Annual Report

Pakistan Initiative for Mothers and Newborns (PAIMAN)

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USAID
FROM THE AMERICAN PEOPLE

PAIMAN
Pakistan Initiative for Mothers and Newborns

JSI Research & Training Institute, Inc.

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ACRONYMS

AAA	Arjumand And Associates
AKHSP	Aga Khan Health Services Pakistan
AKU	Aga Khan University
AMHS	Assistant Manager Health Services
ANC	Antenatal Care
BCC	Behavior Change Communication
BEEJ	Balochistan Environmental and Educational Journey
BHU	Basic Health Unit
BPCR	Birth Preparedness and Complication Readiness
CAM	Community, Advocacy, Mobilization
CCP	Centre for Communication Program
CDK	Clean Delivery Kit
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CM	Community Mobilization
CMW	Community Midwife
Contech	Contech International Health Consultants
COP	Chief of Party
CTO	Cognizant Technical Officer
DAOP	District Annual Operation Plan
DC	District Coordination
DCO	District Coordination Officer
DCOP	Deputy Chief of Party
DDOH	Deputy District Officer Health
DHDC	District Health Development Center
DHMT	District Health Management Team
DHQ	District Headquarters
DHQH	District Headquarters Hospital
DHIS	District Health Information System
DHS	Demographic Health Survey
DOH	Department of Health
DPWO	District Population Welfare Officer
DSA	Decision-space Analysis
EDO	Executive District Officer
EmONC	Emergency Obstetric and Neonatal Care

EMNC	Essential Maternal and Newborn Care
ESSEMCH	Essential Surgical Skills with Emphasis on Emergency Maternal and Child Health
EWT	Edhi Welfare Trust
FOM	Field Operations Manager
FLCF	First-Level Care Facility
FP	Family Planning
GoP	Government of Pakistan
HANDS	Health and Nutrition Development Society
HCP	Health Care Provider
HFA	Health Facility Assessment
HMIS	Health Management Information Systems
IEC	Information, Education and Communication
JHU/CCP	Johns Hopkins University, Center for Communication Program
JICA	Japan International Cooperation Agency
JSCD	Jahandad Society for Community Development
JSI	JSI Research & Training Institute, Inc.
LHS	Lady Health Supervisor
LHV	Lady Health Visitor
LHW	Lady Health Worker
MAP	Midwifery Association of Pakistan
MC	Mercy Corps
M&E	Monitoring and Evaluation
MACWAP	Maternal and Child Welfare Association of Pakistan
MCH	Maternal and Child Health
MCHC	Maternal and Child Health Centers
MDGs	Millennium Development Goals
MNCH	Maternal, Newborn and Child Health
MNH	Maternal Newborn Health
MO	Medical Officer
MOH	Ministry of Health
MTOT	Master Training of Trainers
NCMNH	National Commission for Maternal and Neonatal Health
NGO	nongovernmental organization
NIPS	National Institute of Population Studies
NP	National Program
NP for FP&PHC	National Program for Family Planning and Primary Health Care
NHIRC	National Health Information Resource Centre
NOC	No Objection Certificate
NRSP	National Rural Support Programme

NWFP	North West Frontier Province
OM	Operations Manager
PAA	Pre-award Assessment
PAIMAN	Pakistan Initiative for Mothers and Newborns
PAVHNA	Pakistan Voluntary Health Nutrition Association
PC	Population Council
PD WHP	Project Director Women Health Project
PHC	Primary Health Care
PHD	Provincial Health Services Department
PHDC	Provincial Health Development Center
PHSA	Provincial Health Services Academy
PIDS	Participatory Integrated Development Society
PIMS	Pakistan Institute of Medical Sciences
PLYC	Pakistan Lions Youth Council
PPP	Public/Private Partnership
PRC	Pre-screening/Review Committee
PY	Project Year
QA	Quality Assurance
RAHBAR	Research & Awareness for Human Development Benefits And Rights
RFA	Request for Application
RHC	Rural Health Center
SC/US	Save the Children, USA
SBA	Skilled Birth Attendants
SCOPE	Society for Community Organization and Promotion of Education
SMA	Safe Motherhood Alliance
SNL	Saving Newborn Lives Initiative
SO	Strategic Objectives
SOHB	Strategy of Healthy Born
SSCDCN	Society for Social Development and Conservation of Nature Dame Bunder
TAG	Technical Advisory Group
TBA	Traditional Birth Attendant
THQ	Tehsil Headquarters Hospital
TOT	Training-of-Trainer
USAID	United States Agency for International Development
VHC	Village Health Committee
WHO	World Health Organization
WHP	Women's Health Project
WMO	Women Medical Officer
WRA	White Ribbon Alliance
YFP	Youth Front Pakistan
YMSESDO	Yar Muhammad Samejo Education Society and Development Organization

LETTER FROM PAIMAN CHIEF OF PARTY

Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five-year USAID-funded project. The second year of the project was challenging as well as rewarding not only for JSI and partners but for the whole of Pakistan. The Government of Pakistan decided to launch a National Program for Maternal, Newborn and Child Health to meet the Millennium Development Goals related to maternal and newborn health (MNH). As the PAIMAN project was in the planning phase, adjustments were made to our strategic framework to support the efforts of the Ministry of Health. The MNH issues at hand vary in nature from awareness to access to services. The second year was mostly spent understanding the health care delivery system and identifying gaps in human resources, supplies, quality of services, and competencies of staff in the public and private sectors. Understanding prevalent behaviors and practices through household surveys and qualitative formative research allows us to better plan and address the specific needs of the districts where the PAIMAN project works.

This project year was affected by the massive earthquake which struck on October 8 in remote northeastern Pakistan. It caused over 73,000 deaths with a similar number of injured, and displaced 3.5 million people at the beginning of the winter season. Ninety-three people also died in Islamabad, and many more injured. This terrible event affected all members of the PAIMAN team and several of the PAIMAN consortium organizations although the PAIMAN project was not directly involved in relief efforts.

Although our program activities and intervention are focused in districts, work at national and provincial level is equally important. The extraordinary effort to save the lives of mothers and newborns requires skilled birth attendance. Prior to initiating interventions, necessary consultations and advocacy to have policy decisions in place at all three levels of government took most of our time, as PAIMAN works with both the public and the private sectors. Detailed implementation planning caused delays but was essential for the ownership, sustainability and scaling up of the interventions planned. The interventions include the training of 2000 community midwives for conducting safe deliveries, the orientation of 1900 traditional birth attendants for clean delivery practices and referrals, equipping 31 health facilities to manage complicated cases, training 14,227 staff in the public sector and 600 staff in private sector to provide quality services, training 10,000 LHWs and 32 local NGOs to undertake effective community mobilization activities for demand creation and awareness at the household level.

The program activities have started in the ten PAIMAN pilot districts with a strong monitoring and evaluation plan. Partnerships exist at federal level with the Ministry of Health (MOH) to work with National Program for FP&PHC and National MNCH to train 2000 CMWs. Currently USAID, DFID, UNICEF, UNFPA, WHO, and ADB are working on MNH nationally. JSI has signed an MOU with UNICEF and WHO to work together on broader MNH issues to avoid duplication of efforts and to provide support to the national MNCH program of the Government of Pakistan. At the provincial level, PAIMAN is member of provincial oversight committees to work side-by-side with other development partners to achieve common goals. Districts have become the focus of all programmatic activities; therefore, last year's efforts were made to notify district health management teams (DHMTs) through

district local governments and provincial health departments. The DHMTs meet quarterly to discuss the situation of health in their districts.

The districts have started evidence-based planning, and three PAIMAN districts prepared their DAOP using the software made available to them through PAIMAN. A partnership was also established with Edhi Welfare Trust, the largest ambulance service provider in Pakistan, to provide 47 ambulances for use in case of maternal and newborn emergencies for rural communities.

PAIMAN focus districts are so diverse that one strategy will not fit all. Therefore, to reach the under-served and poor populations, agreements have been signed with 29 local NGOs to address the cultural and social barriers to accessing services. Interventions are being introduced in districts which may vary from one district to another, such as the establishment of 'birthing stations' in three conservative districts for safe deliveries in areas where access to health facilities is poor. The majority of maternal deaths are due to excessive bleeding after child birth. A couple of NGOs in Balochistan and NWFP have offered to maintain lists of properly-screened blood donors who have volunteered to donate blood when required.

The highlights of the past year include an increase in institutional deliveries in three rural health centers (RHCs) that have started functioning round-the-clock from six per month, to forty per month. This has provided encouragement and reinforced the evidence that if quality of services improves, institutional deliveries will increase, which can help reduce maternal mortality. Next year, eleven selected RHCs will provide MNH obstetrics services round-the-clock. Management of birth asphyxia by health care providers is the most satisfying and rewarding intervention. It is not estimated, but several trained health care providers have reported saving newborns lives by managing birth asphyxia.

PAIMAN programmatic activities started full-swing in 2005-2006. Consortium partners were clear about their roles and responsibilities, but since PAIMAN is being implemented by seven partners working closely with the MOH, provincial health departments and districts, there were challenges of various kinds faced during implementation. For the most part, however, challenges were addressed and overcome quickly or with little delay.

The strength of PAIMAN lies with its partners, technical advisory group members and stakeholders, who have shown tremendous support and enthusiasm to put PAIMAN on the track to success. I want to thank USAID on behalf of JSI and consortium partners for their funding, continued support, patience, and above all confidence in our work. PAIMAN greatly appreciates the privileged and close working relationship we have with MoH, provincial health departments, and district health departments.

JSI looks forward to working with all partners to accomplish the tasks ahead and work plan for next year which will tremendously contribute to saving mother's and newborn's lives. Together we achieve more.

Dr. Nabeela Ali
Chief of Party
PAIMAN

EXECUTIVE SUMMARY

The Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five-year project funded by the United States Agency for International Development (USAID). PAIMAN is an eight-member consortium led by JSI Research & Training Institute, that is assisting the Government of Pakistan (GoP) in implementing the full spectrum of interventions necessary to improve mother and newborn health (MNH), focusing on ten districts throughout Pakistan.

The second year of the PAIMAN project marked a transition from planning, collecting information, and establishing key relationships at national, provincial and district levels, to implementing targeted project strategies on the ground, particularly at district level.

The analysis and dissemination of information from several major baseline surveys was a significant step in confirming and fine tuning the PAIMAN project strategies. There is great diversity among the ten PAIMAN districts in terms of population size, literacy, women's mobility, urban and rural distribution, access to television, economic development, etc. There are also substantial differences in key baseline indicators. For example, the percentage of women who made at least three prenatal visits, the percentage of births assisted by a skilled birth attendant, and the percentage of women immunized against tetanus in all cases is much higher in the two urban districts than in several of the poorer, rural districts. More striking are the uniformly-low percentages of women who breastfeed their newborn within an hour of birth, and of women who deliver at home who report having a postpartum visit within 24 hours of the birth. Clearly the challenges are great, but the scope for the PAIMAN project to improve MNH in these districts is also significant.

Baseline Surveys

The analysis and dissemination of information from several major baseline surveys was a significant step in confirming and fine-tuning the PAIMAN project strategies. These results were shared first at the provincial level, and then widely-distributed at the National Baseline Dissemination Meeting on August 1, 2006, in Islamabad. The baseline information was the focus of the second meeting of the PAIMAN Technical Advisory Group (TAG), immediately following the dissemination meeting. The TAG decided that because the range of operating environments and need for MNH interventions is so great, district-specific approaches were required. The PAIMAN strategies were adjusted, and the PY3 workplan developed with the addition of district-specific workplans.

Increasing Awareness

PAIMAN has made significant strides in increasing awareness and positive maternal and new born behaviors promotion through the development and implementation of the communication, advocacy and mobilization (CAM) roadmap. This document was adopted by the new National Maternal, Newborn and Child Health program, and assisted the PAIMAN community mobilization partners to design and initiate a range of district-level mobilization activities. A selection of information/education mobilization (IEC) materials has been printed to directly support CAM activities in the field.

Other key accomplishments in increasing awareness included expanding support and partnerships to address MNH needs through a PAIMAN-sponsored advocacy session attended by 80 key stakeholders.. This group officially endorsed the annual observance of National Mother's Day. Innovative mass media and traditional interpersonal communication modalities, including television talk shows and puppetry displays, were developed to provide all sectors of society with positive MNH messages.

Community Involvement

Increased access to and community involvement in MNH services has progressed at all levels. The development of the National Skilled Birth Attendant Strategy was supported and facilitated by the PAIMAN project and underscores one of the key strategies of the project; the training of community midwives (CMWs). In PY3, different models of supervision for CMWs after training will be evaluated through a PAIMAN-funded operations research project. PAIMAN and the National Program for FP & PHC drew up a working document in June, which enabled planning for the capacity building of village and community health committees working with lady health workers (LHWs).

Emergency and Neonatal Care

Provision of quality emergency obstetrical and neonatal (EmONC) care was initiated in three rural health centers (RHCs). These are the first of the 31 government health facilities selected for facility-upgrade, new MNH equipment, essential MNH care (EMNC) training for staff, and 24-hour comprehensive emergency obstetrical and neonatal care (CEmONC). PAIMAN developed standard protocols which are being posted to assist staff at these hospitals.

The health facilities assessment (HFA) baseline survey assisted PAIMAN staff in determining the needs for renovation, repair and equipment. Work has started in seven districts and the procurement process for the equipment is well advanced. All 31 selected health facilities will have their MNH facilities upgraded and staff trained in PY3. The PAIMAN project will provide or repair ambulances at these facilities to support referral linkages. The project has also signed an MOU with the Edhi Welfare Trust to provide community ambulances for mothers and newborns requiring transport.

Training

An extensive training program for health care providers and managers has been initiated this year. The PAIMAN project was instrumental in finalizing the new 18-month curriculum for CMW training and in gaining its approval by the Pakistan Nursing Council and federal and provincial authorities. PAIMAN staff trained 44 master trainers to teach this new curriculum and 500 students have been identified to take this training in the first quarter of PY3. To meet the immediate need for skilled midwives, PAIMAN trained 22 master trainers to provide refresher midwifery training to existing midwives, and 82 midwives completed this refresher training. A competency-based essential maternal and newborn care (EMNC) training course was designed for first-line health care providers (HCPs); 70 master trainers were trained and 218 health care providers completed this course. PAIMAN arranged special training in essential surgical skills focusing on emergency MCH for 97 first-line HCPs. PAIMAN held workshops in all of its to train 79 district health managers in evidence-based decision making. In addition, core district planning team members participated in

district annual operation plan (DAOP) development workshops. In the private sector, 129 practitioners have joined the GoodLife franchise network after successfully completing the required modules of EMNC training. In PY2, 11,285 clean delivery kits (CDKs) were sold.

Health Services Management

District management of health services has been strengthened through the establishment of functioning district health management teams (DHMTs), which now meet regularly to review HMIS information about the performance of the health services. A 'Decision Space' and capacity study was conducted to identify areas where management skills and decision making can be strengthened. The HMIS is being further strengthened by the development of a district health information system (DHIS) that will include information from hospitals. The PAIMAN project has been working with the National Health Information & Resource Centre and the JICA to pilot this new system in Khanewal district.

Grants

The grants component of the PAIMAN project has made rapid progress in identifying and engaging local NGOs in all PAIMAN districts. So far, 29 NGOs in eight districts have signed contracts with PAIMAN to undertake innovative MNH-supported activities, including establishing birthing stations and blood transfusion groups.

Challenges

The progress the PAIMAN project has been affected by particular challenges, including the earthquake in northeast Pakistan, which justifiably diverted energy and resources of many of our stakeholders, especially the government. It took many months of discussions to finalization the National Program FP&PHC working document, during which time project activities with LHWs and their related community support groups were severely hampered. The new 18-month CMW curriculum needed to be finalized and approved before it could be adopted by the provincial authorities and before trainers and students could be recruited. The complex procurement process required to meet the 'Buy America Act' also caused delays.

Looking Ahead

During PY3, PAIMAN project will begin to make a noticeable difference to people. The full-scale launching of the traditional interpersonal communication and mass media campaigns will reinforce key MNH messages with people and start generating demand for safe, quality-assured MNH services. Thirty-one selected health facilities will be upgraded— including the training of their staff and access to ambulance services— which will mean quality, 24-hour emergency maternal and newborn care service in the communities served – something they do not have now. Health care provider training at all levels will be 60% completed during PY3, providing quality EMNC skills to the communities that they serve. Local NGOs and private sector providers will facilitate and respond to this changing market by providing more and higher-quality alternative MNH services to complement those of the public sector.

It will be a year of long-overdue change for the better in these districts. The PAIMAN team will be fully engaged to maximize and sustain the benefits to these communities.

PROJECT INTRODUCTION

The Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five-year project funded by the United States Agency for International Development (USAID). The PAIMAN project is assisting the GoP to implement the full spectrum of interventions necessary to address mother and newborn health, focusing on ten districts throughout Pakistan. Our consortium is lead by JSI Research & Training, Institute Inc. (JSI) a US-based public health organization. We are joined by a number of Pakistani and international organizations to form a powerful team for implementing this Program. They include Aga Khan University, Contech International, Greenstar Social Marketing, Johns Hopkins University Center for Communication Program, Pakistan Volunteer Health Nutrition Association, The Population Council, and Save the Children USA. In addition, the National Commission for Maternal and Neonatal Health, as well as Mercy Corps, an international NGO, provides assistance in specific areas of the project. The members of this partnership and the collaborating organizations have extensive experience in implementing maternal and newborn care and health system projects in Pakistan and in other countries around the world.

Over the past two years we have put in place the necessary infrastructure and systems to enable the project to tackle the MNH needs in the ten districts. The following vision, goal and strategies were reinforced and refined in PY2.

PAIMAN Vision of Success

PAIMAN fully endorses the vision in the National Maternal and Neonatal Health Strategic Framework:

"The Government of Pakistan recognizes and acknowledges the access to essential health care as a basic human right. The Government's vision in MNH is of a society where women and children enjoy the highest attainable levels of health and no family suffers the loss of a mother or child due to preventable or treatable causes. The Government of Pakistan henceforth pledges to ensure availability of high quality MNH services to all, especially for the poor and the disadvantaged."

-Islamabad Declaration In "National Maternal and Child Health Policy and Strategic Framework (2005-2015)," Ministry of Health, April 2005.

PAIMAN's Goal

The PAIMAN project will directly contribute to reducing maternal and newborn mortality in Pakistan through viable and demonstrable initiatives. These include capacity building of existing programs and structures within health systems and communities to ensure improvements and supportive linkages in the continuum of health care for women from the home to the hospital.

