills to Iranian women, and after 6 months, 12% of the women were using the pills, and the rest had stopped. They said that the Iranian women don't want oral contraceptives. Then an Iranian psychologist began to look at the topic in a new way. He knew Iran was a patriarchal society so he gave the pills to the men, to give to their wives. This time after 6 months over 80% of the women were still using the pills.*

*Look for very small instrumental steps, and not how to change a whole society's culture quickly. I would stay away from mainstreaming gender.*

**Dr. Abdelghany Mohamed Abdelghany Ibrahim :**

*Director, Cairo Demographic Centre, Egypt:*



**Question:** In many countries, everything is going positive but not to the extent we want. There is a lot of pressure and all of us know that, all population aspects are affected by socioeconomic structure and the culture, which in turn affects fertility and family planning. There is a lot of pressure to defy it and find unconventional solutions. But these may not be a right fit. Please advise?

**Answer:** *I think the government could work more closely with the private sector. If the government supplies contraceptives, then they can supply hospitals and primary health care centres and at a very low cost to the private sector. In fact, sometimes the private sector has better logistics than the MoH and supply might be out-sourced to the private sector all together. If a non-governmental organisation can show they can use social-marketing to distribute contraceptives in a responsible way, then perhaps the government should out-source distribution to that NGO. Studies show that the poorest economic quintiles rely on the private information sector (e.g local pharmacists and 'chemical sellers') for their contraceptive supplies. Why not train both qualified private pharmacists and also the person behind the counter to do a better job? When a young man or woman is ashamed they may have a sexually transmitted disease they commonly seek advice from the private*

*informal sector. We may not like it but they are often the frontline providers and we need to work with them.*

**Dr. Wu Shangchun,**

*Professor, National Family Planning Research Institute, China:*



**Q :** I would like to have your recommendation, on how to write the consultancy report. Should it be as detailed as possible or should it just focus on the main findings and the recommendations?

**Answer:** *A fairly short report with a good executive summary, plus ten pages or so about the findings, and then all the appendices. Put a lot of things in the appendices. The big decision makers are not going to read the entire document, but they will feel that the person has done a good piece of work, and the information is there so they believe what you have said. They will spend a lot of time on the Executive Summary. Don't begin with the demographics of a country, since they already know it. Pick out two or three key things. If it is Bangladesh, I would say that DHS shows that women within the age group of 20-24 years of age wish to have one child. They are not achieving that goal and here some suggestions on how they could. Business Schools teach what they call the 'elevator test' – if you happen to step into a lift on the ground floor and meet your boss, how can you get your message across before you reach the top floor? You need a report that shows what has been achieved, or where the problems are, in a compact powerful way.*

**Dr. Hu Xiaoyu :**

*Professor and Deputy Director, China Centre for RH Technical Instruction and Training, China:*



**Question:** As consultants there are a lot changes we want to bring, and in cases of reproductive health, we also face some cultural issues. We all know sex education for teenagers is very important. But if we use sex education in schools, we face many problems. We need to change the attitude of the school master, or the local official in the education, and in the bureaucratic set up, which is very difficult. Do you have any suggestions?

**Answer:** *There are usually some students who pass high school to become doctors. Take these medical students, and send them back to their school, to talk about some of these issues. They know what they are doing and they are not a threat. If you bring an outside speaker, the headmaster has to ask the parents. But if someone from the first or second year in university comes back to the school, nobody notices. Try to use strategies to get close to the people. Only then will you be able to send important and sensitive messages to them.*

## **Ms. Sumalee Permpaengpun :**

*Public Health Technical Officer, Ministry of Health, Thailand*



**Question:** In Thailand, we really succeeded on family planning for married women, and the contraceptive usage rate is currently about 80%. But the problem in Thailand is adolescent reproductive health. Many adolescents like to take the emergency contraceptive pills and they go to the pharmacy and use it as per prescription. How can we teach people about the usage of contraceptives, and how can consultancy help solve this problem in terms of quality and quantity?

**Answer:** In family planning, we can afford to focus on one thing. Everybody can take emergency contraceptive pills from the prescription given and you don't need a special brand for that. Every woman of any age should know that if she has unwanted pregnancy, then emergency pills are available and safe to use. The quicker you take emergency pills, the better it is, and the best source for many people will be the supply of OCs their sister or their best friend is using: take 8 low dose tablets immediately and then the sister or best friend can replace them the next day. If you do have a branded product then make it available, and spread the information about it – but only if it costs no more than a packet of ordinary pills.

## **Dr. Panee Vong-ek (Ms.) :**

*Assistant Professor, Mahidol University, Thailand*



**Question:** Since I'm a junior consultant, I want your advice on the remuneration of a consultancy.

**Answer:** *Your current demand should be 15% more than your last consultation fee. Again I think PPD can help here, in the sense that people could share information about the range of their remuneration. If everyone could say what fees they got the last time without revealing names, it would give you a benchmark. You have to ask for enough so that people respect you.*

## **Prof Sarlito Wirawan Sarwono :**

*Head of Research Institute, Faculty of Psychology, University of Indonesia, Indonesia:*



**Question:** Can you tell me the significant difference between African and Latin American work?



**Answer:** *In Latin America, you have got a fairly large number of doctors, many of whom are quite conservative, thanks to the church, but there are also some adventurous people. We have had some very successful programs and a lot of what I have learnt is from Chile, Colombia and Brazil. There is a wonderful vasectomy program in Brazil, where it is done in “men-only” clinics. Mexico came into family planning quite late, but they have done very well. Latin America took a lot of time to start family planning because of the churches and conservative medics, but once they got there, they did it pretty well.*

### **Last round of questions:**

**Tomas M. Oasis, Executive Director, Commission on Population, Philippines**

**Question:** When we believe that a proposal is technical in the South, it is more about the viable planning for the poor. There is considerable amount of interventions from the political, religious and the ethnic sectors. How should a consultant prepare the report under these kinds of pressure?

