Pakistan Initiative for Mothers and Newborns (PAIMAN)
Annual Report to USAID
October 2004 - September 2005

Cooperative Agreement No. 391-A-00-05-01037-00

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PAIMAN
Pakistan Initiative for Mothers and Newborns

Acronyms

AKF	Aga Khan Foundation
AKHS	Aga Khan Health Services
AKU	Aga Khan University
ANC	Antenatal Care
BCC	Behavior Change Communication
BHUs	Basic Health Units
CAM	Community, Advocacy, Mobilization
CBOs	Community-based Organizations
CCBs	Citizen Community Boards
CDK	Clean Delivery Kit
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CCP	Centre for Community Program
CM	Community Mobilization
CMWs	Community Midwife
CNWs	Community and Works Department
CONTECH	Contech International Health Consultants
COP	Chief of Party
CPR	Contraceptive Prevalence Rate
DCO	District Coordination Officer
DCOP	Deputy Chief of Party
DFID	Department for International Development (UK)
DGs	District Governments
DHDCs	District Health Development Centers
DHGs	District Health Governments
DHMT	District Health Management Team
DHQs	District Headquarters Hospital
DHS	Demographic Health Survey
DOH	Department of Health
DOPW	Department of Population Welfare
DPWO	District Population Welfare Officer
EDO	Executive District Officer
EAD	Economic Affairs Division
EM&MC	Essential Maternal and Newborn Care
EMONC	Emergency Obstetric and Neonatal Care
FOM	Field Operations Manager
FLCF	First Level Care Facility
FP	Family Planning
FWCs	Family Welfare Centers
FWW	Family Welfare Workers
GIS	Geographic Information System
GoP	Government of Pakistan
GS	Greenstar Social Marketing
HCPs	Health Care Providers
HFA	Health Facility Assessment
HHS	Household Survey
HMIS	Health Management Information Systems
IBA	Institute of Business Administration
IEC	Information, Education and Communication
IFA	Iron-folic acid
IMR	Infant Mortality Rate
IPH	Institute of Public Health
IRCs	International Resource Centers

JHU/CCP	Johns Hopkins University, Center for Communication Program
JICA	Japan International Cooperating Agency
JSI	John Snow Inc.
KEMC	King Edward Medical College
KM	Knowledge Management
KMFP	Knowledge Management Focal Person
LHVs	Lady Health Visitors
LHWs	Lady Health Workers
LMIS	Logistics Management Information System
LUMS	Lahore University for Management Sciences
MC	Mercy Corps
M&E	Monitoring and Evaluation
MACWA	Maternal and Child Welfare Association
MCH	Maternal and Child Health
MCHCs	Maternal and Child Health Centers
MDGs	Millennium Development Goals
MIS	Management Information System
MMR	Maternal Mortality Rate
MNCH	Maternal, Newborn and Child Health
MNH	Maternal Newborn Health
MOH	Ministry of Health
MOPW	Ministry of Population Welfare
NCHD	National Commission for Human Development
NCMNH	National Commission for Maternal and Neonatal Health
NFR	Note For Record
NGOs	Non-governmental organizations
NIPS	National Institute of Population Studies
NP	National Program
NP for MCH& FP	National Program for Maternal Child Health and Family Planning
NWFP	North West Frontier Province of Pakistan
omS	Operation Managers
PAIMAN	Pakistan Initiative for Mothers and Newborns
PAVHNA	Pakistan Voluntary Health Nutrition Association
PC	Population Council
PHC	Primary Health Care
PHDs	Provincial Health Services Departments
PHDCs	Provincial Health Development Centers
PHSA	Provincial Health Services Academy
PMA	Pakistan Medical Association
PM&DC	Pakistan Medical & Dental Council
PMNH	Pakistan Maternal & Neonatal Health
PNC	Pakistan Nursing Council
PPA	Pakistan Pediatric Association
PPP	Public-Private Partnership
PRSP	Punjab Rural Support Program
PWDs	Population Welfare Departments
RFA	Request for Application
RFP	Request for Proposal
RH	Reproductive Health
RHCs	Rural Health Centers
SAVVY	Sample registration of Vital events and Verbal autopsy
SC/US	Save the Children, USA
SBA	Skilled Birth Attendants
SNL	Saving Newborn Lives Initiative
SO	Strategic Objectives
SOSEC	Social Sector Consultants

TAG	Technical Advisory Group
TAMA	Technical Assistance Management Agency
TBAs	Traditional Birth Attendants
THQs	Tehsil Headquarters Hospitals
TNA	Training Needs Assessment
TORs	Terms of Reference
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population
UNICEF	United Nations International Children Fund
USAID	United States Agency for International Development
VHC	Village Health Committee
WHO	World Health Organization
WHP	Women Health Project
WMOs	Women Medical Officers

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Executive Summary

The Pakistan Initiative for Mothers and Newborns (PMNH) Program known as (PAIMAN) is a five-year project funded by the United States Agency for International Development (USAID). The PAIMAN consortium is led by John Snow Inc. (JSI), a U.S.-based public health organization, who signed a cooperative agreement with USAID in October 2004. Partners include the Aga Khan University (AKU), Contech Int., Greenstar, Johns Hopkins University Center for Communication Program (JHU/CCP), PAVHNA, the Population Council, and Save the Children/US.

Recently, interest in the issue of mothers and newborns has increased substantially within the Government of Pakistan, as well among a number of international donors, who are tackling the issue of maternal and newborn health in a more systematic, and high profile manner. In the last few years, the Government of Pakistan's Ministry of Health has worked closely with national and international experts to develop a National MNH Strategic Framework that clearly outlines a road map for improving maternal and newborn health for the coming years in Pakistan as a whole. The PAIMAN projects fits squarely into this overall national strategic framework, and works in close cooperation with the government and other key partner within the country.

The PAIMAN project has just completed its first year of operations. Following is a list of illustrative major accomplishments in the first six month start up phase, as well during the second six month period, that of actual project implementation.

Planning and design phase:

- Establishment of the JSI office
- Development of office systems including financial and administrative management systems
- Hiring of national and international staff
- Development of the PAIMAN strategic framework
- Development of the detailed 18 month work plan
- Development of the Monitoring and Evaluation Plan
- Organization of meetings with the provincial Departments of Health and Federal Ministry of Health to build consensus on the strategic framework, M&E Plan and project implementation plans
- Formation of Thematic Groups
- Organization of coordination meetings with development partners (DFID, UNICEF, JICA, GTZ)
- Signature of cooperative agreements with all consortium partners

Project Implementation Phase

Strategic Objective 1 (SO1): Increase awareness and promote positive maternal and neonatal health behaviors

- Development of guidelines for formative research study and contract signed with Arjumand and Associates (AAA).
- Based on literature review, development of a prioritized list of critical health behaviors, review of past and current BCC initiatives in Pakistan, and collection of existing communication materials and resources.
- Development of community-based communication and advocacy packages and the orientation of PAIMAN Community Mobilization Partners in these packages.
- Sensitization of key individuals at the district level, through a series of district launches
- Development of a strategy for social marketing of MNH related health products, i.e. clean delivery kits (CDKs), and iron tablets.

Strategic Objective 2: Increase access to, and community involvement in, maternal and child health services and ensure services are delivered through health and ancillary health services

- Buy in of PAIMAN into MOH National MOH Skilled Birth Attendant strategy,
- Drafting and sharing of a concept paper on 24 hour EmOC services in government health facilities
- Signing of an agreement with the Edhi Welfare Foundation for provision of ambulance services for maternal and newborn emergencies.

Strategic Objective 3: Improve service quality in both the public and private sectors, particularly related to the management of obstetrical care and neonatal complications

- Revision of existing MNCH service and quality improvement protocols for the public and private sector.
- Rapid Facility Assessment as a first step towards identifying the key government health facilities that will be targeted for up-gradation during the second project year.
- In order to ensure availability of EmONC services on 24/7 basis, consultations have been held with provincial and district governments in order to highlight key issues such as staffing, techniques for retention of female staff, and the creation of an enabling environment to improve staff performance and retention.

Strategic Objective 4: Increase capacity of MNH managers and healthcare providers

- Training Needs Assessment (TNA) of health care providers in the public and private sectors.
- Curriculum review with revision where required and development of training manuals.

- Development of health care provider training strategy endorsed by PHDs in all four provinces.
- Start up of Training of Trainers (TOT) program to ensure efficient roll-out of the various planned trainings..

Strategic Objective 5: Improve management and integration of services at all levels

- Drafting and sharing of a District Health Management Team (DHMT) concept paper
- Organization of capacity-building workshops for senior managers of the ten districts on using information for evidence-based decision-making.
- Initial work on assessing financial flow systems at the district level and on the development of regulatory frameworks aimed at improving coordination between the public and private sector in the delivery of MNH services.

Monitoring and Evaluation

- Finalization of a set of SO indicators
- Development of a computerized Project Monitoring System
- Completion of District Profiles
- Design and initial data collection for the baseline household surveys
- Design and completed data collection for Health Facility Assessment
- Initial development of the PAIMAN web site and intranet
- Building of Knowledge Management capability within the consortium.

Grants management

- Drafting and finalizing the Grants Strategy and Management Procedures
- Finalizing grant agreement with Mercy Corps.

Illustrative challenges and constraints

One key challenge to the project is working within the overall 'National MNH Policy and Strategy". While the availability of a nationally owned MNH strategy will greatly facilitate the building of sustainable MNH activities under PAIMAN, its coordinated implementation through continuous consensus-building has already affected and will affect in future the pace of PAIMAN implementation in its various components..

Other implementation delays have been caused by internal project related events. In March 2005, AKF, representing Aga Khan Health Services and AKU, decided to pull out of the PAIMAN consortium for political and security reasons which affected the initiation of a variety of key start-up activities. Substantial delay has been the result of the time spent drafting a proposal for expansion of PAIMAN to include additional districts as well as child health and family planning interventions, which was abandoned later. Also, for various reasons, there has been delay in data collection for a number of PAIMAN baseline studies including the household survey, the formative research data

collection, the health facilities assessment and the training needs assessment.

Main lessons learned

- Collaboration and coordination of PAIMAN with the Government at all three levels (National, Provincial and District) is required for smooth accomplishment of activities, even if it slows down implementation pace.
- PAIMAN is a complex project, so the process of outlining responsibilities of partners and stakeholders has been time-consuming. Working on developing processes to further improve coordination is extremely important.
- Community mobilization activities should not be started as long as service delivery through existing health facilities remains sub optimal.