PAIMAN Project Strategy

The PAIMAN project uses the "Pathway to Care and Survival" continuum of care to respond to the needs of mothers and newborns with life saving and supportive care (*See Figure 1*). Under the devolved system in Pakistan, the Provincial Departments of Health provide the Safe Motherhood and Newborn Care services through a four-tier system. The private sector provides a significant curative component of MNH services. PAIMAN works with the public and the private sectors to strengthen their capacity and ensure a wider access to quality services through skilled attendance at all levels, including community.

The PAIMAN project strategic objectives are to:

- Increase awareness and promote positive maternal and neonatal health behaviors
- Increase access to and community involvement

in maternal and neonatal health services
- Improve service quality focusing on the management of obstetrical and neonatal complications
- Increase capacity of district MNH care providers and managers
- Improve management and integration of health services at all levels

Background

In recent years, the GoP has made maternal and neonatal health a top priority. Pakistan is a signatory of the Millennium Development Goals (MDG) pact, which calls for significant reductions in maternal and infant mortality by the Year 2015. Various forums have been held to develop the strategy to achieve these goals; the National Public Health Forum on Maternal and Child Health in April, 2005. At this forum, senior representatives of the federal government, provincial health departments and donors, as well as national and international public health experts developed and adopted the National Maternal, Newborn and Child Health Strategic Framework.

In order to reduce maternal and newborn mortality, all women need access to skilled attendants throughout childbirth and the postpartum period. In most of the rural areas, skilled attendance is not available to most mothers. Innovative strategies are being developed to train midwives to serve directly in the community and provide supervisory support. The MoH has started the community midwifery program and the GoP has committed to work with partners, including PAIMAN, to train 10,000 community midwives over the next 5 years.

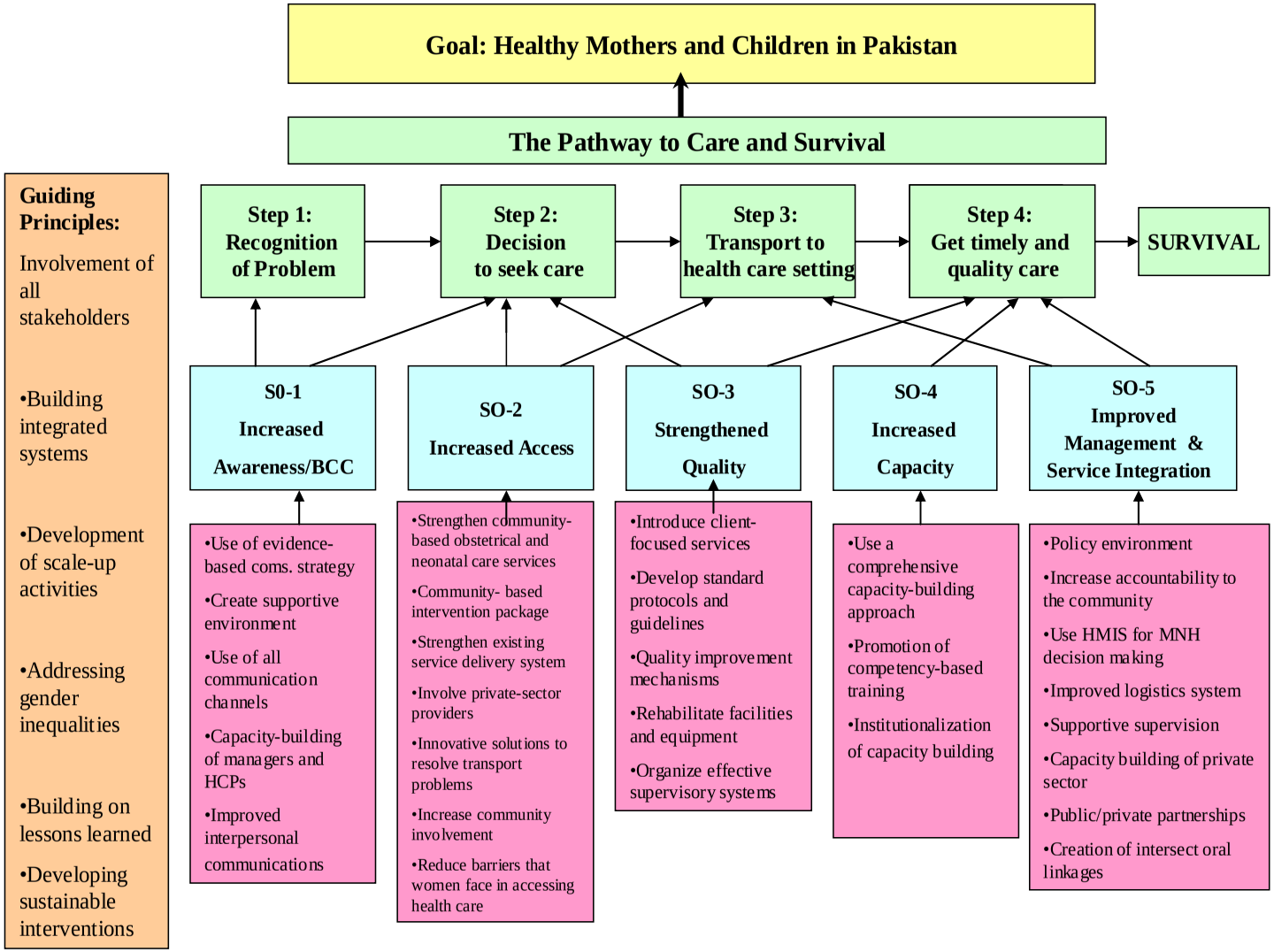
Pakistan's maternal and newborn mortality and morbidity rates are high despite an extensive health service network. Most maternal and newborn deaths happen during home deliveries in the absence of a skilled health provider attending. According to available statistics, over 80 percent of women deliver at home, only five percent of which are attended by a trained health professional. A high total fertility rate continues to expose women and children to increased risks of mortality and morbidity.

Many traditional social values discriminate against women, lowering their status and affecting their food intake and nutrition, education, decision-making, workload and physical mobility, and health care. Women, families, and providers often are unaware of life-threatening maternal and newborn complications and of how to effectively manage them through preventive care and planning for potential maternal and newborn emergencies.

Although Pakistan has an extensive network of public-sector health facilities, they reach only about a third of the country's population: the rest are served by the private sector, at least for curative services. The public sector is still the most important service provider for isolated rural communities and for preventive services nationwide, but it needs improvements in infrastructure, equipment, and logistics as well as increased provider availability and capacity. Private-sector health services are unregulated, and generally lack quality assurance. Therefore, the fifteen percent of women who develop life-threatening complications during labor do not often have access to hospitals with adequately trained staff and infrastructure needed to save their lives.

Since the end of the nineties, health services planning and management responsibilities have been devolved to district government, but management at this level remains weak, particularly for supervisory, referral, and health information systems and in coordination between public and private sectors.

Figure 1: PAIMAN Pathway to Care and Survival



PROGRESS TOWARD STRATEGIC OBJECTIVES

IMPLICATIONS OF BASELINE RESULTS FOR PROJECT ACTIVITIES

Household Survey

PAIMAN districts are at different stages of maternal and newborn health status. Married women in some districts have better access to health services compared to rest of the districts. However, there is a need to improve the knowledge of these women about danger signs during pregnancy, delivery, postpartum period as well as for the newborn. Until these women are aware of the fact that they are in danger they will not go to a skilled birth attendant. There is also a need for innovative mechanisms to improve access of women mainly in rural areas to all types of maternal and neonatal services, both at facility and at community levels.

A large proportion of maternal mortality occurs during delivery in developing countries. More than three-fourths of the women in the household baseline survey do not recognize the danger signs that lead to severe consequences. Deliveries can be made safe if married women are educated regarding danger signs that may appear during delivery so that they can decide when to seek treatment. Even under normal circumstances, approximately 15 percent of all pregnant women require emergency obstetric care to avoid maternal and newborn deaths.

The baseline household survey results also revealed that a significant proportion of population do not have access to mass media in PAIMAN districts. After reviewing the household baseline results, it was decided that both mass media and traditional forms of interpersonal communication such as street fairs and puppet shows be used to disseminate key MNH messages.

It is clear that women do not value postpartum care, although it is essential to recognize the need of postpartum care to save mothers and newborns lives. Therefore, PAIMAN promotes the first postpartum visit within 24 hours after delivery.

Formative Research Study

Recommendations for follow-up activities in light of this research study include: behavior change communication (BBC) interventions including: male involvement; addressing fatalism by empowering women to take care of their health; delivering appropriate MNH messages; introducing birth preparedness and complication readiness (BPCR) as a shared responsibility; use of mass media to show the advantages of delivering with a skilled provider; improving knowledge of life-threatening complications during pregnancy, delivery and the postpartum period; improving knowledge of possible post-partum complications, their recognition and steps to be taken in case they arise; improving knowledge about danger signs of life-threatening conditions in newborns; decreasing fear and shyness; taking care of beliefs such as ‘evil eye’, and overcoming modesty around discussing pregnancy and child birth. To address baseline findings, we will use mass media to inform women of potential conditions that transpire during early pregnancy and positioning postpartum care as a part of the pregnancy cycle.

District Health Profiles

A number of interventions are needed to ensure the availability of MNH services in the ten PAIMAN districts. These findings will help the partners to refine interventions for improving

management and integration of MNH services. For example topographic, demographic and fertility behavior information will be helpful in designing district specific information systems. The description of the district administrative structure, public sector service delivery structure, private sector providers and budget allocation and utilization, will assist in establishing and operationalizing the DHMTs. The information on organization of private service providers will also help in supporting the government to formulate a regulatory framework for the private sector.

Health Facility Assessment

Targeted interventions are needed to improve the delivery of MNH services in the PAIMAN pilot districts. These findings will help the partners to refine interventions for increasing access and quality of MNH services and improve management and integration of MNH services. For example information related to RHCs will support the provision of facility specific equipment, supplies and staff for delivery of 24/7 basic EmONC services by selected RHCs. Information related to infrastructure will inform the up-gradation of selected health facilities. Other information related to management of health facilities will help in designing management development interventions.

The availability of basic and comprehensive EmONC services should be ensured at designated health facilities in each district through collaborative efforts of public and private sectors. The HFA will directly assist in determining the human and physical resources, including essential drugs and supplies that are necessary inputs for delivering EmONC services. The PAIMAN project will work with district governments to ensure filling of all MNH related posts and facilitate their working through sharing of service delivery protocols/guidelines. All allied services including ambulance, blood transfusion, laboratory services and operation theatre facility should be made available at suitable levels to ensure access to effective health care services.

Now is the time to work with private sector, which provides curative services to about 75 percent of the patients. Some innovative approaches and models need to be developed to engage the private sector effectively in the delivery of quality services. Quality assurance mechanisms need to be established especially in private health facilities and through a regulatory mechanism uniform quality checks should be undertaken.

Baseline Decision-Space and Capacity Assessment

The district-specific ‘Decision Space’ and capacity study findings will be useful, firstly, to target DHMT training and other district system capacity development programs on the districts that have low capacity and low decision space in key functions. For instance the districts of Jafarabad and Lasbela are in more need of interventions focused on widening the ‘Decision Space’ and enhancing capacity in financial and human resource management. Secondly, at this phase of devolution when the districts are struggling for delegation of more ‘Decision Space’ to improve the coverage and quality of health services, the ‘Decision Space’ analysis can be used as an advocacy tool to convince the provincial government to delegate more powers to district level.

STRATEGIC OBJECTIVE 1 – INCREASE AWARENESS AND PROMOTE POSITIVE MATERNAL AND NEONATAL HEALTH BEHAVIORS

Understanding the Situation: The Formative Research Study

Maternal and newborn health (MNH) has not been a well-researched area in Pakistan. Most of the previous studies are limited in scope and geographical coverage. Therefore, it was essential that the communication, advocacy and mobilization (CAM) component of the PAIMAN project develop a thorough understanding of prevailing MNH behaviors, norms, and their determinants, before implementing any major intervention. A formative research study was designed and conducted in seven of the ten PAIMAN project pilot districts. This study was divided into two parts. The first documented the current MNH health-seeking and birth preparedness and complications readiness behaviors in the country. The second ascertained the factors that facilitate or hinder the practice of these behaviors.

The formative research study results highlighted the fact that the knowledge of life-threatening complications during pregnancy, delivery and postpartum is extremely low in all seven districts. The *dai*, (traditional birth attendant), an untrained, unsupervised health worker, is the preferred health provider in communities. There are no clear lines of communication or demarcation of roles and responsibilities for handling obstetric emergencies at the family or community levels. Many respondents thought that skilled care and postpartum check-ups were unnecessary, and there was limited perception of the need for routine newborn check-ups by a skilled provider. The findings of this formative research study will serve as a crucial body of knowledge for designing PAIMAN project CAM interventions and future MNH interventions in Pakistan.

Devising a Response: The National MCH Communication Strategy

PAIMAN is one of the few projects in Pakistan that has chosen to devise an evidence-based communication strategy before engaging in mass media or field activities. While the formative research study was being carried out, PAIMAN drafted CAM roadmap based on existing MNH data, international best practices, and other successful programs in Pakistan. This roadmap guided the CAM activities until the preliminary formative research study results were available to provide a better understanding of prevailing MNH attitudes behaviors and norms. The CAM roadmap was reviewed in light of these and other baseline study findings, and adjustments were made to target specific audiences with key messages. The PAIMAN project philosophy of working to support the Ministry of Health (MoH) without building parallel structures and policies received a major boost when the CAM roadmap was adopted for the new MoH National MNCH program. With the approval of PC-1 the CAM roadmap will become the official communication strategy for MNH programs in Pakistan.

Expanding Support and Partnerships: Advocacy for MNH

The PAIMAN project's targeted efforts were successful in soliciting meaningful support of policy makers this past year. Based on a wide range of individual contacts, the PAIMAN project brought 80 key bureaucrats, senior elected district leaders, federal and provincial health ministers

and members of national and provincial assemblies for two separate one-day MNH advocacy sessions. These events were specially designed for policy. A direct outcome of these advocacy events was a firm commitment from the federal and provincial health ministers to observe officially a National Mother's Day every year in Pakistan.

The PAIMAN project is expanding the horizons of MNH advocacy by recording television talk shows in each district. This is a novel approach in which local MNH situations are discussed on camera with top district government officials. Each talk show was recorded in the district's town hall and had the senior elected district leader, the district chief executive officer and the health executive officer as panelists. At these meetings, local notables and the general public asked the panelists questions regarding MNH. These talk shows included a short documentary on the MNH services available in the district and captured on camera the commitments made by the panelists to improve these services.

Reaching the Unreachable: Interpersonal and Entertainment-Education Approaches

The PAIMAN project spread its messages through mass media and traditional theater to help improve the health and well-being of mothers and newborns.

The project uses electronic media to reach the segment of its target population that has access to mass media. The mass media interventions include, in addition to the district talk shows, a TV drama series and a music video. For audiences unreachable through the mass media, PAIMAN has taken a three-pronged approach to its message delivery that is comprised of: 1) interpersonal communication through support group sessions for men and women, 2) information dissemination through religious scholars and mosques, and 3) the centuries-old traditional puppetry. While support groups sessions have been an integral part of the PAIMAN project's community mobilization strategy, work with religious scholars and puppetry groups is being pilot-tested and will be expanded once the evaluations indicate the effectiveness of these approaches.

STRATEGIC OBJECTIVE 2: INCREASE ACCESS TO MATERNAL AND NEONATAL HEALTH SERVICES

National Skilled Birth Attendants (SBA) Strategy

In Pakistan 80% of babies are born at the hands of *dais*, or untrained traditional birth attendants (TBAs). PAIMAN is committed to training 2000 community midwives to serve in rural communities after completion of their 18-month training, and also to provide refresher hands-on training to existing midwives. However, it is quite evident from the baseline research that *dais* are widely available and closer to the community; therefore, families trust them and they are often first point of contact for delivering babies. A detailed plan of action has been prepared to orient *dais* to clean delivery practices. The PAIMAN project supported the MoH with the drafting and finalizing of the National SBA Strategy. PAIMAN facilitated many consultative meetings with the stakeholders and the draft strategy was prepared and shared with the provincial health departments before finalization. The National SBA Strategy was endorsed by all stakeholders and incorporated into the National Program for Maternal, Newborn and Child Health (MNCH).

Maternal and Newborn Health (MNH) Care Packages

PAIMAN drafted evidence-based MNH care packages based on TAG and MoH recommendations, and PAIMAN baseline survey findings the following levels:

- *Community*: minimum Essential Care Package and CAM Action Plan
- *First Level Care Facility*: minimum Essential Care Package
- *Referral Health Facility*: Comprehensive EmONC Package.

These packages will be discussed and finalized for implementation during PY3.

Building the Capacity of Village/Community Health Committees

The National Program for Family Planning and Primary Health Care (FP&PHC) is responsible for the Lady Health Worker (LHW) Program which supports the village/community health committees. The PAIMAN project signed a working document with the National Program in June, 2006. This paved the way to initiate planning for capacity- building of village/ community health committees. The National Program wrote letters to their provincial government counterparts approving implementation. The PAIMAN project organized national and provincial consultative meetings in August and September 2006 to build consensus on the capacity building process, which will start in PY3.

Strengthening Community-Based Obstetrical and Neonatal Care Services

The PAIMAN Program for FP&PHC was agreed upon, it was decided in consultation with the National Program coordinators that this refresher training will commence in PY3. As a

Religious leaders are respected and considered role models in Pakistani rural communities. In their positions of influence, they have a great effect on villagers' beliefs and behaviors. PAIMAN is enlisting these leaders, village by village, to introduce healthy changes in maternal and child health practices.

Ahmed Nazeer is Pesh Imam of a local mosque in Zaffarabad, District Dadu, who has embraced PAIMAN's mission. Ahmed attended a PAIMAN-sponsored sensitization session for village leaders. Although he was not (yet) a member of the local male health committee, he had heard of the importance of MNH, and was interested in learning more. At the session, he learned about his responsibility and the role of men in informing and instructing villagers on the critical health of pregnant women and newborns. This was the first time Ahmed had heard about the health problems of mothers and newborns, and his interest and concern was sparked by PAIMAN's innovations in addressing them. Ahmed asked the community mobilization officer (CMO) to provide him with written information in the local Sindhi language so that he could explain to villagers the importance of issues, such as the presence of skilled birth attendants (SBA) at delivery, exclusive breastfeeding, tetanus immunization, antenatal and postnatal checkups during pregnancy and after delivery.