**Answer:** We do have to adjust to realities. The dangerous thing is to believe on our own political spins. When we do it so often we forget what the reality is. When I became president of Family Health International in 1978 I was literally called up to the White House, under the Reagan administration, and was asked to stop talking about abortion or I would lose my funding from the US government. I did stop! But censorship is a terrible thing and when I was appointed to a tenured post at the University of California it was fully six months before I woke one day and said “Wow, unsafe abortion is still killing women but now I can talk about it again!”

### **Summary**

The consultants who participated in the discussion with Dr. Malcolm Potts have repeatedly faced certain core issues in their work. Below is a summary of the problems and the possible solutions recommended by Dr. Malcolm Potts.

- ✓ Consultants often find a **discrepancy between their core competence and the demands of their clients**, which is a cause of confusion amongst consultants, since they often feel, they are being asked to do something they don't want to or cannot do.

Dr. Potts recommends that if the client demands something, it is best **not to refuse**, but instead **try to acquire the expertise and skill to cater to these**. The work should be done in a manner that serves the end purpose. The consultants should also try to overlook certain demands that their clients make,

since they might not be as instrumental to the work. It is up to the consultant to **focus on the priorities** of the project and not let the clients decide on it.

- ✓ There is often **confusion between the terms 'Reproductive Health' and 'Health'**.

Consultants must realize that this aspect of health entails issues like sexual health, maternal mortality rates and fertility rates, with which **most** in under developed nations **are not very comfortable discussing**. The term reproductive health thus euphemizes the concept for them, while making sure that these key important areas are given due importance.

- ✓ The consultants from the **South often feel that they have very limited resources compared to those of the west**, and hence are disadvantaged.

On the contrary, Dr. Potts states that the consultants from the **south** have a significant **advantage over those of the west, because they are more in tune with the local issues** and can build relationships with their people with more ease. This certainly is an advantage the consultants from the west don't enjoy, and hence the south consultants should make full use of it.

An advantage that the western consultants use is their way of approaching their clients. The south consultants **need to be more proactive** in advertising themselves, and should highlight this advantage of theirs more aggressively.

- ✓ There is often a huge **gap between the public institutions and the private institutions**. Mostly, the **government departments** related to the work, are **not very cooperative with the international organizations** working in their country.

The most effective way of bridging this gap is to **train the professionals** working in the field, which ensures efficiency. Increased efficiency from the private sectors can allure the public sectors to collaborate and be more responsive. Finance is also something that most of the governments respond to most easily. Dr. Potts has repeatedly recommended **linking the service to a form of payment**, which means that the organization involved benefits financially. & the money in turn **benefits the one who needs it the most**

- ✓ In spite of having a lot of detailed and **ambitious policies**, due to **lack of proper implementation**, many projects **have failed**.

The key reason behind this according to Dr. Potts is the **lack of focus**. He takes the example of Bangladesh, which tried to focus on too many health issues right after its independence. A country should have a long term goal and then certain short term goals. In the short term, **there should be focus and prioritisation**, and only once that has been achieved, the next issue should be taken up. This way, inefficiency is reduced and more sustainable goals are accomplished.

- ✓ There are certain key issues that one should focus on while monitoring and **evaluating programs of Reproductive Health**.

Evaluation should be done in a manner, that the clients are satisfied, and at the same time the **integrity of the project is not undermined**.

The **budget of the project should be thoroughly analyzed**. It should be noted how the funds of the organization are distributed amongst overheads and how much of it reaches the beneficiaries. The consultant should skill him/herself in knowing how to extract such useful information from an organization, while evaluating its projects.

Evaluation and monitoring should not result in an antagonistic relationship with the client. On the contrary, the consultant should know how to make the client feel compelled to realize their shortcomings and also feel enthusiastic enough to overcome them.

- ✓ Often, unconventional solutions are required for certain unique problems. The key to finding these solutions is to **think outside the box**. Consultants need to be fully aware of the area and the people they are working with. This gives them the advantage of using their weaknesses and strengths to customise their solution. Often, unconventional solutions are not accepted, but if the consultants believe it is going to help the intended beneficiaries, then they should go ahead with them irrespective of the barriers faced.
- ✓ According to Dr. Potts, **family planning is the key with which the wealth of a nation can be unlocked**. The major hindrance in under developed countries is the lack of family planning and if this issue can be successfully addressed, then individual families and consequently the entire population is bound to benefit.

While addressing issues like family planning, it is also important to realize that this is a sensitive issue. Hence, the information regarding this issue should be made visible and the initial outlines of the project should be modified according to the target population. Dr. Potts has recommended training the front line sales people in pharmacies as a step to simplify family planning programs

- ✓ The reports that consultants make should be a fairly **short report that has a good executive summary**. The clients usually spend a lot of time on the Executive Summary, and also on the appendices. It is important that reading the report gives the client a proper overview and that something substantial has been achieved through the project.
- ✓ Many junior consultants find it hard to set their remunerations.

Dr. Potts advises a **15% hike over the last remuneration** . The remuneration asked for shouldn't be too low or too high, but enough to make the client respect the consultant and value his/her work.