Introduction

The Pakistan Initiative for Mothers and Newborns (PMNH) Program known as (PAIMAN) is a five-year project funded by the United States Agency for International Development (USAID). PAIMAN is committed to assist in the implementation of the full spectrum of interventions necessary to address mother and newborn health, focusing on ten districts throughout Pakistan.

The PAIMAN consortium is led by John Snow Inc. (JSI), a U.S.-based public health organization, who signed a cooperative agreement with USAID in October 2004. JSI is joined by a number of Pakistani and international organizations who together form a powerful team for implementation of this program. Partners include the Aga Khan University (AKU), Contech Int., Greenstar, Johns Hopkins University Center for Communication Program (JHU/CCP), PAVHNA, the Population Council, and Save the Children/US.

This annual report describes the progress made in the period from October, 2004 until September 2005 in achieving PAIMAN's objectives.

Background

Despite the existence of an extensive health service network, Pakistan's maternal and newborn mortality and morbidity rates remain high. One of the main reasons is a lack of knowledge and awareness about major maternal and newborn health complications by women, families, and attendants. Most maternal and newborn deaths occur at home, with over 80% of women delivering at home, and trained health professionals assisting only 5% of these deliveries. In addition, although substantial gains in the Contraceptive Prevalence Rate (CPR) have been made in recent years, a high total fertility rate continues to expose women and children to increased risks of mortality and morbidity.

Pakistan has an extensive network of public sector health y facilities, but they reach only about a third of the country's population. The remaining 70% is

served by the private sector, particularly for curative services. The public sector continues to be the most important service provider for isolated rural communities and for preventive services. However, it is in need of improvement in all major areas, including physical facilities, safe water supply, privacy for female clients, supply of drugs, logistics and equipment and provider capabilities such as counseling and clinic management. Health facilities are underutilized and in need of better linkages with the communities they are meant to be serving. The non-availability of providers at public health facilities, particularly female providers, must be addressed. Most curative services in Pakistan are offered through private providers, but private sector health services are unregulated, leading to great variations in quality. While the GoP promotes the delegation of health service planning and management responsibilities to the districts as part of its devolution strategy, management systems at district level are weak. This includes referral systems, supervisory systems, health information systems and coordination between public and private sectors.

The biggest challenge to decreasing maternal mortality is to ensure that all women have access to Skilled Birth Attendants (SBAs) throughout childbirth and postpartum. Making SBAs available to each woman and her newborn is a long-term strategy; in the short-term, better use can be made of existing staff such as Lady Health Visitors (LHVs), Lady Health Workers (LHWs), and Traditional Birth Attendants (TBAs). Community midwives will only be effective with a strong BCC strategy in place that mobilizes the community, creates awareness and establishes links between TBAs and LHWs. While it has been proven that TBAs are not a solution to the skilled attendance problem, they remain the only attendants available to 80% of women at the time of delivery. TBAs are, therefore, a resource that cannot be ignored. Significant factors influence the TBA role, including her status within the community and the ability and willingness of a family to reimburse her in cash or in kind. She may be called upon early in labor and from then on provide full support for the mother, deliver the baby, and attend to the immediate care of both.

While skilled attendants are necessary, they alone are not sufficient to ensure mothers have access to appropriate maternal and neonatal care. In order to function effectively, health care providers need to tap into a support system with essential infrastructure, medicines and equipment. They must also backed up by supportive supervisory systems. At the referral level, district/tehsil hospitals need trained manpower and infrastructure to manage the 15% of women in labor with life-threatening complications.

In recent years, the GoP has made maternal and neonatal health a top priority. Pakistan is a signatory to the Millennium Development Goals (MDGs) which call for a reduction in the maternal mortality ratio by three quarters by 2015. With this in mind, several forums have been held, including the MCH Consultation in January 2003 and the National Conference on Maternal Mortality. A national Maternal and Neonatal Health (MNH) Strategy was presented at the Public Health Forum in April, 2005. PAIMAN participated in the design and development of the national MNH strategy as a member of the

Technical Advisory Group (TAG). The following priority recommendations for reducing maternal and neonatal mortality have been proposed:

- Improve emergency obstetric and newborn care provision;
- Ensure essential obstetric and newborn care and prompt recognition, management/referral of obstetric/neo-natal complications through skilled birth attendants;
- Expand access to comprehensive Family Planning (FP) services;
- Increase community awareness about danger signs, birth preparedness, nutrition and demand for FP and SBA services, through a comprehensive BCC strategy;
- Address cross-cutting issues of low female social status, gender inequalities, illiteracy and poverty.

PAIMAN hopes to fully use the current major window of opportunities to improving maternal and neonatal health in Pakistan. The National MNH Strategic Framework will clearly be the roadmap for the PAIMAN project in the coming years. To implement the MNH strategy, PAIMAN will work closely with the National Maternal and Child Health Program, which is now housed in the Federal Ministry of Health. This Program, with federal, provincial, and district partnership, will support MCH interventions for the provision of an essential MCH package.

PAIMAN's goal and strategic objectives major overall strategies

PAIMAN intends to reduce maternal, newborn, and child mortality in Pakistan through viable and demonstrable initiatives. These include the capacity building of existing programs and structures within health systems and communities to ensure improvements and the creation of supportive linkages in the continuum of health care for women from the home to the hospital.

PAIMAN's outcomes therefore are

- Reduction in neonatal mortality rate
- Increase in proportion of live births assisted by SBA

PAIMAN uses the "Pathway to Care and Survival" continuum of life saving and protective care to respond to the needs of mothers and newborns. Under the devolved system in Pakistan, the Provincial Departments of Health provide safe motherhood and newborn care services through a four-tier system – community-based activities through LHWs and TBAs; primary health care (PHC) facilities such as maternal and child health centers (MCHCs), basic health units (BHUs), and rural health centers (RHCs); first referral facilities such as Tehsil Headquarters (THQ) and District Headquarters hospitals; and tertiary care facilities. PAIMAN works with all these tiers to strengthen their capacity and ensure a wider access to quality services through skilled attendance at all levels, including the community.

PAIMAN has five major strategic objectives to:

- Increase awareness and promote positive maternal and neonatal health behaviors
- Increase access to and community involvement in maternal and newborn health services (including essential obstetric care) and ensure services are delivered through health and ancillary health services
- Improve service quality in both the public and private sectors, particularly in relation to the management of obstetrical complications
- Increase capacity of district MNH managers and care providers
- Improve management and integration of health services at all level

Programmatic Achievements

Coordination with GOP, other Development Partners, and Consortium Partners

PAIMAN is a USAID funded project to provide assistance in ten districts to the on-going MNH programs of the Government of Pakistan. The coordination with GOP, other development partners, as well as consortium partners it is essential at all levels to avoid duplication of efforts and resources and to learn from each other's experiences.

PAIMAN has undertaken several efforts to improve coordination between the GOP and development partners. PAIMAN took the initiative and requested the MOH and Provincial Health Departments to have *National MNH Steering Committee and Provincial MCH Coordination Committees* where all programs/projects working on MNH are represented. These committees have been nominated at national level and in all four provinces with the intention to meet every six months. The purpose of these meetings is to provide update on program progress and share challenges and bottlenecks if any. PAIMAN also requested the Provincial Health Departments to nominate a focal person in each province to coordinate with PAIMAN.

Various donors, including WHO, USAID, DFID, UNICEF and UNFPA, have committed to invest in maternal and child health and to develop joint strategic frameworks in collaboration with the GOP. The PAIMAN team has therefore approached and *consulted these development partners*. Several meetings were held with the DFID design team to examine how the two MNH projects can complement each other. UNICEF and WHO have expressed interest in working closely with PAIMAN, particularly in expanding the programmatic scope of the project to include child health. This collaboration will be formalized soon in the form of an MOU or a working document.

Finally, in order to ensure better technical coordination between the consortium partners and other development partners, *thematic groups* have been created. The idea is to meet regularly and learn from each other's experiences and projects. PAIMAN and USAID drafted and agreed upon a

communication protocol. Other important communication tools are the weekly events calendars and the one page weekly reports which will be sent by JSI starting November 1.

PAIMAN also has constituted a *Technical Advisory Group (TAG)* to provide guidance and advice on overall project and implementation strategies and to share national and international experiences and best practices. The TAG membership will consist of both international and national experts in the various theme areas of PAIMAN. The first meeting is planned for early October 2005.

JSI also realized the need to have provincial offices to maintain continuous liaison and coordination with stakeholders and consortium partners. The *Field Operations Managers* were hired for each province and are based in the provincial headquarters. Space for three provincial offices was provided by the provincial health departments which again will induce better coordination and team work.

Start-up phase

The initial months of PAIMAN were dedicated to the study of existing documents, to consultations with the Ministry of Health and the Provincial Health Departments, and to a good amount of strategic thinking. As mentioned earlier, thematic groups were constituted to focus on specific areas such as MNH intervention packages, capacity building, BCC, health system strengthening, and monitoring and evaluation. The thematic groups have held meetings with stakeholders and development partners to get an insight on issues and challenges which should be addressed through PAIMAN. This culminated in the development of a draft *strategic framework* for PAIMAN, which was later on fine tuned and finalized after a series of meetings with MOH, Provincial Health Departments, District Health Governments and consortium partners.

The scope of work set forward in the strategic framework, further guided the PAIMAN team in the development of an *18 month work plan*, covering the period from April 2005 until September 2006. The following paragraphs summarize the programmatic achievements in the first six work plan months (April – September 2005).

SO-1 Increase awareness and promote positive maternal and newborn health behaviors

In Pakistan, 67 percent of the population resides in rural areas. Literacy rates are low especially among women. Predominantly, decision-making rests with men and elderly women in the family. There are socio-cultural and religious constraints which determine the health seeking behavior, and which are compounded by lack of information. The community efforts are not well organized and aware of the health requirements. This often leads to delays in decision making when and where to take a woman or newborn, as well as delays in arranging transport and money. PAIMAN considers this strategic

objective an important component of shared responsibility for increasing awareness, creating demand, social mobilization and advocacy for prioritizing MNH at the district provincial and national level.

In preparation for the development of a Communication, Advocacy, and Mobilization (CAM) strategy, which will be rolled out in the second year of the project, the BCC team has undertaken several key activities in order to better understand the current beliefs and attitudes about maternal and newborn health in rural areas of Pakistan. Understanding what motivates individuals and families to seek preventive and emergency care or not, is a key factor in designing messages and advocacy efforts to help change people's health seeking behavior – a key objective of PAIMAN 's attempt to save mothers' and newborns' lives.

Therefore, in Year One, the BCC team has started preparations for an in-depth formative research study. After extensive discussions and consultations, the formative research study has been contracted out to Arjumand and Associates (AAA) after evaluating proposals of several other bidding research agencies. The contract between JSI and AAA was signed on 12th September, 2005.