Imam Ahmed talks about the importance of maternal and newborn health with mosque congregants. *Photo: Mohammad Khan*

Mohammad Khan, the Dadu CMO, translated a PAIMAN brochure into Sindhi for Ahmed. The information was a great help in convincing people to bring expectant mothers to the health facility for antenatal care, as well as getting tetanus toxoid shots. Ahmed says he realizes and values the importance of PAIMAN's work to better the health indicators of mothers and newborns in the villages of Pakistan.

parallel activity, TBAs will receive orientation on clean delivery practices, the recognition of danger signs and appropriate referrals which will assist in developing linkages with LHWs.

The development of a supportive supervisory system for CMWs and TBAs is another strategy to strengthen community-based obstetrical and neonatal care services. The Natiproject has prepared long- and short-term training strategies for community midwives (CMWs) to strengthen community based obstetrical and neonatal care services. The short- term strategy is to give a four-week, 'hands-on' refresher course to 500 existing qualified midwives by the end of PY4. The first group of 80 midwives has been trained. The long-term strategy is to train 1,500 new CMWs by the end of PY4, using the newly approved 18-month midwifery curriculum. 500 candidates have been identified, and an orientation workshop for the master trainers was conducted in August 2006. The CMW trainings will start in the first quarter of PY3. The creation of the new CMW tutor posts by the provincial departments of health are pending until the National Program for MNCH begins.

Another strategy to strengthen community-based obstetrical and neonatal care services is the provision of refresher training to LHWs and orientation to traditional birth attendants (TBAs), to link LHWs with TBAs and skilled birth attendants (SBAs), as well as with local health facilities. After the working document with the National onal Program for MNCH agreed to provide a supportive supervision mechanism for midwives after their refresher training and for CMWs after their 18-month training. The PAIMAN project is planning an operations research to study alternative models of CMW supportive supervision. Support supervision for TBAs who have completed their orientation will also be provided by local NGOs who provide the training as part of the PAIMAN project.

Providing 24-hour basic EmONC services

A concept paper on establishing 24-hour emergency obstetrical and neonatal care (EmONC) services at rural health centers (RHCs) and tehsil and district headquarters hospitals (THQH/DHQH) was developed and shared with provincial and district governments. Following several consul-tative meetings, these governments selected a total of 31 RHC/THQH/DHQHs across all ten PAIMAN districts to initiate 24-hour EmONC services. As a first step, with the active support of the medical officers in charge, 24-hour basic EmONC services were established at three RHCs: RHC Sita Road District Dadu, RHC Kacha Khu District Khanewal, and RHC Mandra District Rawalpindi.

This PAIMAN project activity will be completed in PY3. The MNH facilities and services will be significantly improved at the selected RHC/THQH/DHQs by necessary repair and alterations, provision of essential MNH equipment and MNH training for the health care providers. The MNH services have already improved, as several health care providers have already been trained in essential MNH care.

Establishing Referral Links and Emergency Transport

Sensitization meetings were held with local community and village health committees to discuss the need to organize transport for mothers with complications who need emergency transport to a referral facility. Local NGOs, working as sub-grantees with PAIMAN, are also involved in motivating communities to organize emergency transport.

The PAIMAN project signed a memorandum of agreement (MOU) with the Edhi Welfare Trust (EWT), the largest voluntary organization that provides ambulance services in most areas of Pakistan. EWT has sent letters to its regional offices to initiate the providing their ambulances for maternal and newborn emergencies, which will directly support emergency transport to the facilities selected for upgrading to provide 24-hour EmONC services. In addition, PAIMAN is in the process of purchasing 18 new ambulances for the selected health facilities. In PY3, referral linkages will be strengthened as the 24-hour EmONC services are fully established and more ambulances become available.

STRATEGIC OBJECTIVE 3: IMPROVE SERVICE QUALITY IN PUBLIC AND PRIVATE SECTORS

MNH service standards and protocols

The PAIMAN project is providing MNH service standards and protocols for quality improvement at each facility level, both in public and private sector, to all PAIMAN districts. Although it was decided use the standard protocols developed by the Ministry of Health when these were reviewed the PAIMAN capacity building thematic group it was found that protocols suitable for antenatal care, postnatal care, normal delivery and essential newborn care at basic health unit (BHU) and rural health center (RHC) levels were not available. Similarly, the protocols for the newborn component at tehsil and district headquarters (THQ/DHQ) hospitals level were not adequate.

A working group prepared and finalized these MNH service standards and standard protocols for each facility level. These were reviewed and approved for use. They will be printed and provided to all the health facilities early in PY3.

Upgrading selected referral health facilities

As explained in the Strategic Objective 2 section, 31 RHCs and THQ/DHQ hospitals in the ten PAIMAN districts were chosen for upgrading to provide quality-assured emergency obstetrical and neonatal care services (EmONC). Upon completion of the HFA, a re-validation exercise was carried out in these districts to explain and reconfirm the findings. The list of required equipment, specifications for civil works and rough cost estimates were prepared, finalized, shared and agreed with the provincial and district governments. A procurement plan was prepared to purchase the equipment in accordance with the 'Buy America Act', and was approved by JSI Boston and USAID. The research and documentation process for waivers has almost been completed and orders will start to be placed in early PY3. Bidding documents for procurement of civil works and procedures for their execution were developed. Short-listing of the contractors and pre-bid evaluation was completed in all the districts except DG Khan. Bids were received and analyzed for all the districts except DG Khan and Dadu. Contracts were awarded in seven districts and work has commenced on in five of these. Work in the other districts will commence in the first quarter of PY3.

Improving the image of MNH service providers and facilities

Study tours to existing functional models of MNH delivery facilities for health care providers (HCPs) were organized. The first such tour, in March 2006, was for HCPs from Dadu district, who went to the district of Sheikhupura to learn about the 24/7 EmONC model of facilities and

services. Another study tour for HCPs and district managers from Lasbela was a visit September, 2006, to the Aga Khan Health Services Pakistan (AHKSP) MCH program in Chitral.

The placement of recognition logo boards is planned at each of the 31 government health facilities chosen for upgrade. In the private sector, Greenstar developed a television advertisement for GoodLife clinics that will be aired in PY3 as soon as another 375 providers have been trained and franchised under the GoodLife network. Since its launch in PY2, 129 providers have qualified and joined the Good Life franchise network. A GoodLife logo board been designed and is given to providers for display, once they have completed all the MNH-component training modules and meet the GoodLife service franchising requirements.

District health program manager trainings in quality improvement

With the help of the district governments, JSI identified trainees from DHMTs. PAIMAN organized a 7-day workshop for 17 of the selected trainees on 'Strengthening District Health through Leadership and Client-Centered Services' in July, 2006.

Strengthening supportive supervision

PAIMAN developed tools for a supportive supervisory system that they will distribute to the DHMTs in PY3. District managers are conducting supervisory monitoring visits regularly. The PAIMAN project is providing technical support to these district managers to assist them in developing a system of supportive supervision that promotes learning and improves performance.

Development of reward system for improved health facility performance

At a series of meetings with provincial and district governments, various incentives for health care providers (HCPs) were discussed. It was agreed that some form of non-monetary incentives including training, appreciation letters and certificates be introduced. Financial incentives have also been funded by the government, for example, the salary of the women medical officers (WMOs) working in remote health facilities of NWFP has been doubled. Similarly, the Punjab government has more than doubled the salary of doctors working at BHUs which are usually located in remote rural areas.

The PAIMAN project is providing technical and advisory support to district governments to establish reward systems. This is an ongoing process that has been discussed at the DHMT meetings, and one result is that district managers in Dadu, Rawalpindi, Khanewal and Sukkur have written appreciation letters to the high-performing health staff in their districts. PAIMAN is in the process of assisting district governments to develop criteria to select the three top health staff in the district. These outstanding performers will be offered evidence-based trainings and other incentives including appreciation letters, certificates and recognition shields.

STRATEGIC OBJECTIVE 4: INCREASED CAPACITY OF MNH MANAGERS AND HEALTH CARE PROVIDERS

PAIMAN uses a comprehensive capacity-building approach to train health care providers and health managers to ensure smooth functioning of the health service delivery system as well as to provide a continuum of care from home to hospital. The providers and managers available at the various tiers of service delivery, both in the public and private sectors. *See Figure 1*.

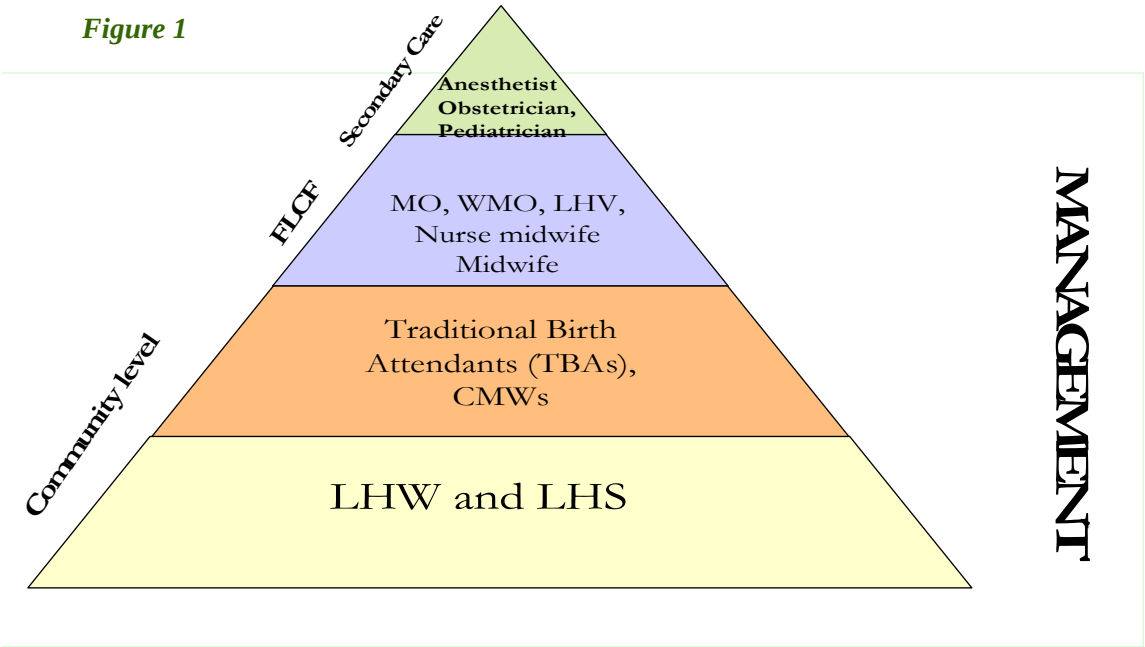
Training health care providers (HCPs) at the community level:

In the community, lady health workers (LHWs) and lady health supervisors (LHSs) provide primary health care and family planning services in the public sector and as such are the only 'agents of change'. In the private sector, traditional birth attendants (TBAs), oversee 80% of the home deliveries. These providers have no formal training and lack the crucial knowledge and skills to ensure safe and adequate pregnancies and deliveries. PAIMAN, in addition to creating a cadre of community midwives, is implementing the following trainings for these lower-level providers.

PAIMAN is working closely with the National Program for Family Planning & Primary Health Care (NP for FP&PHC) to implement training of LHW and LHS to address maternal and newborn health behaviors on the existing curriculum and related training materials. A draft strategy to implement this training was endorsed by NP for FP & PHC in four separate provincial and National Consultative meetings. In accordance with the agreement reached, PAIMAN will roll out these trainings in PY3.

A training needs assessment of midwifery tutors to ascertain the need for refresher and regular midwifery trainings was carried out in all ten districts. Provincial governments have extended their support by designating nursing tutors as midwifery tutors. Assignment of the new posts awaits the launch of National Program for MNCH.

Figure 1



PAIMAN adopted a short-term strategy (refresher midwifery training to the existing midwives) as well as a long-term strategy (18-month regular midwifery training on new curriculum) for community midwifery. A two-week ToT was organized for refresher midwifery trainings at Lady Wellington Hospital in Lahore in February, 2006. A three-day orientation of midwifery tutors for refresher midwifery trainings was held in Islamabad July 5-7, 2006. The first group of 82 midwives completed a refresher training course in Aug-Sept. 2006.

As a long-term strategy, at the request of MoH, PAIMAN invited two international experts for the MToT. The first MToT was organized at PIMS Islamabad from March 28-April 22, 2006, the second at AKHSP Karachi from May 23-June 17, 2006. A core group of 44 master trainers were trained at the national level. A five-day orientation at the Holiday Inn, Lahore, from August 21-25, 2006, was held to prepare the master trainers for the rollout. The first round of 18-month regular midwifery trainings will start in PY3. 500 students have already been identified for these trainings, and 300 more are expected to be identified early in PY3.

In addition to the above, the community midwives are available in the field to provide services. PAIMAN has started trainings TBAs on clean delivery practices, early recognition of danger signs, and their linkages with LHWs. The Midwifery Association of Pakistan (MAP) is responsible for the training and monitoring of TBAs. A strategy has been finalized and endorsed by concerned capacity-building partners, the curriculum outline reviewed, and training materials developed for this ToT, which will commence in November, 2006.

PAIMAN, through sub-grantee NGOs, will also orient the 1500 TBAs. A twelve-day ToT has been scheduled for the first week of Nov. 2006. These trainers will orient the already-identified TBAs on clean delivery practices, early recognition of danger signs and their linkages with LHWs and CMWs. Additional innovations are planned for inclusion with the TBA training in some districts.

Training first-level care providers:

The health care providers (HCPs) available at this level include doctors (male and female), nurse midwives, lady health visitors (LHV), and midwifes. Various consortium partners have contributed to the capacity-building of this cadre in the public as well as private sector by organizing the following trainings.

PAIMAN organized the development of a competency-based essential maternal and newborn care (EMNC) training curriculum. This process involved meetings to build consensus on training modules, training/teaching methodologies, and quality assurance tools.

Five ToT workshops have been conducted in five teaching/training institutions for 70 trainers from 10 PAIMAN districts. Two ToTs on essential maternal and newborn care trained 29 participants. Sixty-three external monitors from PHDC/PHSA and DHDC received orientation on training modules and quality assurance (QA) tools in four orientation meetings (one in each province). The quality of EMNC trainings was further assured by PAIMAN by field-based monitors. 218 HCPs have been certified since completing the EMNC training.

PAIMAN organized two-day refresher training workshops to improve the quality of data collection, Health Management Information System (HMIS) Data Collection Tools and Methods. 1240 HCPs have been certified in 30

workshops conducted in collaboration with national HMIS cell and District Health Development Centers (DHDCs). Follow-up of the trainings at the National HMIS cell enabled each district to prepare feedback reports on a quarterly basis, assessing improvement in data collection and data entry. This achievement contributes to the institutionalization of evidence-based decision making. Reports from two quarters have so far been shared with concerned PAIMAN partners.

PAIMAN coordinated efforts to organize refresher training of HCPs on essential surgical skills. 97 HCPs (male and female doctors and staff nurses who handle emergencies) from DHQ, THQ and RHC in the selected districts attended Integrated Workshop on Essential Surgical Skills with emphasis on Emergency Maternal and Child Health (ESS-MCH).

PAIMAN is conducting independent essential maternal and neonatal component trainings for private practitioners. These ToTs certified 22 trainers in the maternal component and 16 in the newborn component. 129 private practitioners have joined the Goodlife franchise network after successful completion of these trainings.

Training Secondary-level HCPs:

Pediatricians, obstetricians and anesthetists from DHQ, THQ, and civil hospitals in the public sector, and maternity homes and private hospitals in the private sector, will be trained in emergency obstetric and newborn care (EmONC) by the Pakistan Institute for Medical Sciences (PIMS) in NWFP and Punjab. These trainings will start in November 2006; manuals have been printed and teaching/trainings aids purchased.

Shabana Bibi works at a government basic health unit in District Buner, North West Frontier Province (NWFP). In May, 2006, she attended PAIMAN's 6-day Essential Maternal and Newborn Care (EMNC) training at the district headquarter hospital in Buner.

Shabana is among the 114 lady health visitors who have been trained so far by the PAIMAN project and are now committed to delivering quality services as skilled birth attendants in their communities.

PAIMAN's EMNC workshop has changed Shabana's midwifery concepts and practices for the better. Prior to attending the workshop, for example, she considered scissors a superior tool than a razor blade for cutting the umbilical cord. She would boil and reuse them every time, but now knows that boiling does not kill tetanus spores, and that a new razor blade is the best tool for cutting the cord. Before the course, when Shabana was confronted with a newborn with breathing problems, she would wrap the baby in a cloth and tell the parents to rush the child to a doctor at the rural health center. But now that she's learned basic resuscitation skills (cleaning of respiratory pathways and mouth-to-mouth breathing), she is able to provide immediate resuscitation that can keep these babies from dying.

Shabana marvels at the difference. "Before attending the PAIMAN training I never knew that I could save lives simply with the knowledge and practice of the four maternal and three newborn basic care skills. I have used these skills in thirteen deliveries since I've learned them, and I've saved babies from asphyxia and women from the threat of postpartum hemorrhage."

Shabana practices newborn resuscitation skills at PAIMAN's EMNC training. *Photo: Dr. Rakhshan*

The training programs for pediatricians, obstetricians and anesthetists from DHQ, THQ, and civil hospitals in the public sector, and maternity homes for districts in Sindh and Balochistan, will be conducted in December 2006.

Training Health Care/Program Managers:

Health care program managers include EDOs, medical superintendents of tehsil/district headquarters/civil hospitals, DPWOs, DOHs,.DCOs, DDOH, BHUs and HMIS Coordinators. PAIMAN partners have organized the following training programs to build their capacity.

PAIMAN organized the 'Strengthen District Health System through Leadership and Client Centered Services' workshop to sensitize district program managers to maternal and newborn health issues, and transform them into effective leaders and change agents. It is hoped that they will become instrumental in planning and implementing innovative reproductive health intervention strategies. The workshop focuses on acquiring leadership skills, vision-sharing, strategic thinking, team building, gender sensitization, conflict resolution, and communication skills.

PAIMAN organized workshops to facilitate the DHMTs. A training needs assessment forms the basis of the training package. Core planning team members from each DHMT were trained to participate in the preparation of District Annual Operational Plan (DAOP). *HealthPlan*® software has been introduced and installed in all districts to assist health managers in preparing evidence-based DAOP. A follow-up strategy is in the final phase of development.

Another workshop to develop basic skills for using HMIS information in decision making has been organized and conducted. Six workshops to build the capacity of district managers on evidence-based decision making have already been attended by 157 health managers. HMIS information collected will be used to make decisions to allocate budgets on the basis of need, equity of services, provision of drugs, etc.

STRATEGIC OBJECTIVE 5 – IMPROVE MANAGEMENT AND INTEGRATION OF MNH SERVICES

The government of Pakistan has adopted devolution as a way to improve the coverage and quality of social services to its population. The Local Government Ordinance of 2001 delegated health services planning and management responsibilities from the provincial governments, where they had historically laid, to the district level. Yet capacity to plan and manage health services at the district level remains limited. Strengthening management systems and service integration at this level is essential for devolution.