In addition to this, the BCC team has carried out a literature review of the MNH situation in Pakistan and has developed a prioritized list of critical health behaviors in consultation with government stakeholders that will guide the CAM strategy formulation process. The BCC Team has also reviewed past and current BCC initiatives in Pakistan, collected communication materials and resources previously used by similar projects in Pakistan including IEC materials from Women Health Project, Ministry of Health. The materials have been reviewed and found to be in line with PAIMAN messages however, select materials will be pre-tested once the project is further along with the strategy development.

BCC team members, upon invitation, have attended meetings of the National MNH technical advisory group (TAG), constituted by the Ministry of Health to help translate the National MNH strategic framework into implementable action points. The idea is to develop a joint national behavior change communication strategy on maternal and neonatal health, so that common messages are disseminated through all the media and there is no confusion among the general public.

Another set of activities for SO1 has included work on the development of community-based communication and advocacy packages to be implemented in Year Two. To this end, the BCC team has shared the draft guidelines on Community Mobilization (CM) for PAIMAN in a consultative meeting in which all the partners including stakeholders from the Government of Pakistan were invited. These guidelines were developed after reviewing different approaches to social mobilization namely: *Communication for Social Change,* a social mobilization guide produced by Rockefeller Foundation, *How to Mobilize Communities for Health and Social Change*, a field guide produced by Health Communication Partnership (HCP), *Partnership Defined Quality*, an approach

tested in several countries. Participants of the meeting approved the draft document and suggested some valuable input.

In light of this strategy for the initial phase, a two-day orientation workshop was arranged for the district staff of all the CM partners. Participants discussed different aspects of the strategy and developed their work plans for next two quarters. Initial meetings to gain support of line departments, local Ulema, CBOs/NGOs, media and opinion leaders for MNCH issues have been held. Sensitization meetings for all the stakeholders are being held at Rural Health Centers. Activities to facilitate organization/strengthening of village health committee are also under way.

In order to begin the sensitization of key individuals at the district level, district launches were organized in all ten districts of PAIMAN. The last one in District Rawalpindi was held on 3rd of October, 2005. The launch ceremonies were important occasions to share the PAIMAN project objectives to main implementation partners including Nazims, District Coordinating Officers, Government functionaries and opinion leaders. These meetings also paved the way for further consultations on planning and implementation mechanisms for PAIMAN at district levels.

The BCC team has also developed, pre-tested and finalized the logo for PAIMAN and developed the PAIMAN brochure for its initial introduction. The brochure helps increase awareness of PAIMAN as a program dedicated to the improvement of MNH in Pakistan. The Urdu version of this brochure is in the process of printing.

PAIMAN intends to develop a strategy for social marketing of MNH related health products, i.e. clean delivery kits (CDKs), and iron tablets. Green Star therefore has carried out a needs assessment of the two products. CDKs are about to be launched in October 2005.

SO-2 Increase access to emergency obstetrics and newborn care through community involvement in maternal and child health services

Maternal and newborn mortality is high in Pakistan. This is partially due to the lack of access to basic and comprehensive emergency obstetric and newborn care in public and private health facilities and due to the fact that 80% of deliveries take place in rural communities at the hands of untrained TBAs. The lack of recognition of danger signs by families and communities and the lack of timely referral to health facilities also contributes to high maternal and neonatal mortality. Although health facilities in the public and private sector do exist and do function to some extent, the quality of care is very poor and available, trained female staff is in very short supply.

Central to PAIMAN's strategy for improving access to maternal and newborn health services is the development of a skilled birth attendant (SBA) strategy both within health facilities and within the community. As a first step, PAIMAN has begun work to document the quality of Emergency Obstetric and

Neonatal Care in public and private health facilities via the Health Facilities Assessment (HFA) and the Training Needs Assessment (TNA) of Health Care Providers (HCP).

PAIMAN is actively pursuing the issue of the training and placement of SBAs in the community in collaboration with the Ministry of Health. A Technical Advisory Group meeting was held at the request of JSI within the Ministry of Health in September, 2005 regarding the development of this new cadre of health care providers. The decision was made to follow the current government strategy on the Midwifery Program as laid out by the Ministry of Health.

Dr Nabeela Ali, Chief of Party PAIMAN and Mr Faisal Edhi, Incharge Edhi Ambulance Services signing the Letter of Cooperation in Karachi, September 17, 2005

One of the main problems facing women in Pakistan is that they have trouble accessing health care facilities, especially in remote areas of the country. Some of this is due to problems in finding transportation to facilities and skilled care in the event of an obstetric emergency. This is termed the 'second delay'. (The first delay has to do with a delay in recognizing that pregnancy or labor is complicated and there is a need for expert assistance and the third delay involves a delay in receiving skilled care arriving at a health-care facility).

In the traditional cultures of the PAIMAN districts, providing a safe, appropriate and respectable means of transportation along with skilled care is a vital link in the provision of timely emergency obstetric care. Due to the conservative norms of many of the communities it is imperative prompt and socially acceptable transport be made available for women when seeking skilled obstetric assistance.

In order to address this issue, USAID and PAIMAN have come to an agreement with Edhi Ambulance Services. Edhi will provide 40-47 well-equipped ambulances to help women get to the emergency obstetric care facilities. The ambulance staff is trained to deal with deliveries en route to health care facilities, as well as complications including bleeding and providing emergency care.

On September 17, 2005, the PAIMAN team, the USAID Mission to Pakistan and the Edhi Welfare Trust met for a special signing ceremony at the Bilquees Edhi Home for Girls in Clifton, Karachi. PAIMAN was represented by Dr Nabeela Ali, Chief of Party, USAID by the Mission Director, Lisa Chiles and the Edhi Welfare Trust by Maulana Abdus Sattar Edhi and his son Faisal Edhi. The US Consul General in Sindh, Ms Mary H Wit and the Sindh Health Secretary, Professor Naushad A Shaikh and the Additional Health Secretary for Sindh also attended the ceremony.

"*we want sustainable efforts to reduce maternal and newborn mortality*"
Dr Nabeela Ali, Chief of Party, PAIMAN

To formalize the relationship between PAIMAN and the Edhi Welfare Trust, Dr Nabeela Ali

and Mr Faisal Edhi signed a Letter of Cooperation. In this agreement, the Edhi Welfare Trust committed to provide ambulance services in 7 of the 10 districts in which PAIMAN is being implemented. These are: Lasbela, Dadu, Sukkur, DG Khan, Khanewal, Jhelum and Rawalpindi.

Dr Nabeela Ali stated that PAIMAN wants to have sustainable efforts to reduce maternal and newborn mortality.

This development is extremely positive for the consortium and is a model of collaboration and partnership between two stakeholders in the health arena of the PAIMAN districts. The fact that a local charitable institution has formalized its working relationship with the project and will be providing an essential service to the people of the districts is an important precedent. This collaboration with a Pakistani service provider lends itself to the sustainability of the interventions and the lasting impact of the project on the maternal and neonatal health of the people of the PAIMAN districts.

The second major activity of this first year of operations has been the development of a concept paper on the need to establish 24 hour Emergency Obstetric Care at District Headquarter Hospitals (DHQs), Tehsil/Taluka Headquarter Hospitals (THQs), as well as Rural Health Centers (RHCs) in the 10 PAIMAN districts. This concept paper was shared with provincial health departments for comments and RHCs in each district were selected for upgrading in all 10 districts during a series of consultative meetings with government.

PAIMAN has also worked on initial activities related to the improvement of referral services. To this end, PAIMAN has taken a proactive role in initiating discussions with the Edhi Welfare Trust regarding the provision of ambulance services in the PAIMAN intervention areas. A significant project accomplishment was the signing of a Memorandum of Understanding (MOU) on 17th September, 2005 whereby Edhi will provide ambulance services to seven PAIMAN districts which will be extended later to all the districts depending on demand.

SO-3 Improve service quality in both the public and private sectors, particularly related to the management of obstetrical and neonatal complications

One of the key interventions in the PAIMAN project is to improve the quality of care in public and private sector health facilities. To this end, in the first year of operations, the PAIMAN project has worked on the development of MNCH service and quality improvement protocols for the public and private sector. The PAIMAN Consortium has identified existing emergency obstetric and neonatal protocols and has adopted them in consultation with the Ministry of Health.

The second major activity under SO3 is the up-grading of selected referral health facilities in the Public and Private sectors according to quality standards. To this end, the PAIMAN project via its partner Contech has undertaken a Rapid Assessment of Civil Works and Equipment. The initial results of this assessment have been shared with all four provincial

governments as a first step towards identifying the key government health facilities that will be targeted for up-gradation during the second project year.

The third major area of work in the first year for SO3 has been to prepare the ground for ensuring the availability of comprehensive EmONC services available at DHQ, THQ on 24/7 basis and basic EmONC services at RHCs. Consultations were held with provincial and district governments on the issue of the placement of female staff, on innovative techniques for retention of female staff, and on the creation of an enabling environment to improve staff performance and retention.

SO-4 Increase Capacity of MNH Managers and Care Providers

The capacity building of health care providers both in public and private sector is an important component of PAIMAN strategic framework. The requisite skills and competencies to ensure effective service delivery for different health facilities are key to improving the quality of care in public and private facilities. Currently there is no in-service training program for staff in public sector on emergency obstetric and newborn care. The curriculum for EmONC which was developed under the Women's Health Project, has been endorsed by MOH along with the standard protocols. PAIMAN will use the same curriculum and standard protocols.

AKU, Contech, and Save the Children/US jointly developed and implemented a Training Needs Assessment (TNA) of health care providers in the public and private sectors. The TNA has involved several steps including identification of training institutions, methodology, signing of sub-contracts and actual implementation of district based TNA workshops in all the provinces for the assessment of Doctors/RMO, LHV-Midwife-Nurse and LHW. TNA workshops have been conducted in districts Lasbela and Jafferabad. Workshops in the remaining districts will be completed during 1st quarter of next year. AKU will produce a report with comprehensive analysis of the results.

A health care provider training strategy was drafted, internally reviewed with the provincial teams, circulated to the capacity building thematic group members for consensus and later endorsed in the thematic group meeting at AKU on the 11th of August 2005. The provincial training coordinators of Save the Children organized consensus building meetings in the four provinces. The training strategy was endorsed without reservation in all four provinces by the representatives from the Department of Health (DoH), National Program for Primary Health Care and Family Planning (NP for PHC & FP), Provincial Health Services Academy (PHSA), Institute of Public Health (IPH), Provincial Health Development Center (PHDC), District Health Development Center (DHDC), and specialists from teaching hospitals. Finally, PAIMAN has started a Training of Trainers (TOT) program to ensure efficient roll-out of the various planned trainings. The district EDOs (H) of the 10 PAIMAN districts has identified trainers from their respective districts on predetermined selection criteria in consultation with the provincial training managers and coordinators. Trainers from Dadu and Jaffarabad have been trained in the pilot TOT at

AKU, Karachi. Further TOTs and trickle down trainings will be conducted once the feedback has been incorporated in the content outline of the TOT.