This Strategic objective assesses and addresses district health system weaknesses and improves support systems including health information, patient referral, and staff supervision systems. Service integration and coordination between public and private sectors is another key element of this strategy. Only through effective and efficient district health systems can the project's MNH achievements be sustainable. The project has continued to strengthen district health services delivery during the second project year through the following activities:

Establishing District Health Management Teams (DHMTs)

In light of the relatively recent emphasis on devolution and the experience with district health management models in and outside Pakistan, the

PAIMAN project facilitated the establishment of DHMTs to better manage and support health service delivery. The proposed roles, functions and composition of these DHMTs were thoroughly reviewed by stakeholders and consensus was reached with the district and provincial governments for their establishment. It was decided that each team be composed of people from different disciplines with clearly defined roles for each team members, lines of accountability and mechanisms for cohesive decision making and communication. The DHMTs were institutionalized though official notification in each of the ten PAIMAN districts.

This year, the PAIMAN project assisted DHMTs with organizing their regular meetings and generating relevant HMIS information. These DHMTs provide a forum in which evidence-based identification and discussion of the weaknesses of the district health system take place alongside the development of potential solutions. The broader district representation and multi-disciplinary composition of the DHMTs have enhanced inter-sectoral coordination and have promoted evidence-based, collective decision making for managing health services.

With information from the baseline training needs assessments, PAIMAN has developed and implemented training packages to address some of the identified knowledge and skill gaps. In particular, DHMT members were trained to develop district annual operational plans (DAOP). A hands-on learning approach utilized specifically designed software to assist the DHMTs with data from the public sector's health management information system (HMIS). The PAIMAN project has provided continuing support to DHMTs for preparing their district plans, and for integrating their MNH plans into them. Other training packages have been developed in the areas of leadership, logistics and financial management. The leadership course has been initiated and the other courses are scheduled for next year. Exchange visits have also been arranged so that members can learn from other districts' MNH best practices.

PAIMAN conducted a baseline decision-space analysis (DSA) in its districts. This study assessed the range of choice that district managers exercise in various functions of management, including finance, human resource development, operational and strategic planning. A preliminary analysis of the results revealed significant variations among DHMTs' decision space in different management functions and capacity to use available space. These results indicate areas for future interventions, including the development of district-specific management and capacity-development interventions.

Supporting the Health Management Information System (HMIS)

District health staff tend not to use information collected through the existing HMIS because of poor-quality data, lack of capacity, and general resistance on the part of health department staff. The PAIMAN project is committed to increasing HMIS data validity and its use in decision making by building the capacity of managers and health service providers.

PAIMAN conducted refresher training courses on HMIS data collection tools and methods to improve the data quality in all target districts. These have been supplemented by evidence-based decision making courses for district and sub-district level managers to foster a culture of information use and to improve the analytical and information-based decision making skills of

managers. The PAIMAN project also provided support to the districts by generating quarterly feedback reports of HMIS data to facilitate assessment and improvement of MNH and other health service delivery at some facilities

The current HMIS focuses mainly on first-level health care facilities, which do not include hospitals. An improved district health information system (DHIS) that collects data from all government health facilities, including hospitals, is being piloted by provincial and district health departments. The PAIMAN project participated in this testing and provided training to health staff on the data collection instruments in Khanewal. The pilot test will be evaluated before the end of 2006, and it is anticipated that the DHIS will replace the existing HMIS in all districts in Pakistan. The DHIS has the capacity to greatly enhance the value of health information to DHMTs in MNH and other hospital-based health service decision making.

Strengthening Support Systems

Support systems are the foundation for an effective district health management structure. Current systems are either deficient in design or operation. PAIMAN project has been providing technical assistance to assess district health support systems including supervision, financial flow, and logistics systems. Support for these systems will begin next year.

PAIMAN conducted a review and assessment of the existing district supervisory system, including supervision of MNH service provision. Weaknesses were identified, and measures to strengthen them, including implementation guidelines, were proposed to transform the cursory and fragmented inspection system into a supportive supervisory system.

A smooth financial flow system is essential for timely completion of developmental initiatives in the social sector. PAIMAN assessed the post-devolution financial flow system affecting the district departments of health. The study documented the financial flow system and focused on factors impeding timely expenditure of allocated funds. Based on the findings, PAIMAN made recommendations for increasing the efficiency of financial flows that do not require changes to the existing devolution legislation

In addition, two experts from the DELIVER project undertook a district logistical management assessment, and made recommendations for strengthening the district logistics management system, which is critical to the provision of MNH services by government health facilities.

Promoting Public/Private Partnership

In Pakistan, health care services are provided by a mix of public and private sector facilities and providers, including not-for-profit organizations. These services are mostly delivered independently, but there is an increasing move toward partnership between the sectors. The public sector has an extensive infrastructure, but issues such as absenteeism and limited quality of care have resulted in underutilization of its health facilities. The private sector provides about three-quarters of the curative health services in Pakistan. This sector also has limitations, such as a lack of regulation and a restricted ability to meet all health care needs independently, particularly for preventive and promotional health programs. In order to meet the population's health needs most effectively, different models of public/ private partnerships (PPPs) have developed in the health sector of Pakistan. The success of these partnerships have varied.

PAIMAN assessed existing PPP models and developed practical PPP solutions for the provision of district-level MNH services. The strengths and weaknesses of existing PPP models in Pakistan and beyond were reviewed. Viable PPP models were proposed for pilot testing in one or more PAIMAN pilot districts and for scaling up to all PAIMAN districts pending the evaluation outcome.

Sahib Sultan is a lady health visitor in Upper Dir District who has greatly benefited personally and professionally from PAIMAN-sponsored trainings. In the summer of 2006, Sahib attended a 6-day Essential Maternal and Newborn Care workshop at the district headquarters hospital in Upper Dir. When a PAIMAN community mobilization officer visited Upper Dir and spoke with Sahib, she heard the story of how Sahib, for the first time in her life, safely managed a case of birth asphyxia.

In August, Sahib was called upon to attend a pregnant diabetic patient named Almas. During antenatal checkups at the rural health center, Almas had been declared 'high risk' and was referred to the DHQ for subsequent visits and delivery. Despite her high-risk status, Almas opted for home delivery because of prevailing social norms in her area, which dictate that women remain in the home and not be subjected to the eyes of strangers, especially males. Sahib was called in when the *dai* anticipated complications. Indeed, Almas' baby was born gasping and blue with an irregular heart rate. The *dai* was preparing to declare the baby dead, when, in Sahib's words, "I followed the basic resuscitation procedure, cleaned the respiratory pathway and performed mouth-to-mouth breathing. In a short while the baby's breathing was restored and his color changed."

Mother Almas happily concurred. "I was in pain and I thought my baby was dead but Sahib did some maneuvers and the baby cried. I am very happy and thankful to Allah and all who saved my baby."

Before the EMNC training, Sahib referred cases of birth asphyxia to the DHQ, a one-and-a-half hour journey that most babies didn't survive. This is no longer necessary. "We learned to save mothers and newborns, which we were never taught before." Sahib applies her new maternal and newborn skills to her daily practice. Thanking PAIMAN, she said "I feel more enthusiastic and confident about saving lives and serving humanity because I have the knowledge and skills to do so."

Baby resuscitated by Sahib Sultan. *Photo: Dr M. Rafiq.*

MONITORING & EVALUATION

The monitoring and evaluation of any project are just as important as the interventions themselves. Without these elements, the PAIMAN project could not be sure that its purpose, mechanisms and results are borne of need and carried out accordingly. In order to assure that its work is appropriately executed, meets people's needs, and measures its outcomes, the PAIMAN project developed a monitoring and evaluation (M&E) plan. This plan establishes baseline measures for a set of indicators to help track the achievements of the project. The plan called for a baseline household survey, health facility assessment, district profiles, and a decision space analysis to be carried out in all 10 PAIMAN pilot districts. The PAIMAN project also commissioned a formative research study to examine the existing MNH knowledge, practices, and norms in seven of the pilot districts to develop an effective health communication, advocacy and mobilization (CAM) program. These assessments were all conducted during PY3.

Household Survey

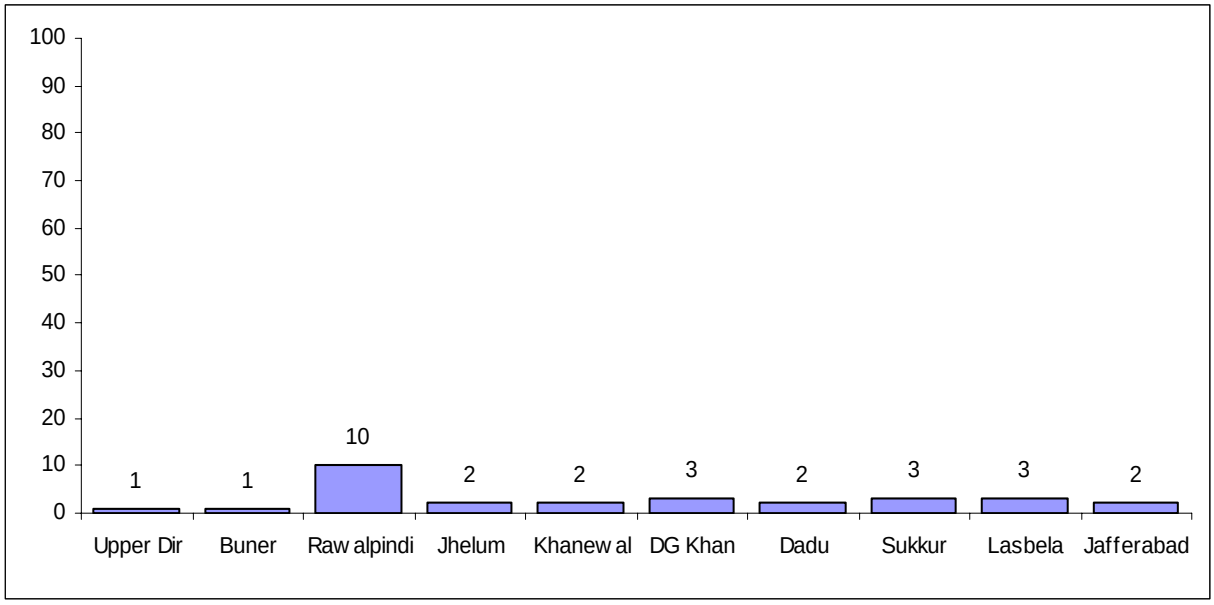
The baseline household survey conducted in all PAIMAN districts is an essential tool for capturing and understanding the different attitudes and beliefs about pregnancy and neonatal care. Because the PAIMAN project is designed to improve the health of pregnant women and their newborn children, it is important to understand the obstacles that stand in the way of good health practices. The baseline survey drew primarily on the opinions and experiences of married women of reproductive age, the very individuals who are the primary recipients of the work carried out through the PAIMAN project's work. Findings of the household survey include:

Availability of Mass Media by District. The percentage of the population with access to some form of mass media, whether television, radio or newspaper, ranges from more than 75 percent in the urban district of Rawalpindi to more than 25 percent in rural Upper Dir. Between 22 percent of the population, in Rawalpindi, and 72 percent, in Upper Dir, do not have access to any sort of media and need to be reached through other channels. Even though television and radio are reported to have about the same level of influence on the health behaviors of people, a majority of the women interviewed in both urban and rural areas believe that television is more trustworthy.

Knowledge of Danger Signs. Across all districts, only a small proportion of women were able to name three or more danger signs during pregnancy, delivery, and postpartum. Deliveries can be made safer if women are educated regarding these danger signs and know when to seek treatment. Even under 'normal', or complications-free circumstances, approximately 15 percent of all pregnant women require emergency obstetric care to avoid maternal and newborn deaths. *See Figure 2.*

Antenatal Care by District. Overall, antenatal services provide an opportunity to offer preventive care that will benefit the newborn as well as the mother. Antenatal care also allows women to learn about hygiene, the benefits of breastfeeding, nutrition, and general health. An overwhelming majority of the population believes it is necessary for women to receive these check-ups. However, despite the fact that many women want antenatal

Figure 2: Percentage of women who report having a postpartum visit within 24 hours of birth



Most maternal deaths and neonatal deaths occur in early postpartum period. The baseline survey shows that a negligible proportion of those who delivered at home reported having a postpartum checkup within 24 hours of the birth.

check-ups, and feel that they are necessary, most women do not access this service adequately, if at all. The proportion of women who had at least three antenatal care (ANC) visits during their last pregnancy ranges from 71 percent in Rawalpindi, to only 8 percent in Jaffarabad. Across all ten PAIMAN districts, only 27 percent of pregnant women had three or more ANC visits.

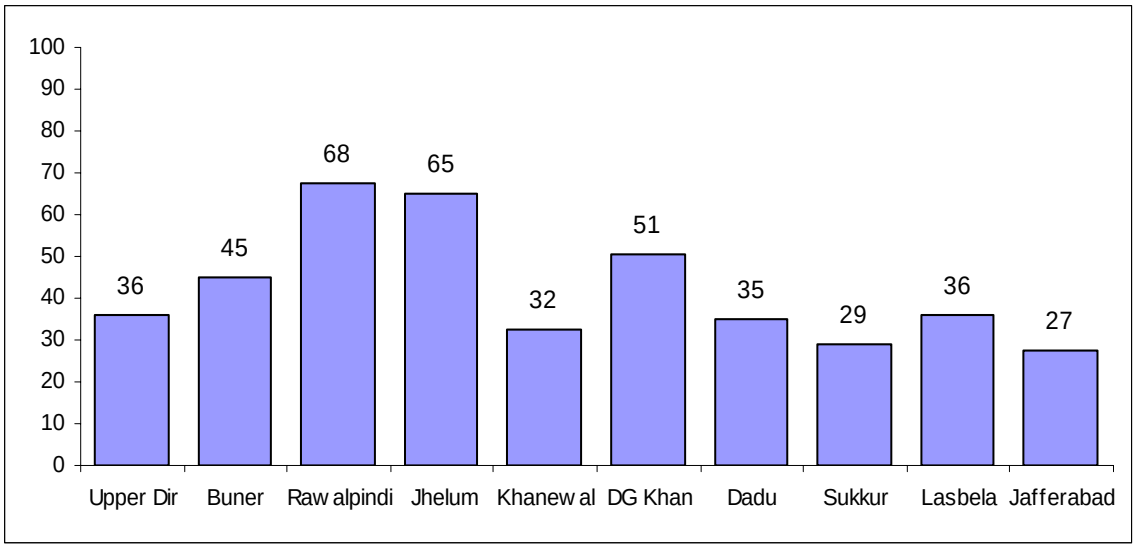
Tetanus Toxoid Immunization. The proportion of pregnant women who received at least two tetanus shots during their last pregnancy ranges from 68 percent in Rawalpindi, to 27 percent in Jaffarabad. Across all ten districts, just 40 percent of pregnant women had two or more tetanus shots during their last pregnancy. *See Figure 3.*

Skilled Birth Attendants. Although the majority of women believe that care during childbirth should be provided at a hospital, only about 35 percent of the women had their deliveries attended by a doctor, midwife or nurse in a hospital. In many communities, skilled birth attendants are not available and women use traditional birth attendents. Furthermore, at the time of delivery and there is a serious lack of preparation for birth and its potential complications.

Delays in transport to a health facility for a mother who is experiencing complications often leads to maternal and/or newborn death. Unfortunately, many households are unable arrange transport due to a lack of vehicles in their communities or available funds at the time. Furthermore, most communities have no provision for financial assistance, nor for blood transfusion for women in need during delivery. This is a major obstacle to safe birth practices, as most women then deliver at home without skilled birth attendance, where they are higher risk for infections and complications.

Caesarean Section Deliveries. Overall, 3.5 percent of deliveries reported in the survey were caesarean section. This figure ranges from 0.5 percent in Buner, to 10.5 percent in Jhelum. Normally,

Figure 3: Percentage of women immunized against tetanus (at least 2 shots)



To save maternal and newborn lives, all pregnant women should be immunized against tetanus. Immunization coverage is low in all PAIMAN districts except Rawalpindi and Jehlum.

caesarean sections are required for between 5 and 15 percent of deliveries for certain medical indications and complicated deliveries. This lower-than-usual C-section rate outside large urban areas exposes mothers and children to significant risk of death and injury.

Postnatal Care. Women in the PAIMAN pilot districts generally undervalue the importance of postnatal care for both the mother and the newborn. The postpartum period is a critical time for mother and newborn, but more than 95 percent of the women who delivered at home did not receive any postnatal check-ups after their last pregnancy. Although excessive vaginal bleeding is a key postpartum danger sign, many women are unaware of this fact.

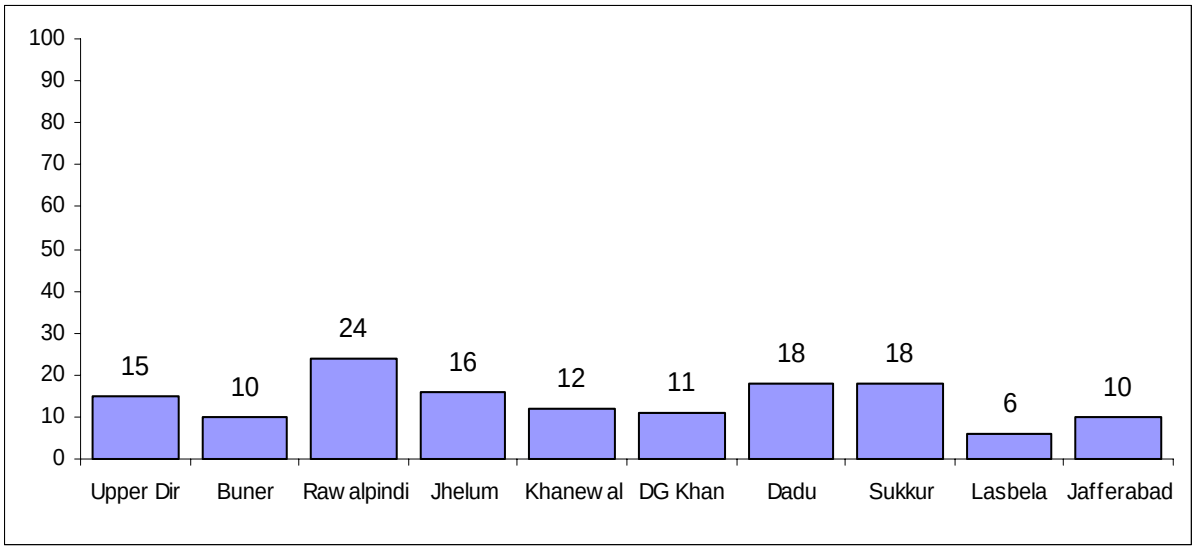
Newborn Care. Many women are unaware of danger signs that may appear in their newborns, especially during the first seven days of life. Examination by a skilled birth attendant is necessary to detect and manage newborn complications, and is an essential part of postnatal care. However, the proportion of newborns that were examined by anyone after birth was between 12 percent in Jaffarabad and 62 percent in Upper Dir.