The provincial training coordinators in collaboration with the Department of Health have prepared a list of trainees to roll out trainings in the PAIMAN districts. Monitors have also been selected in collaboration with the DoH and NP for PHC and FP, to monitor the quality of the training program. Orientation training of monitors did not take place as planned since a comprehensive training curriculum is not yet available.

SO-5 Improve management and integration of services at all levels

Under the Devolution Policy, districts after August 2001 have become autonomous and District Health Departments are now responsible for planning and management of the health services. Health system strengthening therefore is an important component of any new health project, including PAIMAN. The emphasis shall be on evidence-based planning, on supportive supervision, on use of health information for decision making, and on resolving human resource issues. Also, the role of Federal, Provincial and District health departments needs to be better defined to ensure smooth implementation of health care delivery.

One of the main components of this SO is to improve service delivery through better planning and management by the District Health Management Teams (DHMTs) in all 10 intervention districts of PAIMAN.

In order to come up with a sustainable and effective DHMT model for PAIMAN districts, various existing international and national models have been studied. Based on this review, a DHMT concept paper was drafted which has been shared with the consortium.

Contech, in collaboration with National HMIS Cell, has organized capacity building workshops for senior managers of the ten districts on using information for evidence based decision making. They used the MEASURE curriculum, which had been developed two years earlier with USAID funding. The four workshops on “improving evidence based decision making at district level” were conducted successfully involving managers from 8 intervention districts. One workshop for the remaining two districts will be conducted in next quarter. This activity was supposed to be completed in August, 2005 but has been delayed due to National Immunization Days (NIDs) which are now being observed almost every month.

Other important activities in Year 1 include the following:

- Contech has appointed an expert to assess the financial flow systems at district level and to support DHMTs in achieving timely expenditure of allocated budgeted resources including the MNH component..

- Contech has also started discussions with the federal and provincial governments on the regulatory framework aimed at improving

coordination between the public and private sector in the delivery of MNH services. Data is currently being collected to form the basis of the regulatory framework. This activity involves extensive working with government and its progress depends upon the availability of time and information from the concerned government officials. However concerted efforts are being made to expedite it and complete it on time.

PAIMAN district launch ceremony in Buner

NWFP Health Department Increases Female Health Workers' Salary

The North West Frontier Province (NWFP) is a conservative society. Here, women can usually only be examined and treated by female healthcare providers. Female health workers are usually not available here due to low females literacy rates and the failure to retain posted non-local female health staff because of difficult working and living conditions. The low salaries of public sector healthcare providers add another dimension and a poor local population limits the chances of female healthcare providers supplementing their income through private practice.

This virtual absence of female healthcare providers emerges forces the poor ladies/women to turn to unskilled persons at home like their mothers-in-law and traditional birth attendants for delivering their babies. These un-skilled birth attendants are also responsible for newborn care also, putting the babies at risk as well as the mothers.

It was on January 12,th January 2005, when the PAIMAN team, comprising Dr. Nabeela Ali, the then acting Chief of Party, JSI and Mr. Babar Hussain Khan, Finance Manager, had a meeting with the highest- level decision- makers in the Department of Health, NWFP. Mr. Inayatullah, the provincial Minister for Health was in chaired the meeting, which was also attended by Mr. Abdus Samad Khan, Secretary Health NWFP, Dr. Muhammad Rafiq, Chief, Health Sector Research and Reforms Unit (HSRRU) and Dr. Imtiaz Ali Shah, Coordinator, HSRRU.

In this meeting, it was suggested that PAIMAN should provide financial incentives in addition to salary given to female care providers in public sector health facilities in the PAIMAN districts of Upper Dir and Buner. The PAIMAN team, however, advocated strongly that for the sustainability crucial to achieving the Millennium Development Goals (MDGs), it was important that the government should provide the proposed incentives through its regular budget to female healthcare providers across the board in all marginalized districts with poor maternal and newborn health indicators.

The provincial Minister for Health, being a highly educated (MA English Literature) and intelligent person, agreed with the idea and began to actively work towards this. Through discussions with the provincial Finance Minister, Mr. Siraj ul Haq and the Chief Minister, NWFP Mr. Akram Khan Durrani, he succeeded in procuring the highest possible political commitment to get extra funds for the purpose. The Secretary Health Mr. Abdus Samad Khan worked equally hard in making the rigid financial allocations system 'soft' enough to allocate sufficient funds for the provision of incentives to

female healthcare providers.

"an extremely bold step in the socio-cultural setup of the province"
Mr Inayatullah, Minister for Health NWFP

These efforts were rewarded by success. During the presentation of the provincial budget for financial year 2005-2006, the provincial assembly approved an unprecedented package of financial incentives for female healthcare providers working in nine remote and marginalized districts of the province (including the two PAIMAN districts). The package has been operational since July 2005. Under this package, Lady Health Visitors (LHVs) receive a monthly financial incentive of 352%, Woman Medical Officers (WMOs) receive 210% and gynecologists/obstetricians receive 213% of their respective basic monthly salaries. Interestingly, this will not be provided male health care providers in the same districts, with the possible exception of gynecologists/obstetricians.

In an interview, the Health Minister said that this pioneering step taken by the Government of NWFP was extremely bold in the socio-cultural setup of the province and showed its clear political will to improving maternal, newborn and child health to achieve the MDGs. He vowed to make his province a national role model and urged USAID to expand this project to other deserving marginalized districts of NWFP. He said that this step not only addresses accessibility issues in healthcare for women and children, but also reduces the gender bias in healthcare.

Grants Program

- ***Mercy Corps Grant***

Mercy Corps, who was mentioned as a collaborating partner in the technical proposal, has been approached to work on community mobilization in the two districts (Jafarabad and Lasbella) in Balochistan. After detailed negotiations and agreement on the scope of work with Mercy Corps, a draft document for the proposed sub-grant agreement was submitted to the Mission and recently approved. It is anticipated that the sub-grant for Mercy Corps will be awarded during October 2005.

- ***Grants Management***

Several factors had to be considered in the design and development of a comprehensive grants management system. First of all, the grants management system should be compatible with applicable USAID rules and regulations. At the same time, the entire process of selection and award needs to be transparent and participatory in terms of stakeholders. Finally, the grants management program has to contribute to the strategic objectives of PAIMAN.

In the wake of all these factors, the grants management manual was designed and developed as a comprehensive document that provides the grants strategy as well as the management aspects and procedures of the entire process. The manual is also highly sensitized to the USAID rules and regulations and addresses risk management other than capacity and institutional strengths of the prospective sub-grantees. The financial management and control mechanism are simple yet robust in terms of

accountability. The selection process is transparent and involves the provincial and district stakeholders in the process of short listing and entire through the process of selection until the final award.

The grants management system and its instruments have been shared with JSI HQ in Boston. The Grants management manual, including all financial and management reporting and recording instruments and guidelines was shared with the USAID Mission.

Monitoring & Evaluation

During the first year of the PAIMAN project, several meetings of the M&E Thematic Group were held in which representatives of all the partners participated. The M&E Thematic Group, chaired by the Population Council, has advised the PAIMAN consortium on all M&E policies and activities.

The main M&E activities during the first year were: (1) to finalize the list of SO indicators for PAIMAN, attached as Annexure 7; (2) to create a Project Monitoring System; (3) to conduct the baseline studies including Household Survey (HHS), Health Facility Assessment (HFA) and Training Needs Assessment (TNA); (4) to start initial work on Operations Research and Knowledge Management.

Finalization of Monitoring Indicators

One of the priority M&E activities was to draft a list of SO indicators (including the USAID SO-7 indicators), allowing PAIMAN to monitor progress on a regular basis. The list was submitted for finalization at the TAG meeting planned to be held on 4-5 October 2005.

Project Monitoring System (PMS)

JSI is accountable to USAID for the PAIMAN project fiduciary responsibilities. Building on the principles of involving all stakeholders and team spirit, JSI has created an integrated Project Monitoring System for all partners to regularly monitor their activities. The monitoring system provides a holistic picture of all the project activities and their synergistic effects, without interfering with the partner organizations internal monitoring systems. The Chief of Party, PAIMAN project will provide the overall leadership while Deputy Chief of Party (DCOP) will manage the project monitoring system.

The JSI Field Operations Manager (FOM) will conduct monthly review and planning meetings with concerned partners in their respective province. The purpose is to review the previous month performance, identify joint activities, and develop detailed implementation plan for the coming month activities. The Deputy Chief of Party will meet both with the FOMs and with the Consortium partners on a regular basis. The JSI/HQ Monitoring and Evaluation Advisor will provide support to DCOP for building and maintaining the monitoring system. The PAIMAN M&E Director will provide overview of the monitoring activities and will create linkages with the evaluation component, managed by

Population Council. For providing transparency and access to all partners on monitoring project activities, an intranet site is being developed, where annual work plans will be posted for regular monitoring. The website will also have databases on training, events, project outputs, HMIS records, which will describe changes over time. Another database will exclusively describe baseline indicators. These databases will be used to develop quarterly and yearly monitoring reports for the Government of Pakistan and USAID.

Baseline Surveys

The details of each of the surveys is given below:

- *Household Survey*

USAID gave approval for a baseline survey to be conducted for PAIMAN in May 2005. Implementation was to be undertaken by NIPS, subject to time constraints related to timing of its fieldwork for the Pakistan DHS. As of the end of June, implementation by NIPS was approved.

The protocol and the two questionnaires (married women of reproductive age, husbands) and community profile had been drafted and prepared for approval by the M&E Thematic Group by 5 July 2005. There was agreement in principle on items for inclusion on the basis of needs for BCC formative research. The questionnaires were pre-tested and final drafts were made available for the training of the field staff.

The final questionnaires were handed over to NIPS for the training of the field staff. The training of 110 field staff was conducted in collaboration with the Population Council and NIPS in September 2005. During training several discussions were held and few changes were proposed in the questionnaires. As part of their training, all the interviewers conducted at least two interviews of eligible women in different areas of Islamabad. After the field trip by all the interviewers and field supervisors the questionnaires were finalized and were handed over to NIPS for printing. The required number of individual questionnaires both for women and husbands were printed.