Colostrum and Breastfeeding. Early initiation of breastfeeding is vital to the health of the newborn; the earlier it begins, the greater the chance of survival. Those who gave colostrum (breastfeeding within the first hours of childbirth) to their newborns vary from 24 percent in Rawalpindi, to 6 percent in Lasbela. Furthermore, a very large percentage of respondents in all districts provided their newborns with food supplements other than breast milk within the first three days of life. *See Figure 4.*

Formative Research Study

Additional and more detailed information on MNH behaviors were obtained through a baseline formative research study, which was undertaken in seven PAIMAN pilot districts. This study ascertained the current MNH health-seeking and birth

Figure 4: Percentage of newborn breastfed within 1 hour of birth



Early initiation of breastfeeding not only improves newborns health and survival but is also beneficial for mother. The baseline survey provides a grim situation of early initiation of breastfeeding.

preparedness and complications readiness (BPCR) behaviors and the factors that facilitate or hinder the practice of these behaviors. It documented the current religious/cultural practices surrounding MNH in Pakistan, assessed knowledge of obstetric and neonatal complications, perceptions related to accessibility of MNH services, healthcare providers' perceptions of MNH and their own roles and responsibilities in it. This formative research study confirmed several of the household survey findings, but more importantly it helped to explain the factors contributing to these findings.

Sharing news of pregnancy with husbands and making appropriate diet modifications were among the healthy behaviors found in all districts, although certain supposedly 'forbidden' foods were said to be avoided. Health-seeking behaviors for antenatal care (ANC) varied widely between districts. The proportion of respondents who reported seeking ANC from a skilled provider ranged from 17% in Jafferabad, to 83% in Buner. There were urban and rural variations in the reported decrease in household chores for pregnant mothers. The majority of the respondents thought that doctors were required for prenatal check-ups during pregnancy and to perform the delivery, however, there is limited availability of skilled providers reported in rural areas. Where they were available, the facilities were open only for a few hours in the morning. Despite the expressed desire for regular check-ups and delivery by skilled birth attendants, *dais* are the main provider for delivery and postpartum care.

Knowledge of life-threatening pregnancy, delivery, and postpartum complications is limited in all districts. At the family and community level, roles and responsibilities for handling obstetrical emergencies are unclear. Many respondents indicated that skilled care and check-ups were unnecessary during the postpartum period. Limited need for a routine newborn check-ups by a skilled provider is perceived. The commonly-available care for newborns unskilled lady health worker rather than

skilled birth attendants. Traditional healers were also reported as care providers for newborns. Knowledge of life-threatening complications for newborns was low. Respondents identified maternal and neonatal health care resources located outside their community, but monetary constraints were reported as the main obstacle to utilizing these resources. Overall, there were little, if any, BPCR behaviors being practiced. Factors responsible are reported as lack of funds and of access to vehicles, family members' attitudes favoring home delivery, and the unavailability of SBAs.

District Health Profiles

Baseline district profiles were prepared to provide basic information about the ten PAIMAN pilot districts and their health systems. This information is being used by DHMT and health planners to inform the PAIMAN-funded MNH improvement activities and to strengthen district health systems.

Topography: There is wide spectrum of terrain, climate, and accessibility in PAIMAN districts. The majority—but not all— are well-connected to the rest of the country by road and railway.

*Demograph*y: District populations vary significantly, from 3.9 million in Rawalpindi to 0.3 million in Lasbela. Buner and Upper Dir are predominantly rural districts; Rawalpindi and Sukkhar are 50% urban. The adult literacy rate is highest in Rawalpindi, (78%), and lowest in Upper Dir, (22%).

Health indicators and fertility behavior: There is wide variation in health and fertility behavior indicators. For example, the proportion of underweight children less than 5-years old are highest in Upper Dir, at 46 percent, and lowest in Rawalpindi, at 25 percent. The total fertility rate is lowest in Khanewal, at 3.0, and highest in DG Khan, at 6.0. The contraceptive prevalence rate in Rawalpindi is highest (37%), and lowest in Upper Dir, (6%)..

District administrative structure: The Zila Nazim is an elected official who heads each district government. He is assisted by the district coordination officer (DCO), who is appointed by the provincial government and manages the health department. In addition, the DCO supervises the executive district officer (EDO) who heads each district department. The district health department is organized similarly. The EDO (health) has a management team that manages the district health system. This team includes the district officer health (DOH), who is responsible for primary health care. There are also medical superintendents that manage the secondary-level hospitals, and a deputy district health officer (DDHO) at the sub-district level, who is responsible for managing of the public health sector. In Upper Dir and Buner there is neither a DOH nor a DDHO.

Public Health Sector: The public sector health service delivery structure is a comprehensive network of health facilities. The district headquarter hospital is the main district referral hospital. Tehsil/teluka headquarter hospitals are the sub-district referral hospitals. Rural health centers are the smallest hospital facilities. Basic health units are clinics which refer cases to the closest referral facility for hospital care. The majority of districts have more than 80 percent of their approved medical and paramedical posts filled. In Sukkur, Upper Dir and Jhelum, only about 70 percent of these posts are filled. Many public sector health care providers also work in the private sector.

Private health sector: There is wide variation in availability of private health practitioners. Rawalpindi has the largest number (276) of private pr viders, while there are no private practitioners in Jaffarabad or Buner. In most districts, the private sector is concentrated in the urban areas.

Budget allocation and utilization: Almost all districts have witnessed gradual increases in budget allocation and utilization over last few years. Khanewal received the greatest increase, of 58 percent for year 2004-05, and Jhelum the smallest, 3 percent, for the same year. The majority of districts have utilized over 85% of their health budgets. The highest budget utilization was 99 percent achieved by Buner over the previous three years.

Health Facility Assessment

A two-phase baseline public and private sector health facilities assessment (HFA) was undertaken in all ten PAIMAN pilot districts. The first phase was an assessment of infrastructure and equipment, and the second was an assessment of service delivery. The survey results have been used to design strategies and to plan timely inputs to strengthen the infrastructure component of public sector health facilities. The HFA also provides baseline information on the availability, functionality, quality and level of MNH-focused health care services in the public and private sector.

The public sector health facilities surveyed included: all district headquarter hospitals (DHQH), Tehsil/Teluka headquarter hospitals (THQH), and rural health centers (RHC); a sample of basic health Units (BHU), and mother and child health centers (MCHC). Pprivate sector facilities surveyed included a sampling of specialized private hospitals, general private hospitals and maternity homes.

Equipment: Availability of standard, essential MNH equipment items was deficient. The shortage was more acute in THQHs and RHCs, which lacked about two-thirds of the items, followed by DHQHs, which lacked more than half. Of the equipment available, six percent was non-functional in all health facilities, and about half of the non-functional equipment was repairable.

Buildings: Almost all facilities require basic maintenance, repair and minor alterations, ranging from wall re-plastering and roof treatment, to repair or replacement of electric and plumbing fixtures. Operation theatres were available in most of the health facilities both in public and private sectors.

Obstetrical and neonatal care services: EmONC was available in less than half of the surveyed health facilities. Most of the RHCs and more than half of the THQHs were not providing the basic EmONC.

Comprehensive EmONC was available in only nine percent of the surveyed facilities. One-third of DHQHs and most of the THQHs hospitals were not providing comprehensive EmONC.

Availability at THQHs and DHQHs of pediatricians was highest at 69 percent, followed by gynecologists at 52 percent, and lowest for anesthetists at 14 percent. At RHCs women medical officers were available at almost half of the facilities and lady health visitors (trained midwives) at three quarters of the health facilities.

In the public sector, only five health facilities had all essential drugs and supplies. Supply of contraceptives was very low at all facilities.

Blood transfusion services were available in 88 percent of the DHQHs, and in 29 percent of THQHs, except in districts of Upper Dir and

Buner, where none of the public sector facilities had blood banks. Ambulances were available and functional in most public sector health facilities.

MNH-related laboratory services were available in most public sector facilities, but private sector facilities were deficient in these services. The client-provider interaction was generally good, but the attitude of midwifery staff was found better than that of doctors and specialists.

Baseline Decision Space and Capacity Assessment

PAIMAN conducted a decision space analysis to assess the devolution of responsibility and authority from provincial to district governments. Data was collected from seven categories of senior district government officials- most whom are members of the DHMT- who make most of the decisions about health services. The study assessed the capacity of the district health government to utilize this decision space. PAIMAN is using this information to plan measures to improve district performance. Not only is there a fair amount of variation in decision space and capacity between districts, but within districts, a high or low level of decision space or capacity in one function (e.g., human resources) does not necessarily mean the same in another function. It is interesting to note that for human resources and financial management, the average capacity is higher than the average decision space. Furthermore, the average decision space and capacity are both higher in human resources than in financial management.

A PAIMAN-sponsored traditional puppet in Islamabad show talks about the health and well-being of mothers and newborns. Photo: Abrar Ahmad

OPERATIONS RESEARCH

Operations Research (OR) is conducted under PAIMAN project M&E framework. In general, OR is used for two main purposes. One is the evaluation of small-scale innovations and testing of alternative approaches to solving problems in health systems management, service delivery, communications, training, etc. The other is to undertake a detailed investigation of certain areas of MNH to inform program implementation, for example, a detailed assessment of the personnel placement systems of the DOH, or formative research on attitudes towards neonatal care in a previously unstudied ethnic group. Unlike other aspects of M&E, topics for OR cannot be predicted nor approximated in advance for the whole project period. OR studies can be implemented by either project partners or outside contractors.

The following OR concept proposals were received and evaluated by the PAIMAN M&E Steering Committee in PY2, and were either approved for implementation, deferred for later consideration, or not accepted. A summary and current status of each of the proposals submitted for OR is given in Table 1, below.

Table 1: Summary of Concept Proposals

Sr. No	Title	Organization	Location	Final Status
1	Change in perception and service utilization patterns following the establishment of a birthing station and advocacy seminars in a community setting	NCMNH	Any PAIMAN District in Sindh Province	Deferred
2	Piloting a FP voucher scheme in Pakistan	Greenstar	D G Khan	Accepted
3	Testing alternative community midwifery system in district Dadu	HANDS	Dadu	Deferred
4	Comparing the training programs & post-training competencies of community and conventional midwives in Sindh	HANDS	Any PAIMAN District in Sindh Province	Not accepted
5	Use of IEC material by LHWs	PC/JHU	Any two PAIMAN Districts	Not accepted
6	Impact study of training of dais in Dera Ghazi Khan on performance and client behavior	PC	D G Khan	Accepted
7	Effectiveness of a combination of skin emollient therapy with sunflower oil and hand washing promotion on neonatal morbidity	AKU, Pop Council, SC (US), JHU, HANDS, MOH	District Dadu and Buner	Not accepted
8	Effectiveness of vitamin A administration in neonatal period in selected PAIMAN districts	AKU, SC (US), UNICEF, MOH	Sukkhur, Lasbela, DG Khan	Accepted
9	Where there are no LHWs	SC/US	Buner	Accepted
10	Involving TBAs for better delivery outcomes in communities	SC/US		Not accepted
11	Community Midwifery – Management and Practices	PC/JSI	Not decided yet	Accepted
12	Decision Space Assessment	HSPH and Contech Int.		Not accepted

Current Concept Proposal Implementation Status

Proposal 2 - Awaiting detailed proposal

Proposal 6 - Field work has been completed, data entry on progress and report to be completed in next project quarter

Proposal 8 - This multi-agency proposal is awaiting commitments for co-funding

Proposal 9 - Proposal revised in consultation with local partner NGO and now ready for start up

Proposal 11 - In process of identifying community midwives to participate in the study

Shafi Mohammad Solangi is former secretary of his local union council in District Dadu. He has always been keen on volunteer community service and is well-liked and respected for his work and warmth. Despite this, Shafi is a male member of a traditional society where women are not free to think and act for themselves, so Shafi did not seem an obvious champion of women's health. But that was before the PAIMAN project came to Dadu.

When the PAIMAN team went to Shafi's village to begin community mobilization (CM), he volunteered to work with the local team. After seeing his enthusiasm he was asked to serve as a member of the leadership group. Shafi gladly accepted, and began by gaining an understanding of maternal and newborn health (MNH) practices in his area. The discussions during the CM meetings, which he attended regularly, gave him knowledge of safe MNH practices about which he was previously unaware. He now knows the difference between a skilled birth attendant and an untrained *dai (*traditional birth attendant). But when he learned, he knew that his own daughter-in-law needed more care than a *dai* can provide.

In fact, the new knowledge enlightened Shafi to the point that his daughter-in-law, Tehmina, who was seven months pregnant, became the center of his attention and care. He took all necessary steps for her good health during pregnancy and advised everyone at home, including his son, to take good care of Tehmina by giving her proper food and iron supplements and taking her for regular medical checkups. He registered the Tehmina at the nearest hospital for the birth of the child and refused to hire the services of a *dai*.

With the help of his efforts, Tehmina gave birth to a healthy child by normal delivery at the hospital. Later, he shared his experiences with his community. Shafi is now confident that he can help to change existing maternal and newborn health practices in his community. Shafi also learned that, "If I want change in the society, I have to change myself first."

Tehmina, Sikandar, baby and Shafi Muhammad Solangi. *Photo: M. Khan Kabooro*

GRANTS MANAGEMENT

USAID approved the PAIMAN project developed grants-management guidelines and grants-management manual in November, 2005, after which the grants component of this project commenced. A request for applications (RFA) was advertised by newspaper on December 4, 2005. One-hundred and four applications were received from Punjab, Sindh and Baluchistan. The RFA was not advertised in NWFP on the advice of provincial government.

Selection Process

The RFAs were sent to the field operations manager in each province to coordinate screening and short listing through provincial and district pre-screening review committees (PPRCs & DPRCs). These committees short-listed the applicants according to the selection criteria and grants manual guidelines, then sent their report to JSI office Islamabad.

The short-listed applicants went through a pre-award assessment (PAA) conducted by a technical committee comprised of JSI finance and program staff. This enabled JSI to assess the organizational capacity of each applicant NGO. This committee visited the offices of all the short-listed applicants.

The qualified NGOs were invited to a provincial proposal writing workshop. Five such workshops were held at which participants were

Name of District	# of applications received	Eligibility criteria met	PPRC & DPRC Short listed	PAA successful	PAA unsuccessful
Rawalpindi	18	12	8	3	5
Jhelum	9	7	6	4	2
Umbrella N Punjab	3	3	3	1	2
D. G Khan	8	8	5	3	2
Khanewal	5	4	2	2	0
Umbrella S Punjab	2	2	1	1	0
Sukkur	9	9	9	2	7
Dadu	9	8	8	4	4
Umbrella Sindh	9	9	9	1	8
Lasbela	14	6	6	4	2
Jafarabad	18	6	6	4	2
Buner	1	1	1	1	0
Upper Dir	2	2	2	2	0
Total	**107**	**77**	**66**	**32**	**34**

trained in programmatic and financial proposal development. During these workshops participants were assisted to develop proposals which were subsequently reviewed by the JSI team who suggested changes or additions to strengthen them. The NGOs revised and re-submitted their proposals to JSI where they were reviewed and, if satisfactory, were referred to USAID for review and approval.

Balochistan

The team in the province of Balochistan was the first to complete the grants-contracting process. After USAID approved these proposals, sub-grants were awarded to eight NGOs working in Lasbela and Jafarabad districts on May 24, 2006. These NGOs are Balochistan Environmental and Educational Journey, Sangat Development Organization, SCOPE, SOHB, SSDCN, Taraqee, YMSESDO and PIDS. The total amount budgeted for the NGOS in Balochistan is Rs. 17,516,538 for one year, equivalent to USD 291,942.

Sindh

Balochistan was followed by Sindh in completing this process, and the seven NGO sub-grant agreements were signed June 16, 2006.The NGOs are Goth Sudhar Sangat Aghmani, Goth Sudhar Sangat Bux Lakair, Mashaal Education Society, Indus Resource Center, Village Shadabad, Jordan and HANDS, which was given the dual role of working as an umbrella NGO and establishing a birthing station. The total amount budgeted is Rs. 20,964,200 for these NGOs for one year, equivalent to USD 349,403.

Punjab

Punjab was divided into two contracting rounds in consideration of the geographical locations of the four districts. Rawalpindi and Jhelum (Northern Punjab) in one; Khanewal and DG Khan (Southern Punjab) in the other. Sub-grant agreements were signed with eight NGOs of Northern Punjab on July 7, 2006. These are Jahandad Society for Community Development, Khair-un-nass Tanzeem, Tanzeem-e-Amal, Bunyad, Friends Foundation, United Christian Organization, Maternity & Child Welfare Association of Pakistan, and National Rural Support Programme (NRSP). NRSP was given the dual role of working as an umbrella NGO and establishing a birthing station. The total amount committed for these NGOs is Rs. 21,779,766 for a period of one year, equivalent to USD 362,996.

Six NGOs from Southern Punjab were awarded PAIMAN sub-grants on August 8, 2006. These are Al Asar Development Organization, Community Support Concern, Social Development Foundation, Save the Mothers Fund Society, Pakistan Lions Youth Council (PLYC) and Youth Front Pakistan. PLYC was selected as the umbrella NGO. The total amount budgeted for the NGOs working in Khanewal and DG Khan is Rs. 17, 487, 000 for one year, equivalent to USD 291,450.

The total amount for the NGOs in all four districts of Punjab is Rs 39,266,766, equivalent to USD 654,446.

The umbrella NGOs in the different provinces are responsible for building the capacity of these NGOs; they are also assigned the monitoring and evaluation of their activities. The NGOs will report to the umbrella NGO on monthly basis.

North West Frontier Province

On the advice of the government of NWFP, the request for application (RFA) was not advertised because of the sensitivity regarding NGOs in Upper Dir and Buner districts. Following local con-

sultation, it was subsequently decided that a local group of senior government representatives and the JSI field operation manager for NWFP would identify suitable NGOs in these districts. Three NGOs were asked to complete the same pre-award assessment process. All three were successful and subsequently attended a proposal-writing workshop, then submitted their proposals to JSI. These were reviewed by JSI and referred to USAID for review and approval.