At the planning stage it was understood that the Federal Bureau of Statistics (FBS) being the sole custodian of the national sample design would provide the sample design for the baseline survey of ten PAIMAN districts. However, FBS could not provide the required sample design due to their internal matters and Population Council and NIPS decided to draw their own sample representative of each district keeping in view the urban and rural distribution.

The fieldwork of household baseline survey began in October 2005 and will be completed by the end of November 2005. Although the fieldwork has been started almost two months behind the schedule, the data entry will be conducted in parallel to the data collection. The field force has also been increased to complete the fieldwork according to the schedule. Therefore, the tabulation and dissemination of the baseline indicators will be completed in time.

- *Health Facilities Assessment*

Contech International has the main responsibility to conduct HFA, with Population Council providing technical guidance to develop the HFA Tools. Several meetings have been held to develop these tools, including the Thematic Group meeting of 21 June and the Management Committee meeting of 22 June 2005, and the tools were in the final form. It has been agreed in the M&E Thematic Group meeting held on July 5 2005 that the HFA will be separated from the Training Needs Assessment. Also a separate team (under Contech) will implement the needs assessment for civil works and the provision of the equipments at the hospital level.

Contech International being the lead organization for conducting HFA has imparted training to the field staff in September and at the same time tools were also pre-tested. The fieldwork of rapid assessment of equipment and the civil work was completed and the draft reports are being shared with the provincial consultative meetings. The field work of detailed HFA is in progress since September 2005 and data obtained from the field will be cleaned, coded and entered into the computers for compiling tables. The data analysis will be completed by the end of November 2005. Basic tables of the data will be prepared and disseminated by end of next quarter, i.e. in December 2005.

- *Training Needs Assessment*

Aga Khan University and NCMNH developed the tools for TNA. The TNA was implemented separately from the HFA, through a series of one-day workshops at the provincial level, attended by representatives from the PAIMAN districts of all the types of personnel to be trained. The TNA exercise is in progress and details will be provided by Contech.

Operations Research

Operations Research (OR) is one of the main responsibilities of Population Council under the overall M&E framework of PAIMAN. Unlike other aspects of M&E, the topics for OR cannot be precisely determined in advance for the whole project period. During the third-quarter of the project a preliminary list of priority topics for early implementation was circulated. During one of the thematic group meetings, some of these topics were short-listed and also the partners were invited to submit their proposals on the issues related to maternal and newborn health using a prescribed format. OR will be further discussed in detail in the TAG meeting planned in October 2005.

Knowledge Management (KM)

Knowledge Management Focal Persons (KMFPs) were identified in all partner organizations and one-on-one orientation meetings conducted with each. Collection of contact information on the PAIMAN consortium is ongoing and a mailing list for the whole group (ALL PAIMAN/ everyone@paiman.org.pk) has been put together. Amendments are periodically made to reflect the changing membership of the consortium and initial work on questionnaires to be used to

map the skills and interests of the consortium has been done. Identification of relevant local projects, and publications on MNH is ongoing and a collection of documents has begun. A map has been put together to be used to track MNH activities in the country visually. PAIMAN categories have been added to the Information Resource Center (IRC) at the Population Council office. A review of the IRC's existing resources with relation to PAIMAN and what is needed for the project has been conducted.

The first quarterly meeting for KMFPs was held in August 2005. At this meeting further orientation and brainstorming on knowledge management (KM) for PAIMAN took place. The group recommended that henceforth their designation should be Knowledge Management Support Person (KMSP) to ensure that ownership of KM was understood to rest with all members of the consortium and not only this group. Relevant MNH information received has been periodically disseminated to PAIMAN partners, primarily using the KMSPs. The domain name for the PAIMAN website was registered, space for web hosting purchased and a template for the PAIMAN website developed early in the year. There have been ongoing discussions and communications with JSI Pakistan, JSI Boston & Washington, and a local software development company, on the process and roles within that of the various partners. A website technical committee was constituted and initial work on the website design begun.

Project Management

Administration

- *Establishment of Project Offices*:

  - ***Islamabad Office:***

    PAIMAN started its operations in Pakistan on November 15, 2004 by acquiring fully equipped office space in the premises of Save the Children/US on cost-sharing basis. The biggest challenge was to establish PAIMAN office in Islamabad on urgent basis. Accordingly a search for suitable premises was initiated immediately. More than 30 properties were visited but due to the very specific requirements i.e. security, working space for 20 staff, vast car parking, the choice available was quite limited. After hectic efforts, eventually a property, House 6, Street 5, F-8/3 was identified, meeting almost all the requirements. After intense negotiations a lease agreement was signed with the owner of the property on January 31, 2005 and the property was taken over on February 15, 2005. Then the next phase of converting the residential premises into an office premises commenced. This entailed making cabins, workstations, creating storage space, altering the layout of the building by knocking down and erecting some walls and creating parking space for vehicles. Simultaneously, the procurement of furniture, office equipment, IT equipment, communication equipment, vehicles, acquiring of telephone connections was started. All this work was done on war-footing and as a result the PAIMAN Islamabad office was fully established in quick

time. Since the furniture needed weeks to be manufactured and IT equipment was not readily available off the shelf, interim arrangements were made so that the office could become operational. A computer network was designed and installed. Communication system using Microsoft Exchange Server was installed. Web Access for e- mails that enables JSI Pakistan users to check their emails outside the office was set up. DSL Broadband and 512 Kbps has been installed for internet connectivity. Eventually full time operations from PAIMAN office started on March 28, 2005.

- *Provincial Offices:*

With the hiring of Field Operations Managers in all the four provinces, next step was to establish provincial offices. It was decided that as far as possible office space be arranged from the respective government departments, failing which consortium partners may be approached to share office space. So far the Punjab provincial office has been established within the office premises of CONTECH International. Office space has recently been provided by the health departments of Sindh and Balochistan. The refurbishing and equipping of these two offices is in progress. In NWFP, efforts are still continuing and if the health department finally declines to provide office space, other options will be looked into. The setting up of provincial offices is still in progress because the Field Operations Managers were hired in July 2005.

- *Hiring of Staff:*

PAIMAN started its operations with just 4 senior staff members i.e. COP, DCOP, Manager Administration and Manager Finance. Since from day one, the activities commenced in full swing, there was a dire need for support staff. As per the decision of the then COP, the positions were not to be advertised and hence search for suitable staff was conducted through word of mouth, contacts with individuals and organizations and consulting with CV files being maintained by Save the Children US and the Canadian International Development Agency . In the month of January 2005, 4 staff members were hired. Within another month all crucial positions had been filled. The hiring of staff including the newly created positions of Field Operations Managers was completed on July 1, 2005 except for two drivers who were hired in September on receipt of registration documents of all the vehicles.

The hiring of Program & Grants Manager, Admin & Finance Assistant and a driver for the four provincial offices is in progress.

In addition to regular staff for JSI a number of consultants were hired for provision of professional services.

A complete list of regular staff and consultants hired is attached as Annexure 6 A.

- *Procurement:*

  There was slight delay in the initiation of procurement because the procurement plan took some time to be approved. An experienced Logistic Officer was hired in early February to work on the procurement of equipment and material, observing the JSI Procurement Guidelines and USAID regulations. It was decided by the management that all equipment and materials except for vehicles would be procured locally. Waiver for procuring vehicles of non-US origin was obtained. IT equipment was procured after approval from USAID Information Resource Management (IRM). Procurement of equipment and materials is one long process; however, more difficult and complicated process in this regard is obtaining exemptions certificates from Economic Affairs Division of Government of Pakistan. After having obtained Exemption Certificates, the next hurdle was to get the vehicles registered without paying any taxes like sales tax and CVT. This exemption is provided by another Government of Pakistan Department, the Central Board of Revenue. These exemptions were also obtained and the vehicles were registered without paying any taxes. Since IT equipment was not available off the shelf, the vendor was persuaded to get the equipment on top priority. Most of the materials and equipment has since been procured. The Procurement Status Report and Inventory are attached as Annexure 2 A and 2 B.

- *Development of Administrative Systems:*

  With help from the home office project coordinators, work started on developing Administrative Systems in December 2004. Taking guidance from JSI's Local Hire Manual, and taking into account the Pakistan's Labor Law, a Local Hire Manual for JSI Pakistan's employees was prepared. However, the more challenging task was to compile a comprehensive Administrative Policies and Procedures Manual. Many manuals from other international organizations were also consulted. A draft manual is ready which will be vetted by our legal consultant before finalizing.

- *Home Office Visits:*

  The Vice President of JSI's International Division and at the same time the senior advisor to the project has been closely involved since the inception of the program and has visited the project on a regular basis. Two project coordinators also paid visits to the project in the setting-up phase as well as subsequently. The COP visited Boston and Washington. The details are attached as annexure 6 C.

Finances

- *Development of Financial Systems*

Financial staff recruitment began in November 2004. The Finance Director was hired on November 18, 2004 and two (2) additional finance staff were recruited in late January and February 2005. Staff were initially located in temporary office space at Save the Children in Islamabad.

The first and second fiscal quarters were focused on designing and developing standard financial and administrative management manuals and instruments to support and manage the project operations. We opened a bank account in December 2004.

Concurrently, extensive discussions were held with the seven (7) consortium partners to review their scope of work (SOW) and rationalize their respective budgets accordingly. This was followed by individual partner orientation meetings to share financial reporting and management requirements. The JSI/BOS Project Coordinator helped to facilitate these meetings in December 2004 and February 2005.