Developing a Monitoring & Evaluation plan

Two training workshops, 'Planning and Development of the Monitoring Framework and Tools' were arranged for the sub-grantee NGOs to introduce and explain the concept of participatory monitoring and evaluation. During these workshops, participants worked in groups to learn the skills of developing the logical framework and tools. Subsequently, they were able to work with their own teams to develop a framework and tools to meet the needs of their particular sub grant.

Activities under the sub-grants

The sub-grantee NGOs working in the eight districts are mainly undertaking activities specified in the social mobilization component of the CAM roadmap. These include creating community awareness of MNH issues through meetings, talks, debates, posters, healthy mother and healthy baby competitions, as well as events, games, walks, and street theater. In addition, community-based health workers have been identified by these NGOs as the most effective people to work with communities in forming the male and female health groups at the community level. Umbrella NGOs have started their trainings in communication skills for these workers who will be delivering specific MNH health messages to their respective communities.

All of the sub-grantees have identified TBAs from their communities who will be oriented to clean delivery practices using clean delivery kits (CDKs), in order to foster clean, safe conditions at the time of delivery. Some NGOs have arranged health camps in the inaccessible areas of their districts, where they provide maternal and newborn care, treatment of minor ailments, and communicate messages on maternal and newborn care.

HANDS, a sub-grantee umbrella NGO in Sindh, has established a birthing station in a formerly non-functional government basic health unit (BHU) at Wahi Pandhi in Dadu district. This BHU is now providing primary health care services to the community.

PROJECT MANAGEMENT

Administration

PAIMAN hired the following staff to fill new positions JSI/PAIMAN headquarters:

Shuaib Khan, Program/Grants Manager, 11/7/05
Abrar Ahmed, Admin/HR Officer 4/24/06
Kashif Hanif, Finance Officer 7/1006
Ahmed Nadeem, Admin Assistant 1/16/06

The program and grants manager position was created to support program implementation and manage the grants component. The positions of administrative/HR officer and finance officer were created on the recommendation of the JSI home office, to meet increasing workloads as the project moves into full field-level implementation. The administrative assistant position was created to provide administrative support to the DCOP and back-up support to the IT specialist.

The following staff left PAIMAN/JSI:

Farah James, Receptionist
Khalid Zubair Admin & Fin Assist, NWFP
Tanveer Ahmed Admin & Fin Assist, Punjab

New staff has been hired for all three positions. The reasons for leaving in all three cases were better salary packages and longer term jobs elsewhere. As there is an acute shortage of qualified and skilled human resources, it is difficult to retain such staff when there is stiff competition in the job market. The complete list of regular JSI staff and of consultancies is in Annex 5.

Fully-equipped and staffed offices have been established in all the four provinces. All provincial offices have been provided with telephone and email communication facilities.

The following staff members were sent for trainings, meetings or conferences:

Adnan Riaz, Senior Budget & Accounts Manager; International Finance & Administration Meeting, November 7-11, 2005, Uganda

Babar Hussain, Director Finance; APVOFM Training on USAID Rules & Regulations, July 18 –20, 2006, Washington DC.

Javade Khwaja, Director Administration; APVOFM Training on USAID Rules & Regulations July 18-20, Washington DC.

Saif ur Rab, IT Specialist; Pakistan Developers Conference by Microsoft, June 13-15, Karachi.

Shahzad Akbar Bajwa, Logistic Officer; APVOFM Training on USAID Rules & Regulations, October 10-12, 2006, Washington DC.

Procurement

A plan was developed and initiated with the support of JSI home office for the procurement of medical, surgical, office equipment and training materials for upgrading 31 health facilities. The procurement is being done locally as well as from US in accordance with the "Buy America Act." Orders will start to be placed in the first quarter of PY3.

Hospital Repair and Renovation

Contracting for civil works at the 31 selected health facilities was initiated in each PAIMAN pilot district and contracts have been awarded in 7 districts where the work is in progress.

Administrative Manuals and Monitoring

An administrative policies and procedures manual has been compiled and incorporates clauses on terrorism, drug trafficking and Tiahrt Amendment provisions. It has been sent to the JSI home

office for comments.

A Procurement Manual has been compiled, reviewed by JSI head office and will be finalized in the first quarter of PY3.

Revised contract and international travel monitoring systems have been put in place.

Finance

Risk-management support has been provided directly in developing the grants sub-contracting process and manual and in the civil works contracting process for upgrading 31 health facilities. Accounting procedures and processes between JSI field and home offices have been reviewed and streamlined. The cost share plan has been prepared with support from JSI home office for submission to USAID.

PAIMAN PROJECT COMMUNICATIONS PROTOCOL

The PAIMAN Project is being implemented by a consortium of eight partner organizations plus many other sub-contracted partner organizations with offices in different parts of the country. In this complex working environment, it is essential to have effective coordination and information sharing at all times to ensure that all participants can participate in and contribute to all aspects of project implementation.

It was of primary importance to establish a standard PAIMAN Project Communications Protocol in order to simplify and ensure efficiency and clarity of communication among implementing partners. These guidelines have helped streamline communication amongst the partners of the PAIMAN consortium and between the PAIMAN consortium and USAID.

The general PAIMAN mailing list, everyone@paiman.org.pk includes all consortium partner organizations. Beyond facilitating communication for all involved, the general mailing list keeps everyone informed on relevant events and information

Communication between PAIMAN Consortium and USAID Mission

JSI Research & Training Institute, as the prime and lead contractor under the Cooperative Agreement, is responsible for communications with the USAID Cognizant Technical Officer (CTO) and Agreement Officer for the PAIMAN project**.**

PAIMAN Project Intranet

As part of the knowledge management component of the project, the PAIMAN intranet was established to facilitate communication and provide secure and reliable access to various project resources and information. It is a central repository for sharing information and documents among the partner organizations. PAIMAN project partners can gain access to the PAIMAN Intranet through a valid username and password. It enables PAIMAN members to share information and collaborate on project documents including:

The official URL of PAIMAN intranet is http://www.paiman.org.pk/intranet

PAIMAN Project Public Website

The PAIMAN project public website was established to disseminate project information and publications to stakeholders, donors and the general public. The website also aims to promote a culture of knowledge sharing on related topics.

The PAIMAN project has and will continue to produce various evidence-based materials that use the latest knowledge and technologies to improve

health services. These include project reports, training packages, protocols, summaries, data sheets, photographs from PAIMAN activities, news and events, and references, including acronyms, definitions, etc. The PAIMAN public website allows consortium members and the general public to download most of these documents, and includes links to a number of databases, journals, and web sites that focus on related topics.

The official URL of PAIMAN Public Website is http://www.paiman.org.pk

District Coordination (DC) Meetings

With most project activities now being implemented at district level, all the implementing partners, including NGOs, need to coordinate their activities with one another. District coordination meetings help partners and NGOs avoid duplication or overlapping work and share and learn from each others' experiences. Monthly DC meetings have been initiated in most districts. These meetings are attended by the local district health managers, PAIMAN staff, and NGO representatives working in the district.

CHALLENGES AND LESSONS LEARNED

PAIMAN programmatic activities started full-swing in 2005-2006. Consortium partners were clear about their roles and responsibilities, but since PAIMAN is being implemented by seven partners working closely with Ministry of Health (MOH), provincial health departments and districts, there were challenges of various kinds faced during implementation. For the most part, however, challenges were addressed and overcome quickly or with little delay.

This project year was affected by the massive earthquake which struck October 8, 2005, in north-eastern Pakistan. It caused over 73,000 deaths with a similar number injured, and displaced 3.5 million people at the beginning of the winter season. Ninety-three people died in Islamabad, and many more injured. Serious after-shocks continued in the months following the initial quake. This tragic event affected all members of the PAIMAN team, and several of the PAIMAN consortium organizations were significantly involved in the relief and reconstruction operations. Many PAIMAN staff were working in a volunteer capacity to support the relief effort.

The PAIMAN project itself did not participate in the relief effort, but left this work to government and organizations with this mandate and capacity, while PAIMAN concentrated on project implementation. However, governments at the national and provincial levels, key partners in the PAIMAN project, have been justifiably focused on mitigating this tragedy and its continuing aftermath.

SO-1: Increase awareness and promote positive maternal and neonatal health behaviors.

The most important activity of Strategic objective 1 was conducting a formative research study to establish baseline MNH behaviors. The development of tools and field guide were relatively straightforward. The challenge lay in finding an organization to carryout the research. Ultimately, the AAA Consulting Group's application was selected by a panel that scored the proposals separately. AAA is technically very strong but is expensive, so it was decided to select seven districts instead of ten for qualitative research.

Although the PAIMAN worked closely with the National Institute of Policy Studies (NIPS) to implement baseline survey field activities, several NIPS policy issues including disbursement of daily allowances and hiring of vehicles hindered fieldwork. Due to approval constraints, a longer and more detailed planning process was needed than was possible for the baseline survey. Early planning should be undertaken at the time of the endline survey.

Another challenge during implementation and field work was the mobility of staff in the field. The identification and training of district-based data collectors took longer than expected. Despite efforts to address issues of mobility and language, two districts, Upper Dir and Jaffarabad, were dropped and replaced by Buner and Lasbela. High rates of refusal to partake in the household survey in Upper Dir and the tentative security situation in Jaffarabad also contributed to this decision.

The communication, advocacy and mobilization (CAM) strategy was developed and is being used in the field by PAIMAN. The challenge in the design and methodology in this undertaking was that partners were used to different methodologies and had different understanding of social mobilization, that were not necessarily research nor evidence-based. PAIMAN partner organization JHU/

CCP was under considerable pressure to develop products that partners could use easily in the field. At the same time, PAIMAN wanted to follow a systematic approach that would be tailored to the needs of drastically diverse districts, so it had to wait for the formative research study and household survey baseline results.

A draft was developed and shared with partners, but it took time to agree to a standard approach and CAM roadmap. Several thematic group meetings were called, standard messages were identified and three orientation workshops involving all partners were organized, before the roadmap was finally agreed upon.

At the MoH's request, JSI assisted in the design and development of communication strategy for the National MNCH Program. The strategy was accepted and reviewed by the technical advisory group (TAG) of the MoH, but there are delays in its implementation at national level due to the approval process of this National Program proposal. There will be also be implementation challenges as the strategy has been divided in three parts which will be difficult to implement. JSI and JHU will take up this issue with MOH as soon as the implementation of National Program starts.

At the first TAG meeting it was unanimously agreed to use the information education communication (IEC) material developed and adopted by the MOH. The only challenge was in gaining approval to reprint the material with PAIMAN USAID branding guidelines. The lesson learned is the importance of persistent follow-up with individuals to get things done in a timely fashion; otherwise action can move at a very slow pace.

The implementation of the CAM strategy is very challenging because MNH is not a priority at any level. Media products are mostly developed for commercial purposes so it is a challenge to find good writers, directors and artists who will spare time for a nonprofit endeavor such as maternal and child health. For similar reasons, the identification of and contract negotiation for Goodwill Ambassadors was time consuming.

The capacity building of partners, journalists and *ulema* (religious leaders) posed challenges because of major differences in the understanding of MNH issues and social mobilization. In the case of journalists, it was difficult for them to take a week to attend the capacity-building workshop, so the duration of workshop was reduced to three days to accommodate their participation. This, however, compromised the depth of course subjects and limited hands-on practice. Future workshops will last four days and will include a follow-up action plan to maximize the impact. In case of *ulema*, meanwhile, selling MNH was a big challenge although there was interest. This issue was resolved by identifying a key *ulema* to convey the importance of MNH and the ability of *ulema* to improve the MNH situations in their districts.

The social marketing of clean delivery kits (CDKs), iron and multivitamin tablets, a major activity of SO1, has been seriously delayed. The unexpectedly long waiting period for registration of Iron Fol significantly held up the product launch and its marketing. Ultimately, iron tablets were de-linked from the CDKs in order to develop a marketing plan and launch the CDKs in PAIMAN districts. Strategic follow-up meetings with key MOH officials are being planned for the first quarter of PY3 to attempt to expedite approval. A special meeting with the drug controller has also been requested after Eid to expedite the process. These delays have also slowed down anticipated rates of expenditure.

In general, district-level planning and activities coordination between partners was poor. Not until

the last quarter did district coordination meetings begin. However, the weekly events calendar, introduced earlier PY2, reduced communication gaps prior the DC meetings.

SO-2: Increase access to and community involvement in maternal and child health services.

In PY2, the main focus of activities was to improve access to services. The community obstetrics strategy posed several challenges during planning for implementation.

The implementation of community midwife (CMW) training required completion and approval of the 18-month curriculum and its notification to the midwifery schools. This was a long process so special permission was sought from the Federal Secretary of Health to allow PAIMAN to start doing the ground work. Negotiations with provincial health departments for getting midwifery tutors in place took a long time as it involved the Pakistan Nursing Council, the provincial health departments, (PHDs) and the Provincial Nursing Director Generals. Nursing tutors were designated as midwifery tutors and had to be trained on adult teaching methodologies and lesson plan preparation. Accommodations at the midwifery schools were not satisfactory, and hostel facilities were also inadequate for the accommodation of CMW students.

Yet the biggest issue in PAIMAN pilot districts was the lack of available midwifery schools. Schools in neighboring districts had been identified, but some students were unwilling to move out of their district. The identification of CMWs was done in collaboration with PHDs and district health departments (DHDs) through advertisement at provincial and district level. The response was not overwhelming, so a second round of advertisements will go out in November to help achieve the target for PY3. The target to train existing midwives was 100 but has been reduced to 82, as midwifery schools could not take on this training in addition to their regular midwifery programs. Schools in non-PAIMAN districts been identified to accommodate the required number of CMW students.

The signing of an agreement with National Program for FP & PHC was delayed, resulting in the delay of the revitalization of village health committees (VHCs) & female support groups.

SO-3: Improve service quality focusing on management of obstetrical and neonatal complications.

The civil works assessment was done in collaboration with those in charge of the health facilities. The challenge was to find district based contractors. The minor civil works were not lucrative for the contractors, so it took time to find contractors who were both willing to take the assignment and fulfilled the criteria.

The procurement of MNH equipment is in its final stages, but there are delays due to market research to fulfill the 'Buy America Act.' Hopefully the process will be completed in next quarter.

As for civil works, the site plans of most of the selected facilities for renovation were not available even as they were required for detailed cost estimates. District authorities also increased the scope of work for renovation of facilities time and again, despite initial revalidation, leading to variations in cost estimates.

SO-4: Increase capacity of MNH health care providers and managers

Working in a consortium is a challenge, as many partners are responsible for different aspects of the same activity. For example, training curricu-

lum development and training of trainers (ToTs) were the responsibility of AKU and SCUS could not roll out the trainings without an agreed curriculum and trained trainers. Similarly, the trickle-down LHW training was dependent upon the signing of a working document with the National Program for FP & PHC.

The 18-month workplan was quite ambitious, and as a result, many tasks remained behind schedule due to the delayed initiation of partner activities. In light of these constraints, PAIMAN partners modified project targets to make them more attainable.

Extreme weather conditions and a lack of temperature controls in training rooms, coupled with unavailable appropriate training aids were further challenges. The consensus-building discussions with the NP for FP & PHC took longer than expected because of packed schedules of MoH.

In the private sector, while doctors are interested in joining the GoodLife network, they are less willing to undergo the required trainings both because of time constraints and because they do not believe that will gain any new skills or knowledge from them. LHVs are generally more amenable to attending training sessions in order to join the franchise. PAIMAN will rethink how it conducts trainings, and perhaps design a more 'hands-on' course of on-the-job technical knowledge transfer sessions in which PAIMAN regional health service managers or external consultants may provide technical briefs on discrete MNH topics.

SO-5: Improve management and integration of health services

Leadership trainings were planned for district health teams, Nazims and district coordinating officers (DCOs). At the first meeting, senior managers did not show up, due to pressing issues in their respective districts. After the first workshop, PAIMAN decided not to include the DCOs and Nazims in the seven-day training. Instead, a two-day orientation will be arranged for them separately, to ensure their participation.

Multiple tasks were implemented, but many could not be finalized because of an overly-ambitious schedule. Further, the majority of activities involved participation of district government officials. Prior commitments, involvement in Polio Days, political activities, cascade infrastructure, and difficulty getting time away, despite repeated requests, increased the delay in completing planned activities. Another compounding factor is that districts are either reluctant to share or do not have updated financial data, which causes gaps in important information for baseline studies. Furthermore, most of the IT equipment available in districts is obsolete or is not updated, which causes repeated MS Window problems in attempts to run *HealthPlan*® software for preparation of DAOP.

The decision space analysis was delayed due to the unavailability of government officials and their difficulty getting time for DSA interviews due to their busy schedules, despite repeated requests made. Meanwhile, four EDO health and three Nazims were transferred or lost local govt elections over the course of the study.

The district teams have shown a lot of enthusiasm and are more than willing to participate in the implementation of the district-based activities. PAIMAN activities are well-accepted and district governments are willing to take lead roles. Proper coordination amongst PAIMAN partners and all levels of governments is key to achieving targets.

Operational DHMTs with well-defined roles and responsibilities are expected to improve ser-

vice delivery at the district level. As is true for any activity, monitoring is mandatory for the timely completion and standard maintenance of civil works. As most of PAIMAN activities depend on district official involvement, realistic timeframes for planning project activities should be invoked.

Grants

Thirty-one NGOs have been selected for social mobilization in hard-to-reach areas with no LHW coverage. Major challenges in NWFP and Balochistan were encountered during the process.

On the advice of the NWFP provincial health department, NGO selection was not done through advertisement because the current government is not supportive of NGO work. Special selection committees were formed and the process took time and caused a delay in selecting NGOs.

In Lasbela (Balochistan) an NGO that was unsuccessful in the first round of bidding created many problems for those that were. The issue went to the Chief Minister and the elected head of the district (Nazim). JSI provided the details of the selection process and reasons for not selecting the NGO. JSI is organizing capacity-building workshops in "Financial Management" for the selected NGOs, as well as those NGOs who were not, but who otherwise fulfill eligibility criteria. The pre-award assessment will be carried out again, and those NGOs that were previously short-listed will be considered for the second round of grants.

Women at a village health committee in Sohbat Pur Photo: Najma

"A *dai,* [a traditional, unskilled birth attendant], is called in at the time of delivery, and if there is a life threatening condition, we leave it to the mercy of God" explained Shahzadi, a woman in the village of Sohbut Pur in Jaffarabad.

Even today in Jaffarabad, a relatively urban district, many families prefer, or are at least more comfortable with, employing a *dai* to assist with the birthing process. But while *dais* in the area have considerable experience, they have no formal training, and many families do not realize the negative effect that this lack of training can have on childbirth.