During the period November 2004 through September 30, 2005, the following tasks were accomplished:

a. Detailed review and finalization of the budgets and scope of work for the seven (7) consortium partners was completed i.e. (1) Save the Children, (2) Population Council, (3) JHU/CCP, (4) Contech International, (5) PAVHNA, (6) Aga Khan University, (7) Greenstar Social Marketing. The budget review exercise carried out with each partner, ensured that proposed scopes of work and negotiated budgets were in alignment.
   Further, financial management and reporting instruments were shared and reviewed with the partners to ensure that proper and systematic reporting and request for advance of funds were in place. The Finance office also arranged orientation meetings with the finance staff of the partners to explain in detail the management and oversight on the financial management aspects of the sub-award;
b. The sub-awards with the four (4) local based partners were developed, finalized and executed locally while the sub-awards for the three (3) US-based organizations were executed by JSI/HQ, Boston;
c. The finance office coordinated and assisted in the procurement of commodities as a part of the purchase committee;
d. The Financial Operational Manual along with all reporting and tracking instruments were designed and developed. The Financial Operations Manual provides detailed information on procedures and various instruments that keep track and maintain a transparent processing financial management system. These instruments provide adequacy in terms of supportive documentation, processing

and financial flows leading to disbursements for the project. All transactions are required to be clearly documented, processed and then disbursed;

e. With the establishment of provincial offices, the Provincial Financial Reporting and Recording Manual is designed along with reporting instruments. This Manual is very closely related to the Financial Operational Manual. To ensure that the Provincial Manual is adhered to, the Finance Team conducted an orientation meeting with the Field Operations Managers (FOMs);

f. The Finance team worked for almost three (3) weeks on the proposed expansion of project as advised by the Mission. This included developing new budget and realigning it with the proposed scope of work for the expansion of the program to cover an additional ten (10) districts. The time and effort in developing the budget included but were not limited to linking the expansion budget with the existing approved budget and coordinating with the consortium partners to submit their proposed budgets. This effort also involved extensive coordination, facilitation and critical review of the proposed budgets provided by the partners for the proposed expansion. Extensive discussions and meetings were held to negotiate the scope of work and the budgets and rationalize the same with the proposed scope of work for the expansion;

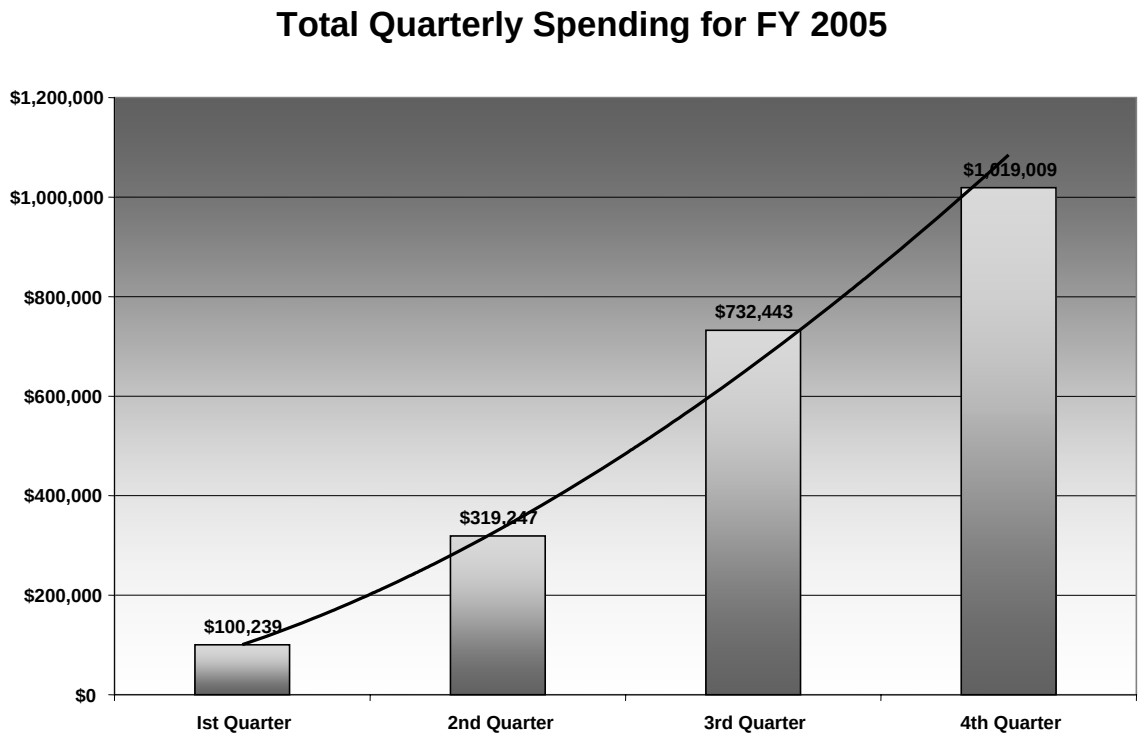
g. The Grants Strategy and Management Guidelines Manual was designed and developed. The development of this document included conceptualizing and designing a feasible strategy. All supporting instruments such as financial reporting formats, advance for funds request, and request for application and related assessment tools were developed. The Grants Strategy and Management Guidelines has been submitted to JSI/HQ for comments. The draft document was also submitted to the Mission;

h. The Finance Team was involved in reviewing the proposed budget of Mercy Corps for providing funds under the Grants component of the project. This included several budget review meetings with the finance manager and program staff of Mercy Corps. During these meetings staff discussed and negotiated appropriate budget costs in relation to their scopes of work. The draft sub-grant document was then submitted to the Mission for review and concurrence. The sub-grant is currently in the process of being awarded.

- *Project Spending*

The disbursement under PAIMAN is gradually showing an increase on a quarter-wise basis. This gradual increase is reflective of the fact that the Financial Operational Manual as well as financial systems and processing instruments are cohesively jelled in with timeline of programmatic and operational activity, thus responsive to the program implementation. The first and the second quarter were basically mobilization and assembling the team, working space and finalizing the procurement plan and placing the orders, and as for the sub-recipients it was finalizing the scope of work, budgets and implementation plans. The increase in the third quarter reflects the outcome

of the second quarter work, where by procurement was completed, and partner activity in programmatic areas was initiated. It is expected that the fourth quarter spending (now only two month data available) will exceed the preceding quarter.



Project Constraints and Challenges

This section highlights the challenges and constraints which influenced smooth project implementation during the first year.

The Ministry of Health designed and developed 'National MNH Policy and Strategy" which was approved in April 2005. While the availability of a nationally owned MNH strategy will greatly facilitate the building of sustainable MNH activities under PAIMAN, its coordinated implementation will affect the pace of PAIMAN implementation in its various components. One example is the development of a National Communication Strategy to be followed by all development partners. The request by the MoH that PAIMAN coordinates the development of the national Communication, Advocacy and Mobilization strategy (CAM) will definitely slow down the development process of PAIMAN's Communication Strategy. Another example is the SBA strategy which cannot be prepared in isolation from the MOH. The revised curriculum for Midwives to be used by provinces and districts is still not endorsed by MOH. However, the consultations and negotiations with MOH are on-going.

Also, the initial consensus-building discussions with the MOH as well as the Provincial and District Health Departments took longer than expected. The original Memorandum of Understanding (MOU) between USAID and MOH was signed in December 2003. Since then Federal and Provincial Secretaries of Health have changed. There were questions on the rationale for selection of districts. At the Federal level the role of MOH as specified in the MOU was very limited. The provincial consultative meetings to finalize the selection of health facilities for up-gradation, list of equipment for each health facility, decision on Midwifery tutors, finalization of selection process of NGOs for grants and performance incentives was a time-consuming process.

The work plans developed in February were too ambitious time wise, given the fact that the district health governments completed their tenure in April 2005. During the fourth quarter "Local Body Elections " and "Special Polio Days" have resulted in slowing the activities. Polio Days were planned and executed on monthly basis involving "District Health Management" for minimum of 10 days every month.

Other implementation delays were the result of internal changes in the consortium. In March 2005, AKF, representing Aga Khan Health Services and AKU, decided to pull out of the PAIMAN consortium for political and security reasons. Since AKF was responsible for activities such as TNA, the curriculum review and master training workshops, these activities were delayed. It took two months to re-negotiate the contract with AKU, as most of the activities fell within its domain. However, the social mobilization in two districts of NWFP which was to be undertaken by AKHS remained as a gap. After consulting with the provincial health department of NWFP, this component was taken over by Save the Children/US based on discussions with them and with the provincial health department of NWFP.

Another factor which has substantially slowed down the pace of implementation was the request by USAID in April for the JSI Consortium to write a proposal for expansion of PAIMAN to include additional districts as well as child health and family planning interventions. A great deal of time was invested in developing plans and budgets for the expanded PAIMAN project and involved meetings with stakeholders and negotiating the SoW with partners. As a result, several activities were placed on hold as the JSI Consortium was looking for economies of scale, such as the PAIMAN website, the TNA, and the HFA tool to include child health and family planning. USAID finally decided not to move forward on the proposal submitted by JSI because there was no adequate justification for a non-competitive expansion of the cooperative agreement.

Also, for various reasons, data collection for the PAIMAN baseline set of indicators is delayed. Since Federal Bureau of Statistics did not provide the sample design for the baseline survey as earlier planned and mentioned in the protocol of the HH survey, Population Council in collaboration with NIPS developed their own sample design based on the 1998 Population census for the ten districts. This caused delay of almost two months. Although the fieldwork has been started almost two months behind the schedule, the data entry will be conducted parallel to the data collection. The field force has also been increased to complete the fieldwork according to the schedule. Therefore, the tabulation and dissemination of the baseline indicators will be on time.

The implementation of the BCC data collection was delayed because of the decision (guided by USAID advice) to minimize formative research questions in the household surveys. Therefore a separate Request for Proposals (RFP) on formative research was prepared, which appeared to be a time-consuming process. The signing of final contract took place in September 2005.

Data collection for training need assessment (TNA) also took longer than expected. The TNA tool underwent rigorous and multiple revisions in order to achieve optimum clarity and uniformity in both newborn and maternal component. Different partners had diverse views on the TNA tool methodology and its utility. The involvement of different partners in the TNA design and implementation strategy at different phases was time consuming. In addition, job descriptions of senior district managers were required to develop the TNA tool. All efforts to obtain the required job descriptions were in vain and a lot of time was consumed before the TNA surveys could be started.

Especially challenging was working within the parameters of approved curricula for government health workers, for example the LHW curriculum. Obviously, it would have been time consuming and virtually impossible to undertake a general curriculum revision. UNICEF had recently supported the GOP to revise and publish new curricular materials for LHWs. In order to develop a national consensus on several of these issues between the government, UN agencies (UNICEF and WHO) and PAIMAN, a series of workshops/meetings were required and were held in August and September

at AKU. Also, the quality assurance checklist cannot be finalized until there is an agreed comprehensive training curriculum.

However, a pilot TOT workshop was organized for master trainers of Dadu and Jaffarabad districts, using contents from different curricula. Participants' feedback highlighted the need for a more competency based approach. The diversity of participants was challenging. The information and experience of this workshop has been invaluable in providing guidance for future workshops. For example, it was clear that time was too short to train master trainers in maternal and newborn health problems, so that they are able to replicate it at district level without any supervision.

Knowledge, skills and interests mapping was postponed to the second year due to conflicting work commitments. Staff changes during the first project year required additional follow-up seminars/feedback sessions on KM. Also, the development of a PAIMAN Website has been delayed. Due to lack of clarity in the procurement process for the contractor and the respective roles of the involved parties, progress is pending resolution of the legal and contractual technicalities between JSI headquarters, PAIMAN management and the contractor.

Lessons Learned

1. One of the main lessons learned from early implementation, is that the district administration is willing to take up the supportive role identified by PAIMAN project. Provincial government and districts have shown their keenness to avail the opportunity for the betterment of maternal and child health available under PAIMAN.

2. Hand in hand coordination of PAIMAN with Government at all three levels (National, Provincial and District) is required for smooth accomplishment of activities. As stated earlier, the national MNH strategy, recently adopted by the MOH, will be a roadmap for PAIMAN to build sustainable MNH services in the ten districts. PAIMAN should also follow the national CAM strategy as key MNH messages and IEC material to be used by public sector health care providers cannot be different in PAIMAN districts from the recently developed materials by MOH.

3. PAIMAN is a complex project, and therefore it was not a surprise that, in moving from planning phase to implementation phase, there were issues of overlapping responsibilities of partners and stakeholders. In large consortia, coordination is a continuous challenge. Multiple partners provide a wide array of rich experiences, but, at the same time, various bottle necks arise, and planned activities get delayed due to interdependency. The recently created weekly events calendar will be used to better plan activities. Sharing of knowledge and its management between consortium partners as observed in this quarter is most important to achieve better results. The consortium will be more effective if all the partners will share their strengths and technical capabilities with each other.

4. Several of the consortium partners were already established in Pakistan and were involved in other projects and programs. It took a while to bring all consortium partners together and think as a team, so that from the perspective of our stakeholders the PAIMAN efforts are not confused with the efforts of each of the individual partners.

5. There are pros and cons of working with public sector. Close collaboration with the government is required for interventions to be scaled up and have a larger impact. The cons are that decision making is often not at the pace one would desire. Therefore compromises are necessary. As an example, it was decided by consensus to follow the curricula developed and endorsed by MOH, but at the same time to ensure better quality of the training by putting more emphasis on teaching methodology and competency-based training.

6. Another example is the development of a CAM strategy. Working on a national MNH communication strategy is important, but it has resulted in considerable delays which are beyond PAIMAN's control. Therefore it is being considered that a CAM road map for PAIMAN be made available to help all partners plan and implement their activities at field level. PAIMAN will however continue its support to MCH cell for the formulation of a national MNCH communication strategy.

7. Community mobilization activities should not be started as long as service delivery through existing health facilities remains sub optimal. Community mobilization can only be effective if started in the catchment area of the upgraded facilities and if moved in a phased manner.

Annex: 1

Consortium Partners

The PAIMAN Consortium is led by **John Snow Inc. (JSI),** a US-based public health organization. **JSI** is partnered with international and Pakistani organizations which include **Contech International**, **Greenstar Social Marketing, Johns Hopkins University Center for Communication Program**, **PAVHNA**, **Population Council**, **Save the Children USA** and the **Aga Khan University.**

Contech International is the lead partner for health systems strengthening and is already present in all four provinces of the country, allowing for rapid initiation of field-based activities.

Greenstar Social Marketing is one of the global pioneers of social franchising of private sector health services. Its main contribution to the project will be the introduction of new and cutting edge interventions for the development of public- private partnerships for health.

The **Johns Hopkins University, Center for Communication Programs (JHU/CCP)** is a global leader in strategic communication programs. **JHU/CCP** will be developing the Behavior Change Communication/Advocacy/Mobilization strategy for the project.

The **Population Council** is a leader in institutional and human resource development and in operations and social science research. The Population Council's main role in the project is to coordinate the M&E components of the program.

The Pakistan Voluntary Health and Nutrition Association (PAVHNA) is primarily responsible for undertaking community mobilization interventions in the Sindh Province.

Save the Children is recognized as one of the leading NGOs in the health sector in Pakistan and it will be responsible for public sector training activities.

The Department of Pediatrics and Child Health at the Aga Khan University (**AKU)** has particular expertise in child health and child survival and has been closely involved in the development of the main technical documents addressing these issues globally. It has also been the lead agency in developing the recent Pakistan Child Survival and Nutrition Strategy.

Annex: 2 A Procurement

Procurement Status.xls

Annex: 2 B Inventory

Inventory JSI as on 30Sep05.xls

Annex: 3

Major Events and Meetings

- First Strategic Planning Meeting – December 20TH, 2004, Islamabad
- Second Strategic Planning Meeting – February 3rd – 4th, Lahore
- Third and Final Strategic Planning and Implementation Meeting – February 25TH, 2005, Islamabad
- Work Planning Meeting – February 23rd – 24th, 2005, Islamabad
- Thematic Group Meetings: Capacity Building, BCC Activities, District Health System Strengthening, January to September, 2005.
- Partner meetings were organized and held to finalize the Monitoring and Evaluation program indicators, M&E plans and Framework, April to May, 2005.
- Development of Draft Work Plan: Partner meetings were organized to develop consolidated plan for the first 18-months of the project March 22nd and 23rd, 2005.
- Four provincial consultative meetings on Draft Strategic Plan and Work Plan for 18 Months was held in Quetta March 5th, Karachi on March 8th, Lahore on March 10th, and Peshawar on March 12, 2005.
- Consortium Partner SOWs and budget Reviews, December 04 to April 05.
- Meetings with the Stakeholders: Extensive number of provincial and federal level meetings have been held with the Health Ministry and the Provincial Health departments to share the various stages of program implementation.
- A National Workshop was organized on March 25th, 2005, to share the PAIMAN strategic plan with USAID, MoH, Provincial Health Departments and development partners. The Federal Minister for Health inaugurated the workshop.
- Four Provincial Consultation Workshops in Quetta, Karachi, Lahore and Peshawar were held. The feedback and input from these consultations helped in finalizing the Strategic, Monitoring and 18-month work plans
- Training of Evidence based Decision Making for District Managers of PAIMAN Pilot districts were held in Swat (July), Multan (Aug – Sept.), Sukkur (Sept.).
- PAIMAN was launched in District Upper Dir (NWFP on May 15th, Khanewal (Punjab) on May 31st, Jhelum (Punjab) on June 24th, Jaffarabad (Balochistan) on July 19th, Lasbella (Balochistan) on July 21st, Districts Buner (NWFP) on August 1st, Dadu and Sukkur (Sindh) on August 5th and 6th respectively and District D.G.Khan (Punjab) on September 14th, 2005. District consultation Meeting on PAIMAN Strategy were also held in all these districts.
- A Provincial Consultation workshop on Training Strategy for PAIMAN districts was held in the Provincial Health Secretariat, Peshawar on August 31st.

- A contract was signed with National Institute of Population Studies (NIPS) on August 22nd, to conduct Baseline Survey in the ten PAIMAN districts.
- An agreement of co-operation was signed in September 17th, with the Edhi Welfare Trust for provision of ambulance services in the seven districts of PAIMAN to improve access for MNH services and reduce the delay in availability of transport at the time of emergency.
- Sindh – Provincial Consultative meeting was held in Islamabad on September 30th on the establishment of 24-hour Emergency Obstetric and Newborn Care (EMONC) services within selected RHCs in each district.

Annex: 4

Progress against Work Plan

PAIMAN Activity
Matrix 3rd-4th Quarte

Annex: 5

Concept Papers and Special Studies

- Development of Strategic Framework - March 15th, 2005
- Development of Monitoring & Evaluation Plan – March 15th,
- Draft of USI/PAIMAN Grants Management Guidelines for PAIMAN, August 2005.
- Draft of Finance Operational Manual, March 2005.
- Draft of JSI Provincial Financial Reporting Manual, July 2005.
- MNH Situation in Pakistan, A Literature Review for PAIMAN, April 2005.
- Data collection form, PHDC, PHSA, DHDC Assessment Report, April 05.
- Draft Communication for Social Change, a Summary, May 05.
- A Guide for Social Mobilization, June 05.
- Matrix of Key MNH Attitude and Behaviors, June 05.
- RFP Formative Research, Behavior Change Component, June 05.
- Manual on Improving Evidence-Based Decision-Making at District Level
- Ten District Profiles (draft) – May to September, 2005.
- Procurement Status Report, September 05.
- Staff Status Report, September 05.
- Concept Paper on Midwifery, April 05.
- Baseline Survey Tool, April 05.
- Health Facility Assessment Tool, May 05.
- Training Need Assessment (TNA) tool, June 05.
- Tools for Assessment of Midwifery Schools, July 05.
- PAIMAN Rapid Health Facility Assessment Survey 2005 was done for all the ten PAIMAN districts, July to August, 05.
- Draft Report of Training Needs Assessment (TNA) of Senior District Managers & the Outline of Management Training Package was prepared by Department of Community Health Sciences, AKU, September 05.
- Draft of Assessment Report of Midwifery Schools in three PAIMAN districts in Punjab and one district in Sindh was done by NCMNH, September 05.
- PAIMAN brochure (finalized), September 05.

Annex: 6

Project Staffing

JSI REGULAR STAFF

S. #	NAME	DESIGNATION	DATE OF JOINING
1	Dr. Nabeela Ali	Chief of Party	November 15, 2004
2.	Mr. Peter Hatcher	Deputy Chief of Party	September 5, 2005
3.	Maj (R) Javade Khawaja	Director Administration	November 15, 2004
4.	Mr. Babar Hussain Khan	Director Finance	November 15, 2004
5.	Dr Tahir Nadeem	Field Operations Manager – NWFP	16 May 2005
6.	Dr Iftikhar Ahmed Mallah	Field Operations Manager – Sindh	20 June 2005
7.	Dr Nuzhat Rafique	Field Operations Manager – Punjab	July 01, 05
8.	Mr. Syed Hasan Mehdi Zaidi	Field Operations Manager – Baluchistan	July 01, 05
9.	Mr. Shahzad Akbar Bajwa	Logistics Officer	February 8, 2005
10.	Mr. Sheeraz Ahmed Khan	Grants Manager	January 10, 2005
11.	Ms. Ambreen Niazi	Grants Coordinator	1 June 2005
12.	Mr. Adnan Riaz	Sr. Accounts Manager	February 7, 2005
13.	Ms. Arjumand Ara	Executive Secretary	February 7, 2005
14.	Mr. Muhammad Shahid	Administrative Assistant	August 16, 2005
15.	Mr. Muhammad Asif	Finance Assistant	25 April 2005
16.	Mr. Saif ur Rab	IT Specialist	February 18, 2005
17.	Ms. Farah James	Receptionist/Secretary	January 4, 2005
18.	Mr. Masood Malik	Driver	January 28, 2005
19.	Mr. Shahid Bernard	Driver	February 7, 2005
20.	Mr. Afaq Ahmed	Driver	September 16, 2005
21.	Haji Liaqat Hussain	Driver	September 26, 2005
22.	Mr. Sohail Augustine	Office Support Staff	12 April 2005
23	Mr. Rocks Masih	Office Support Staff	January 24, 2005