Since PAIMAN came to town, however, this is changing. In September, 2006, PAIMAN held a meeting in Sohbat Pur to form a village health committee, at which Shahzadi, an expectant mother, was present. At the meeting, several common pregnancy-related behaviors, such as exclusive reliance on the advice and services of *dais*, home deliveries with no emergency plans, and few if any antenatal or postnatal visits by skilled birth attendants, were discussed. Community mobilizers explained the importance of clean delivery, health, nutrition and rest during pregnancy. They explained that any delivery can become an emergency, and encouraged preparations such as arranging for money, transport and identification of a proper health facility.

More than a month later, the PAIMAN team met Shahzadi again. She was very thankful to PAIMAN, explaining that prior to the village health committee meeting, she left herself exclusively in the hands of her *dai*, but that she now knew she needed the attention of a skilled birth attendant. Shahzadi had undergone two antenatal checkups, and will deliver her baby with a formally-trained, skilled birth attendant.

LOOKING AHEAD: PAIMAN PROJECT YEAR 3

Project Year 3 will be the most exciting and challenging year yet for PAIMAN, as it will be the peak implementation year. The planning and design phase started in the year ending on September 30, 2006. Following are highlights for PY3:

SO-1: Increase awareness and promote positive maternal and neonatal health behaviors.

The national workplan is accompanied by district-specific workplans, which are to be translated into district action plans. Monitoring of activities under different components will occur according to these action plans. It is hoped that the MoH will approve the National Program for NMCH for implementation this year, so that USAID and PAIMAN can work with the MoH to implement the National Program in the ten PAIMAN districts.

Last year we began to see the IEC activities for behavior change reinforcing the positive behaviors and adding credibility to the ground efforts. Mass media products such as talk shows, a drama serial, and music video will be developed and aired. During PY3, social mobilization and communication and advocacy (CAM) activities will also be in full swing.

The Safe Motherhood Alliance (SMA) Pakistan will be linked to global White Ribbon Alliance. Safe motherhood activities will take place at the national level and will work on creating awareness on MNH issues and advocacy for shared responsibility. Through the Alliance, the image of LHWs and CMWs will be improved through communication to boost the community-based interventions.

PAIMAN fully recognizes that health issues are not restricted to the health sector, and is therefore, through local NGOs is working to involve sectors such as education and social welfare. The social marketing of products like CDKs, iron and multi-vitamin tablets will also be a highlight for next year. Private sector interventions will gear up in all districts.

SO-2: Increase access to and community involvement in maternal and child health services

In PY3, community and facility MNH packages will be fully operational. Additional interventions will be specified and introduced in certain PAIMAN districts. Emphasis will be on strengthening community obstetrics and establishing and upgrading health facilities to handle emergencies. The establishment of Goodlife surgical clinics will be an initiative that strengthens private sector EmONC services.

Training 10,000 LHWs and establishing support groups to reach a maximum number of women of reproductive age will be the highlight of PY3. Community midwives (CMWs) enrolled in the 18-month regular training with strengthened midwifery schools is a very exciting component of PY3. PAIMAN is working to combat delays in reaching its training goals during PY3 by identifying indigenous sources of transport and close work with EDHI Welfare Trust.

SO-3: Improve service quality focusing on management of obstetrical and neonatal complications.

The civil works in all 31 PAIMAN health facilities and provincial and district health development centers (PHDC/DHDCs) will be completed during next year. PAIMAN will also train 100% of the identified health facility staff. The MNH

equipment procurement process will be completed, and a reward system for high-performing staff and health facilities will be instituted.

SO-4: Increase capacity of MNH managers and care providers

Eighty percent of targeted staff will receive essential maternal and newborn care (EMNC) trainings. One-hundred percent of the comprehensive emergency obstetrical and newborn care staff (CEmONC) trainings, 50% of LHWs, 50% of CMWs, and 60% of private-sector health care provider trainings will be completed by the end of next year. The health care providers for the above-mentioned trainings have been identified and detailed implementation plans are in place. These trainings are targeted for staff at different levels of health facilities including community based. PHDCs and DHDCs will be involved in all trainings and in the monitoring of trainings in their respective provinces/districts. The EMNC training will become an integral component of an in-service training program at these institutions.

SO-5: Improve management and integration of MNH services

The DHMTs will meet each quarter to review the situation in their districts and prioritize MNH in the following year's district annual operational plan (DAOP). The ten PAIMAN districts will have their evidence-based DAOP ready and available. Capacity-building for district senior managers on components identified through the decision space analysis will be the highlight of the year. Monitoring and supervision will be supportive and inline with the developed conceptual framework.

Grants Management

The 32 selected NGOs will implement their approved annual workplans. The Grants Program Monitoring and Evaluation System, which was developed in PY2, will be used to monitor NGO activities. Selected NGOs and those who fulfilled eligibility criteria but were not successful will receive training in financial management and other technical areas to strengthen their capacity. The second phase of NGO selection will start in March/April 2007.

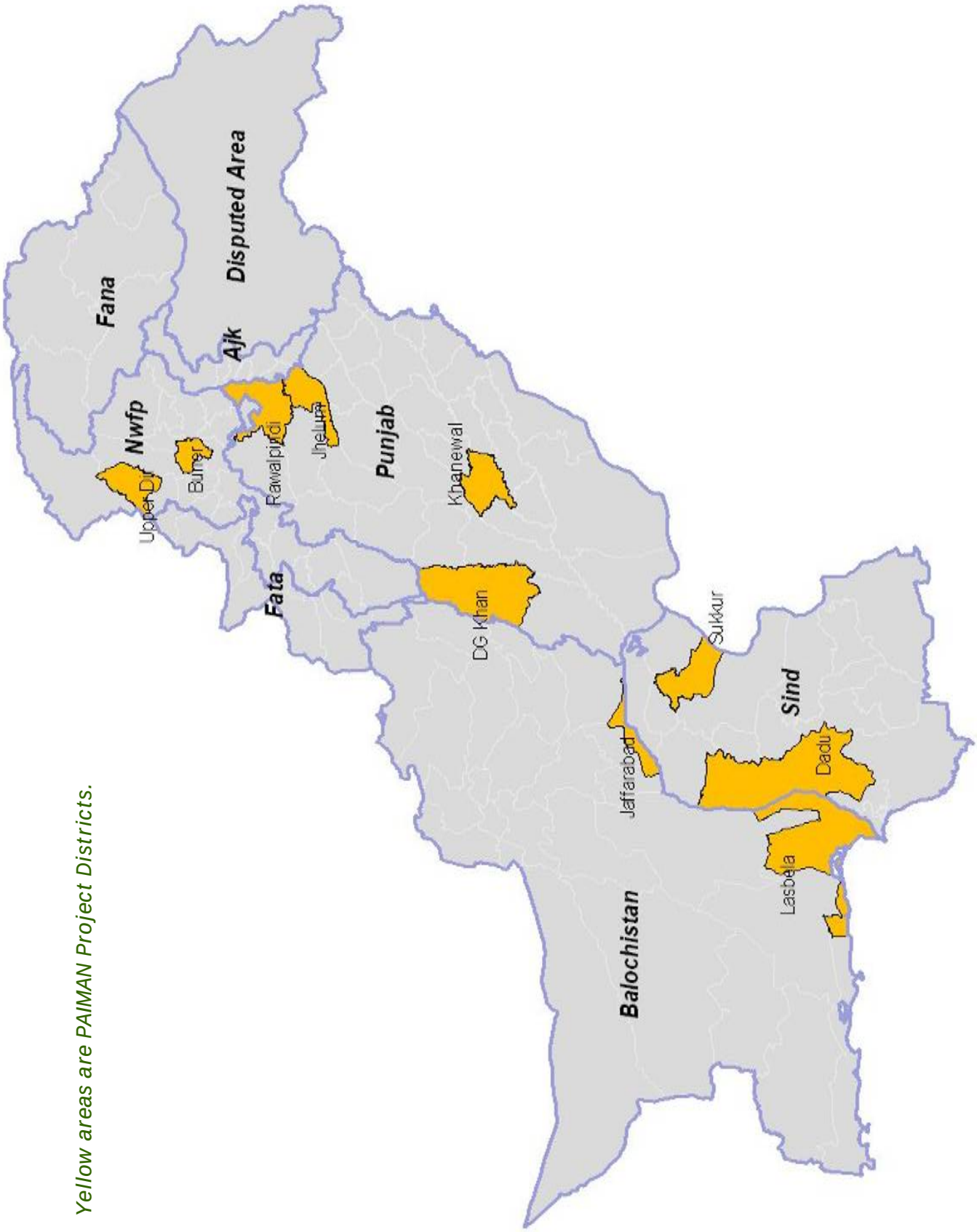
Monitoring and Evaluation

The monitoring and evaluation (M&E) highlight for next year will be the universal use of the computerized monitoring and reporting system, generating quarterly and monitoring reports. Special studies, lot quality assurance survey (LQAS), and OR studies will be launched in the coming year. The M&E capacity of district staff will be built throughout the year.

The six-month post-training assessment of knowledge and skills of health care providers both in the public and private sector will take place at regular intervals. The components of this evaluation will be of great importance.

Dissemination of information through the PAIMAN intranet and the public website will continue throughout the life of project. Partner coordination will be fine-tuned through national, provincial and district coordination meetings.

ANNEX 1
MAP OF PAKISTAN/PAIMAN PROJECT AREAS



Yellow areas are PAIMAN Project Districts.

ANNEX 2
PAIMAN CONSORTIUM PARTNERS

The PAIMAN Consortium is led by JSI Research & Training Institute Inc. (JSI), a US-based public health organization. JSI consortium partners are Contech International, Department of Pediatrics and Child Health at the Aga Khan University, Greenstar Social Marketing, Johns Hopkins University Center for Communication Program, Pakistan Voluntary Health and Nutrition Association, Population Council, and Save the Children USA.

JSI Research & Training Institute, Inc. **(JSI)** is a public health research and consulting firm dedicated to improving the health of individuals and communities throughout the world. JSI builds local capacity to address critical health problems, collaborating with local partners to assist countries, governments, communities, families, and individuals to develop their skills and identify solutions that meet their public health needs. Through management assistance, research and evaluation, health promotion, and training, JSI works to enable agencies and health professionals to provide appropriate services effectively and compassionately.

Contech International Health Consultants works to improve reproductive and family health across the country through social research, capacity building and advocacy programs. It has a special interest in enhancing access to and quality of health services, especially in rural & peri-urban areas. Contech is represented in all four provinces of Pakistan and under PAIMAN is focused on health systems strengthening.

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 nationally and globally. As a PAIMAN partner, the Department has extended technical expertise and specialist consultation in development of neonatal health related manuals and modules for the capacity building of health care providers.

Greenstar Social Marketing is among the global pioneers for social franchising of health services in the private sector and the leading product social marketing organization in Pakistan. Its main contribution to the PAIMAN project is improving private-sector MNH services and product access for low-income Pakistanis, as well as new public-private partnerships.

Johns Hopkins University Center for Communication Programs (JHU/CCP) is a global leader in strategic communication programs. As a member of the PAIMAN Consortium, JHU/CCP is responsible for the development and implementation of a Communication, Advocacy and Mobilization Strategy for the project. It is also formulating programs to create a pool of communication experts capable of designing research-based health communication campaigns in Pakistan.

The **Pakistan Voluntary Health and Nutrition Association (PAVHNA)** is a national consortium of NGOs and CBOs working in the development sector in Pakistan with a specialized focus on reproductive and related health matters. In the PAIMAN Consortium , PAVHNA is primarily responsible for undertaking community mobilization interventions in the Sindh province.

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

Save the Children US is the leading independent organization creating real and lasting change for children in need. It has been helping children around the world to survive and thrive through health, education, economic opportunity and emergency response programs. As a PAIMAN partner, Save the Children is responsible for capacity-building in 10 districts of Pakistan, and for community mobilization in four districts of Punjab and two districts of NWFP.

ANNEX 3
MAJOR EVENTS AND MEETINGS

- The inaugural PAIMAN and District Consultation Meeting on PAIMAN Strategy was held on 3rd October, 2005, in District Rawalpindi (Punjab).

- The PAIMAN Technical Advisory Group (TAG), comprised of national and international experts in the field of maternal and newborn health, held its inaugural meeting in Islamabad October 4-5, 2005, to review the PAIMAN Strategic Framework and Work Plan. The TAG contributes to the technical aspects of PAIMAN project, with specific emphasis on maternal and newborn care.

- A strategic plan review meeting was held on October 5-6, 2005 in Islamabad. The annual work plan for project year 2 was updated in accordance with its recommendations and suggestions.

- A Punjab consultation meeting was held in Lahore October 19th, 2005, and an NWFP – provincial coordination meeting was held in Peshawar on November 17th, 2005. These meetings were attended by health authorities of the respective provinces and focused on various program activities, such as selection of better facilities for upgrading, rapid health facility assessment, civil works, grants strategy and round-the-clock-functioning RHCs.

- A PAIMAN coordination meeting was held on November 14th, 2005, to asses the progress of various PAIMAN activities by various partners. The purpose was to coordinate and unify efforts to achieve desired goals.

- A meeting of skilled birth attendants to review the draft midwifery curriculum took place at the Holiday Inn Hotel, Islamabad, on November 15th, 2005. Issues and challenges beyond curriculum were also discussed.

- A TAG meeting to discuss MCH strategy, at MCH Cell Ministry of Health Govt. Pakistan, was attended by COP and P&G Manager on Nov. 23rd, 2005. The hands-on training for MWs, CMWs, and tutors were finalized.

- *Sixth Annual Population Research Conference: Linkages between Population and Millennium Development Goals; The Asian Perspective* was organized by Population Association of Pakistan, and held on November 29th - December 1st 2005. PAIMAN participated and provided financial support for the conference.

- Pakistan Leadership in Strategic Health Communication, a 14-day workshop facilitated by Dr. Benjamin V. Lozare, Chief of Training Division, JHU/CCP, was held in Islamabad from December 1-14, 2005. This workshop provided an intensive learning opportunity for decision-makers, health educators, and communication managers to design and implement evidence-based communication strategies.

- One-day seminar, *Strategic Communication for Health Policymakers: Lessons from Around the World* was facilitated by Benjamin V. Lozare on December 15, 2005 at Hotel Pearl Continental, Bhurban. This seminar was designed for senior health managers and policy-makers in Pakistan to highlight the importance of communication in public health planning and to share insights from relevant projects all over the world.

- The Board of Governor's meeting was held on December 27, 2005 at the Health Services Academy Islamabad, to discuss the vision for building capacity of district health managers.

- PAIMAN, in collaboration with MoH and Provincial Health Departments, organized a 15-day ToT workshop for selected midwifery tutors and doctors from all provinces. The inaugural ceremony of the workshop was held on February 4, 2006 at Hotel Pearl Continental, Lahore.

- A PAIMAN team-building workshop, 'Moving Together into the Future' was held from February 5-7 February, 2006 at Pearl Continental Hotel, Bhurban for JSI staff and consortium partners. Successful experiences were shared and ways to build upon these were identified.

- PAIMAN, in collaboration with JHU, organized a one-day seminar entitled 'Transforming Health Systems: Lessons from Around the World', that took place on February 18, 2006 at Pearl Continental Hotel, Bhurban. This seminar was part of PAIMAN's advocacy strategy and was aimed at creating policy support for maternal and newborn health in Pakistan.

- PAIMAN, in collaboration with Pakistan's Health Policy Forum (PHPF), organized a thematic group meeting on health systems to deliberate on the Decision-space Study on Monday, 6 March at the JSI office in Islamabad. Participants met Dr. Thomas Bossert from Harvard School of Public Health.

- A TAG meeting was held on Tuesday 7, March 2006, to meet Deborah Maine, a TAG member and professor at Boston University, in Pakistan to look at the PAIMAN project strategies.

- A National Coordination meeting was held on March 9, 2006 at JSI/Islamabad. Representatives from all PAIMAN consortium partners attended and discussed various issues related to program implementation and coordination, including capacity-building, operations research, baseline study update, social mobilization, knowledge management, communications protocol, upcoming events, Weekly Event Calendar modification, branding guidelines, and quarterly work plans.

- The first DHMT of district Rawalpindi was held at EDO (Health) office Rawalpindi on March 27, 2006. The meeting was hosted by the DCO Rawalpindi, with the assistance of PAIMAN. Results of the household survey and last quarter report were presented by PAIMAN.

- JSI, JHU and SCUS organized a mega-social mobilization event at RHC Mandra Rawalpindi on April 18, 2006. Guests included the Health Minister of Punjab, USAID Mission Director, Zila Nazim, Parliamentary Secretary, Advisor to Chief Minister Punjab, Tehsil Nazim Gujar Khan, PAIMAN USAID CTO, and about 700 people from around the RHC. A local theater organized a play that highlighted MNH issues in a manner that respected the local culture and customs.

- Ambassador Randall L. Tobias, Director of US Foreign Assistance & USAID Administrator, Mark Ward, USAID headquarter office, Ryan C. Krocker, US ambassador to Pakistan, Jonathan Addleton, Mission Director, USAID Pakistan, and Mary Skarie, PAIMAN CTO USAID, visited the 24-hour functioning facility of RHC Mandra Rawalpindi on May 20. Raja Javed Ikhlas, Zila Nazim Rawalpindi, DCO, EDO Health and other senior officers of the district government were also present to show their appreciation for round-the-clock facilities in the community.

- JSI organized a sub-grant award ceremony in Quetta on May 24th, 2006. Selected NGOs from Jaffarabad and Lasbela and the PAIMAN CoP signed the agreements that marked this occasion. The Secretary of Social Welfare, DG Health, P&G Manager and FOM also attended the ceremony.

- The sub-grant award ceremony for the selected NGOs from the Sindh districts of Dadu and Sukkur was held at hotel Marriott, Karachi on June 16, 2006. Haddi Bux Jatoi, Director General of Health Services, Sindh, chaired the session.

- The certification award ceremony of the MToT was held at Faculty of Health Sciences, AKU Karachi, on June 17, 2006. Shabbir Ahmad Qaim Khani, Health Minister/Sindh was Chief Guest, and Noshad A. Shaikh, Secretary Health Sindh the Guest of Honor at the ceremony. A seminar that took place on the International Day of Midwives was organized by NCMNH with the assistance of JSI at the Hotel Reagent Plaza Karachi. Saeeda Malik, Minister for Women's Development/Sindh chaired the session.

- A national coordination meeting was held at JSI/Islamabad on June 20, and was attended by representatives of all PAIMAN partners. In addition to the USAID rules and regulations, the work plan for PY3 was discussed in detail.

- The PAIMAN national baseline dissemination meeting was held on August 1, 2006 at Marriott Hotel, Islamabad. Baseline measurements from the household survey, health facility assessment and training needs assessment, the formative research for developing the communication strategy was shared with participants.