Annex: 6 A

Consultants / Agreements

S #	NAME OF CONSULTANT / CONSULTANCY FIRM	PURPOSE	EFFECTIVE DATE	COMPLETION DATE
1	Mr. Ali Umar, M/S CITE	To plan and execute layout of PAIMAN Office	January 19, 2005	February 25, 2005
2.	Interflow Communications Pvt. Ltd.	Development of Program Logo	January 25, 2005	February 27, 2005
3.	KZR Associates	To facilitate PAIMAN Work & Strategic Planning meetings	February 23, 2005	February 25, 2005
4.	Ms Lauren Mueenuddin, Consultant	To Assist COP in follow-up of program activities with partners	May 12, 2005	July 15, 2005
5.	Mr. Peter Hatcher, Consultant	To consult with the PAIMAN and JSI Boston on Project Management Systems	July 13, 2005	July 21, 2005
6.	Jillani & Associates	To Provide professional legal services	August 1, 2005	Open ended
7.	Ms. Mary De Sousa, Consultant	To assist COP in program activities	July 15, 2005	August 05, 2005
8.	Mrs. Imtiaz Kamal, Consultant	Assessment of Midwifery Schools in PAIMAN Districts in Punjab & Sindh	July 20, 2005	September 30, 2005
9.	Mr. Shafat Shariff, Consultant	Web based database development	July 25, 2005	November 30, 2005
10.	Ms Lauren Mueenuddin, Consultant	To Assist COP in follow-up of program activities with partners	August 18, 2005	October 15, 2005
11.	National Institute of Population Studies – NIPS	To conduct baseline survey in ten PAIMAN districts	August 22, 2005	January 23, 2006
12.	Arjumand & Associates	To conduct formative research for the Behaviour Change Component (BCC) of the PAIMAN Program	September 13, 2005	April 15, 2005

Annexure 6 C

HOME OFFICE VISITS

Dr. Theo Lippeveld, Vice President, JSI

1. 31st January 2005 to 11th February 2005
2. 17th April 2005 to 23rd April 2005
3. 17th June 2005 to 26th June 2005
4. 30th September 2005 to 15th October 2005

Dr. Nabeela Ali, COP

1. 13th March 2005 to 16th March 2005 (Boston)
2. 5th June 2005 to 16th June 2005 (Boston, Washington)

Ms. Solange Baptiste, Home Office Coordinator

1. 5th September 2005 to 18th September 2005

Mr. Craig Enstad, Home Office Coordinator

1. 5th December 2004 to 20th December 2004
2. 8th February 2005 to 27th February 2005

Annex 7:

PAIMAN OBJECTIVES MONITORING

Sources: HHS=PAIMAN Household Surveys, baseline and endline. HFA=PAIMAN Health Facilities Assessment, baseline and endline. Monitoring=PAIMAN internal monitoring system. HMIS=GOP Health Management Information System

Note: Except for neonatal mortality and stillbirth rates, all indicators will be collected at the district level.

Strategic Objectives	Outcomes	Objectively verifiable Indicators of achievement (bolded = USAID SO7)	Sources and means of verification, Frequency	Remarks
GOAL **To reduce maternal and newborn mortality** **OUTCOMES** • **Reduction in neonatal mortality rate** • **Increase in the proportion of live births assisted by skilled attendants**		Neonatal mortality (10 districts level, by sex of infant)	HHS	
		Stillbirth rate (10 districts combined)	HHS	
		Percent of births assisted by skilled attendants (by district)	HHS	
Objective 1: Increased awareness of positive MNH behaviors	Enhanced demand for maternal, newborn and child health, and family planning services through a change in current patterns of health seeking behavior at the household and community	Percentage of women who know 3 primary warning/danger signs of obstetric complications:	HHS	From frequency distributions of no. warning signs known. alternative indicator: mean no. signs known
		Percentage of women who know 3 primary warning/danger signs of newborn complications:	HHS	As above

Strategic Objectives	Outcomes	Objectively verifiable Indicators of achievement (bolded = USAID SO7)	Sources and means of verification, Frequency	Remarks
	level. Increased practice of preventive MNH related behaviors such as seeking skilled care at delivery Institutionalized and consistent support for MNH at Federal, Provincial and District levels.	**IR 7.1 Percentage of newborns fed with colostrum**	HHS	
		Percentage of infants in target districts (<12 months) put to the breast within 1 hour of birth	HHS	
		Percentage of WRA who know a source where they cam obtain a modern contraceptive method	HHS	
Objective 2: Increase access to maternal and neonatal health services in ten target districts	Higher use of antenatal and postnatal care services, of births attended by skilled birth attendants, contraceptive use, tetanus toxoid coverage, enhanced basic and essential emergency obstetric and newborn care and reduced case fatalities. Reduced cost, time and distance to obtain basic and emergency care, ultimately saving newborn and maternal lives.	IR7.1 Percentage of births assisted by medically trained personnel in target districts (total births, as well as broken down by births in institutions and home births):	HHS (For public sector, also obtained by HMIS)	
		No. of facilities with basic EmONC services	HFA HMIS	
		No. of facilities with comprehensive EmONC services	HFA HMIS	
		Percentage of the population in target districts that can reach facility offering EmOC in ≤60 minutes	HHS	At some point, may be obtainable through GIS.
		No. of emergency obstetric patients served, public and private	HFA	
		No. of emergency neonatal patients served, public and private	HFA	

Strategic Objectives	Outcomes	Objectively verifiable Indicators of achievement (bolded = USAID SO7)	Sources and means of verification, Frequency	Remarks
		Met need for EmOC services Proportion of women with obstetrical complications treated in EmONC facilities (both public and private) (Recommended level: at least 15% of expected births	HMIS, annually	Limitations of local validity, completeness of data, accuracy of denominator exist, but overridden by value of indicator for management
		Cesarean sections as a percentage of all births (Recommended level: between 5 and 15% of expected births)	HFA HMIS, annually	
		IR7.1 Percentage of women aged 15-44 who received 1 or more ANC visits during last or current pregnancy	HHS	
		Average number of ANC visits per pregnancy in target districts	HHS, before/after HMIS, annually	Completeness of HMIS records not known.
		Percentage of pregnant/nursing women in target districts receiving folate and vitamins	HHS HMIS	Can validate HMIS data through HHS
		IR7.1 Percentage of pregnant women (IR 7.1) who report receiving at least 2 doses of TT during last live birth:	HHS HMIS	
		Number of facilities in target districts that provide post abortion care	HFA	
		Contraceptive prevalence rate for modern methods	HHS	

Strategic Objectives	Outcomes	Objectively verifiable Indicators of achievement (bolded = USAID SO7)	Sources and means of verification, Frequency	Remarks
		Percentage of women who report having a postpartum visit within 24 hours of giving birth	HHS	
		Number of communities with functioning local transport systems	Grant monitoring systems	
		Percent of MWRA visited by LHW in past 3 months	HHS	
Objective 3: Improve service quality in both public and private sector	Increased utilization of services to improve maternal and newborn health outcomes. Decreased case-fatality rates for hospitalized women and neonates.	**IR 7.1 Number of districts (target = 10) with referral facilities upgraded and meeting safe birth and newborn care quality standards**	HFA Monitoring	Needs definition for "meeting quality standards"
		Protocols and guidelines available for key MNH capacities, for example: Antenatal care, BMOC, EmONC, emergency transport, home based LSS for community based health workers, neonatal resuscitation, PAC, family planning, gender, supply chain management, business and management practices, HMIS, M&E, etc.	HFA	

Strategic Objectives	Outcomes	Objectively verifiable Indicators of achievement (bolded = USAID SO7)	Sources and means of verification, Frequency	Remarks
		Number/% of facilities that had an MNH supervisory visit in the last three months	HFA HMIS	
		Percentage of home births that used clean cord cutting instrument at birth.	HHS	
		Number/% of facilities in target districts with all needed MNH drugs and supplies (e.g., TT, iron folate, resuscitation equipment for newborns, others)	HFA HMIS	Need short list of “essential” drugs and supplies
		Case fatality rate for major obstetrical and newborn complications	HFA HMIS	
		Nos. of personnel available for obstetric and pediatric service	HFA	By personnel category: obstetricians, pediatricians, LHVs, LHWs, community midwives; posted, filled, present at visit; public, private

Strategic Objectives	Outcomes	Objectively verifiable Indicators of achievement (bolded = USAID SO7)	Sources and means of verification, Frequency	Remarks
Objective 4: Increased Capacity of MNH managers and care providers	Increased skilled attendance for deliveries in the target districts. Decreased case-fatality rates for hospitalized women and neonates.	All trained Community obstetrical care workers (LHV, CMW) have 80% knowledge/skills in assisting at births, immediately following training and 70% in practice Training pre and post test scores, vs. follow-up score measured during supervision or during facility survey	Training pre-post test	
		% of hospital-based obstetrical staff trained in Emergency Obstetrical Care and management of obstetrical complications	Monitoring	Separate by PAIMAN, non-PAIMAN training
		No. of birth attendants trained in PAIMAN-supported courses	Monitoring	Suggested addition
		No. of effectively functioning DMTs	Monitoring	Suggested addition; needs definition
Objective 5: Improve management and integration of services at all levels	District MNH plans are successfully integrated into the District Health Plan District Plan implemented and contributes to the achievement of MNH targets	**IR 7.2 Provincial/district health budgets show an increase from preceding year of 10% or more (all sources excluding USAID**	DOH files	
		No. of revenue villages covered with effective local-level BCI campaigns	Monitoring	

Strategic Objectives	Outcomes	Objectively verifiable Indicators of achievement (bolded = USAID SO7)	Sources and means of verification, Frequency	Remarks
	HMIS information used for informed MNH decision making to strengthen service delivery Districts develop and successfully implements innovative models of collaboration with CBOs, NGOs and private sector. Strengthened M&E systems	Number of districts with available yearly MNH program plans and budgets	District records	
		No. of districts with HMIS reports within one month	HFA HMIS	
		Number/% of facilities that had a MNH supervisory visit in the last three months	HFA HMIS	
		Number/% of trained private MNH providers in target districts	Monitoring	
		Sales of CDKs and iron folate tablets through GS social marketing program	GSM monitoring	
		Number /% of health facilities with validated HMIS reports submitted during the last quarter	Monitoring	
		Number of districts where HMIS reports presented to DHMTs during the last quarter	Monitoring	
		Provision of three examples per districts on how HMIS information has been used effectively for health services management	Monitoring	

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