- The second TAG meeting was held on August 2, 2006 at Islamabad Marriot Hotel, and was organized by Population Council. The implications of the baseline survey results for the PAIMAN project were discussed. Project implementation progress was presented and the draft work plan for the October 2006 - September 2007, PY3, was reviewed.

- JSI organized a sub-grant award ceremony for the selected NGOs of DG Khan and Khanewal on August 8, 2006, at Pearl Continental Hotel in Lahore. The Secretary of Health in Punjab attended the ceremony as chief guest, as did Jonathan Addleton, USAID Mission Director, Bryan Hunt, US Consulate Lahore, Theo Lippeveld, Vice President JSI, Mary Skarie, PAIMAN CTO USAID, and Nabeela Ali, COP PAIMAN.

- The vice president of JSI, PAIMAN COP and the P&G Manager attended a presentation on DHIS software on August 9, 2006 at AZM office Islamabad. Representatives from JICA Study Team were also present on the occasion. Different aspects of the software were discussed & finalized after the presentation.

- Julie Ray, Communications Coordinator, JSI/Boston, facilitated a training workshop on HIV/AIDS in the Workplace on August 10th, 2006 at JSI/Islamabad. All staff members attended this workshop.

- JSI attended a partners meeting organized by USAID at Family Health International office in Islamabad on August 24th, 2006. USAID partners, including JSI, presented accomplishments of the previous year and work plans for the next.

- Greenstar organized a GoodLife agreement signing ceremony on Aug. 30 at Press Club Khanewal. Five GoodLife Silver Providers participated and signed agreements with Greenstar.

- SCUS organized a Healthy Baby and Healthy Mothers show at RHC Kacha Khu on Aug. 31.

- Board of Governors at Health Services Academy Islamabad on Sept. 4 under the chairmanship of Federal Health Minister. Federal Secretary Health, Provincial Secretaries and Federal DSG Health also attended this meeting.

- USAID organized a meeting at JSI office Islamabad on Sept. 7 on Tiahrt Vulnerability Assessment with JSI and consortium partners. Greenstar also gave presentation on GoodLife.

- Review meeting of DHIS under the chairmanship of the DG Health Punjab at his office on Sept. 8. Representatives of NHIRC, JICA Study Team and UNICEF also attended this meeting. Progress of pilot testing at Khanewal was reviewed in the meeting. It was also decided to utilize the Khanewal experience at the other three selected districts (Nankana, Sheikhu Pura and Kasur) of Punjab in collaboration with UNICEF.

- Contech International in collaboration with JSI assisted EDO Health Rawalpindi to organize second DHMT meeting at EDO Health office Rawalpindi on Sept. 18, 2006. Health Department presented

quarterly HMIS feedback report for Jan.-March 2006 quarter and Annual Health Plan 2006-07 in the meeting.

- Meeting with Mureen Norton and Melanie Luick-Martins; consultants from USAID, Washington on Sept. 19, 2006. USAID is in the process of re-designing its family planning program with the help of these consultants.

- Meeting with Theresa Shaver, Executive Director White Ribbon Alliance Washington and Dr. Farid Midhet from Asia Foundation on Sept. 19, 2006. Various modalities to affiliate Safe Motherhood Alliance Pakistan with WRA were discussed.

- Consultative meeting on formation of White Ribbon Alliance in Pakistan at Asia Foundation office Islamabad on Sept. 22.Theresa Shaver, Executive Director White Ribbon Alliance Washington briefed the participants on WRA.

ANNEX 4
REPORTS AND DOCUMENTS

- Final report of Training Needs Assessment (TNA) of Senior District Managers.
- District Financial Flow system, review and recommendations.
- PAIMAN Rapid Health Facility Assessment report for all ten PAIMAN districts
- Public/Private Partnership (PPP) models for PAIMAN/
- Decision Space Analysis and Capacity Assessment Study.
- Design of Supportive Supervision System,
- Communication, Advocacy and Mobilization (CAM); A Road Map for PAIMAN.
- Baseline Report of Formative Research for seven PAIMAN districts.
- Civil Works Assessment report prepared for selected facilities in ten PAIMAN districts.
- Draft Health System Assessment reports.
- Baseline Report of Household Survey and summaries for ten PAIMAN districts.
- Health Facility Assessment (HFA) Survey Report and District Summaries of ten PAIMAN districts.
- District Health Profile summaries for ten PAIMAN districts.
- Emergency Obstetrical and Newborn Care (EmONC) and Essential Maternal and Newborn Care (EMNC) training quality assurance tools.

ANNEX 5
PROJECT STAFF

JSI Regular Staff—Islamabad Office

NAME	DESIGNATION	EMPLOYMENT DATE
Nabeela Ali	Chief of Party	November 15, 2004
Peter Hatcher	Deputy Chief of Party	September 5, 2005
Javade Khawaja	Director of Administration	November 15, 2004
Babar Hussain Khan	Director of Finance	November 15, 2004
Shuaib Khan	Program & Grants Manager	November 7, 2005
Adnan Riaz	Sr. Accounts Manager	February 7, 2005
Shahzad Akbar Bajwa	Logistics Officer	February 8, 2005
Abrar Ahmad	Admin & HR Officer	April 24, 2006
Kashif Hanif	Finance Officer	May 10, 2006
Ambreen Niazi	Grants Coordinator	June 01, 2005
Arjumand Ara	Executive Secretary	February 7, 2005
Saif ur Rab	IT Specialist	February 18, 2005
Muhammad Shahid	Administrative Assistant	August 16, 2005
Ahmad Nadeem	Administrative Assistant	January 16, 2006
Muhammad Asif	Finance Officer	April 25, 2005
Khudija Arshad	Finance Assistant	May 2, 2006
Nargis Murad	Receptionist/Secretary	July 03, 2006
Masood Malik	Driver	January 28, 2005
Shahid Bernard	Driver	February 7, 2005
Afaq Ahmed	Driver	September 16, 2005
Haji Liaqat Hussain	Driver	September 26, 2005
Sohail Augustine	Office Support Staff	April 12, 2005
Rocks Masih	Office Support Staff	January 24, 2005
Nisar Ahmad	Driver	September 11, 2006
Akbar Ali Saddiqi	Logistics Assistant	September 25, 2006

JSI Regular Staff—Field Office Lahore

NAME	DESIGNATION	EMPLOYMENT DATE
Nuzhat Rafique	Field Operations Manager–Punjab	July 01, 2005
Zeeshan Lodi	Admin & Finance Assistant	Sep 25, 2006
Saleem ullah Khan	Driver	May 10, 2006

JSI Regular Staff—Field Office Peshawar

NAME	DESIGNATION	EMPLOYMENT DATE
Tahir Nadeem Khan	Field Operations Manager - NWFP	May 16, 2005
Khalid Zubair	Admin & Finance Assistant	Feb 1 – Sept 13, 2006
Amanatullah	Driver	Sep 11, 2006

JSI Regular Staff—Field Office Quetta

NAME	DESIGNATION	EMPLOYMENT DATE
Syed Hassan Mehdi Zaidi	Field Operations Manager – Balochistan	July 01, 2005
Yousaf Younas	Admin & Finance Assistant	Feb 2, 2006
	Driver	Vacant

JSI Regular Staff—Field Office Karachi

NAME	DESIGNATION	EMPLOYMENT DATE
Iftikhar Ahmed Mallah	Field Operations Manager – Sindh	June 20, 2005
Gul Muhammad	Admin & Finance Assistant	Jan 16, 2006
	Driver	Vacant

Consultancies in Progress

Name of Consultant/ Contractor	Purpose	Start Date	End Date
National Research & Development Foundation - NRDF	Sensitize and train Ulema about MNH situation	01 Jun 06	31 March 07
Child Advocacy International - CAI	Train health workers in PAIMAN pilot districts in essential surgical skills	10 Jun 06	10 Jan 07
Eycon Solutions	Provide maintenance service to web based PAIMAN M&R System	01 Apr, 06	31 May, 07
Inayat Thaver	Work with stakeholders in participatory methodology	10 Jul, 06	20 Dec, 06
Interflow Communications	Productions of talk shows & documentary	15 Jul, 06	15 Nov, 06

Consultancies in Progress—Continued

Name of Consultant / Contractor	Purpose	Start Date	End Date
Adetude Pvt Ltd	Puppet show	20 Jul, 06	20 Nov, 06
Jamshid Khan	Supervision of Civil Work at Buner	10 Jul, 06	10 Dec , 06
Communications Research Strategies	Media Coverage for PAIMAN events	20 Jul, 06	20 Mar, 07
Ajoka Theatre	Stage a play to highlight MNH issues & role of LHWs	15 Jun, 06	30 Nov, 06
Eycon Solutions	Development of GIS system for 10 PAIMAN districts	03 May, 06	10 Dec, 06
Rahnuma Consultants	Monitoring of refresher MWT in PAIMAN districts	10 July, 06	31 Oct, 06
Intermedia Pakistan	Training of key personals in Media on MNH	01 Aug, 06	20 Feb, 07
Yasmin Rashid	Monitoring of trainings in Lahore	27 July , 06	30 Sep, 06
Muhammad Rasheed	Supervision of Civil works in Khanewal	1 Sep, 06	31 Dec, 06
Muhammad Aslam Cheema	Supervision of civil works in Jehlum	11 Sep, 06	31 Jan, 07
Wali Muhammad Roonjho	Supervision of civil works in Lasbela	10 Sep, 06	28 Feb, 07
Lowe & Rauf	Production of 13-episode drama serial	25 Sep, 06	30 Apr, 07
NJMI-CA	Tax consultants	15 Sep, 06	14 Sep, 07
Abdul Rauf Memon	Supervision of civil works in Sukkur	01 Oct, 06	31 Mar, 07
Muhammad Ihatasham	Urdu translation of PAIMAN advocacy kit	09 Oct, 06	31 Oct, 06

Consultancies Completed

Name of Consultant / Contractor	Purpose	Start Date	End Date
CITE	Interior design of JSI Islamabad office	19 Jan, 05	25 Feb, 06
Interflow Communications	Development of program logo	25 Jan, 05	27 Feb, 06
KZR	Conceptualization and design of strategic planning meeting	23 Feb, 05	25 Feb, 06
Mary De Sousa	Technical services	14 Jul, 05	05 Aug, 05
Imtiaz	Assessment of midwifery schools in PAIMAN districts	22 Jul, 05	15 Nov, 05

Consultancies Completed—Continued

Name of Consultant / Contractor	Purpose	Start Date	End Date
Lauren Ingram Moeenuddin	Technical services	18 Aug, 05	20 Nov, 05
NIPS	Conduct baseline survey in ten districts	22 Aug, 05	23 Jan, 06
Imran Hameed	Record proceedings of SBA meeting	25 Nov, 05	31 Dec, 05
Yasmin Rashid	Training master trainers in skill-based mid-wifery	4 Feb, 06	17 Feb, 06
Clara Pasha	Review teacher's Manual & Community Mid-wifery curriculum	26 Feb, 06	14 Mar, 06
Malik Nadeem	Facilitate NGOs from Baluchistan in proposal writing	28 Mar, 06	01 Apr, 06
M. Waseem Khan	Produce stage play "Maan ko Salam"	12 Apr, 06	18 Apr, 06
Shafat Sharif	Web-based M&R system	25 Jul, 06	30 Jun, 06
Arsalan Asad	Translate CAM road map into Urdu	20 May, 06	07 Jun, 06
AKHSP	Provide technical assistance at MTOT	23 May, 06	17 Jun, 06
Nasim Ahmed	Facilitate proposal-writing workshops for NGOs from DG Khan & Khaniwal	30 Jun, 06	02 Jul, 06
Nasim Ahmed	Facilitate proposal writing workshops for NGOs from Jehlum & Rawalpindi	21 Jun, 06	23 Jun, 06
Clara Pasha	Assist lead consultant in reviewing of re-fresher training material & manuals	05 Jun, 06	20 Jun, 06
Clara Pasha	Facilitate MTOT in Karachi	18 May, 06	31 May, 06
Imtiaz Kamal	Facilitate & monitor MTOT workshops	26 Mar, 06	17 Jun, 06
Imtiaz Kamal	Facilitate & guide NGOs in proposal writing	15 May, 06	22 May, 06
Imtiaz Kamal	Review midwifery training literature	05 Jun, 06	20 Jun, 06
Arjumand & Associates	BCC Formative Research	13 Sep, 06	30 Jun, 06
Ghazala Mahmood	Development of 4-week residential training for MTOT	15 Mar, 06	30 Apr, 06
Kausar Bangash	Support lead consultants at MTOT	28 Mar, 06	22 Apr, 06
Arifa Tabassum	Support lead consultants at MTOT	28 Mar, 06	22 Apr, 06
Nasira Tasnim	Support lead consultants at MTOT	28 Mar, 06	22 Apr, 06
Mohsina	Support lead consultants at MTOT	28 Mar, 06	22 Apr, 06
Farasat Bukhari	Orientation of facilitators & monitors	03 July, 06	30 July, 06
Imtiaz Kamal	Orientation of facilitators & monitors	03 July, 06	30 July, 06
Clara Pasha	Orientation of facilitators & monitors	03 July, 06	30 July, 06
Omer Suleman	Support to Admin/Logistic Section	01 July, 06	31 Aug, 06

Consultancies Completed—Continued

Name of Consultant / Contractor	Purpose	Start Date	End Date
Mohsin Saeed	Assist COP in program activities follow-up	17 July, 06	10 Sep, 06
Farooq Ahmed	Testing of DHIS tools	01 July, 06	15 Sep, 06
Farasat Bukhari	Monitoring of refresher MWT in Multan & Lahore	30 July, 06	15 Oct, 06
AKHSP	Conduct refresher MWT in Karachi	30 July, 06	30 Oct, 06
Clara Pasha	Monitoring of refresher MWT in Karachi and Lahore	30 July, 06	15 Oct, 06

Overseas Consultancies

Name of Consultant /Contractor	Purpose	Start Date	End Date
Imtiaz Kamal	Background information provided, BAFO TA provided	1 July, 04	1 Sept, 04
Marge Koblinsky	Review Strategic Workplan and facilitate work planning meeting	21 Feb, 05	25 Feb, 05
Marge Koblinsky	Review Strategic Workplan and present on postpartum initiative at Public Health Forum	3 April, 05	4 April, 05
Marge Koblinsky	Participate in the PAIMAN TAG meeting and support the community-based approaches to MNH	3 Oct, 05	5 Oct, 05
Beth Gragg	Tutor for CMW training	27 Nov, 05	15 Dec, 05
Benjamin Lozare	Strategic Communication for Health Policy Workers – Lessons from Around the World	30 Nov, 05	15 Dec, 05
Deborah Armbuster	Planning for National Workshop	08 Jan, 06	13 Jan, 06
Shayam Lama	Deliver Assessment – Logistic	30 Jan, 06	01 Feb, 06
Paul Robinson	Deliver Assessment – Logistic	30 Jan, 06	01 Feb, 06
Benjamin Lozare	Lessons from Around the World – Transforming Health Systems	16 Feb, 06	01 Mar, 06
Beth Gragg	Tutor for CMW training	21 Mar, 06	30 May, 06
Della Rose	Midwifery Master Training	26 Mar, 06	26 Apr, 06
Della Rose	Midwifery Master Training	19 May, 06	21 Jun, 06
Gladys Monge	Environmental assessment	13 Sep, 06	04 Oct, 06
Greg Pirio	Training	04 Sep, 06	20 Sep, 06

ANNEX 6
INTERNATIONAL TRAVEL

Name of Traveler	Arrival Date	Departure Date	Sector Traveled	Name of Organization	Designation	Purpose of Travel
2005/2006 JSI USA Technical Support Travel						
Theo Lippeveld	29-Sep-05	15-Oct-05	US/Pak/US	JSI/Boston	Vice President	Technical Support to Project/ Annual Report
Anwer Aqil	1-Oct-05	20-Oct-05	US/Pak/US	JSI/Boston	M&E Advisor	1st TAG Meeting
Rachel Ross	16-Sep-05	Nov-05	US/Pak/US	JSI/Boston	Intern	Intern - Assigned by JSI/ Boston
Theo Lippeveld	17-Jan-06	31-Jan-06	US/Pak/US	JSI/Boston	Vice President	Technical Support to PAI-MAN
Theo Lippeveld	14-Mar-06	19-Mar-06	US/Pak/US	JSI/Boston	Vice President	Technical Support to PAI-MAN
Nicole Taino	14-Mar-06	26-Apr-06	US/Pak/US	JSI/Boston	Administrative Assistant	Administrative Review of Field Office
Shiril Sarcar	14-Mar-06	26-Apr-06	US/Pak/US	JSI/Boston	Finance Manager	Financial Review of Field Office
Theo Lippeveld	24-May-06	2-Jun-06	US/Pak/US	JSI/Boston	Vice President	Technical Support to PAI-MAN
Theo Lippeveld	29-Jul-06	8-Aug-06	US/Pak/US	JSI/Boston	Vice President	TAG Meeting/ Dissemination Workshop/ TA
Julie Ray	29-Jul-06	13-Aug-06	US/Pak/US	JSI/Boston	Communications Coordinator	Annual report/ Success story & HIV workshops
2005/2006 JSI Pakistan Technical Support Travel						
Adnan Riaz Khan	4-Nov-05	13-Nov-05	Pak/Uganda/ Pak	JSI Pakistan	Sr. Accounts Manager	Attend JSI International Finance Meeting
Major (R) Javade Khwaja	16-Jul-06	26-Jul-06	Pak/US/Pak	JSI Pakistan	Director Administration	Attend the APVOFM at Washington
Babar Hussain Khan	16-Jul-06	26-Jul-06	Pak/US/Pak	JSI Pakistan	Director Finance	Attend the APVOFM at Washington
2005/2006 Program Activity-Related Travel						
Anne Palmer	24-Sep-05	7-Oct-05	US/Pak/US	JHU/CCP	Sr. Program Officer	Support JHU/ CCP Pak team/ TAG Meeting
Thomas Bossert	3-Oct-05	7-Oct-05	US/Pak/US	Consultant/ Harvard	Professor, Harvard School of Public Health	1st TAG Meeting
Beth Gragg	28-Nov-05	8-Dec-05	US/Pak/US	JSI/Boston	World Education	Tutor CMW Training
Kathy Herschiderer	30-Nov-05	4-Dec-05	US/Pak/US	JHU/CCP	JHU/CCP	Workshop on Lessons Learned Worldwide/Bhurban
Benjamin Lozare	30-Nov-05	15-Dec-05	US/Pak/US	JHU/CCP	Chief of Training Division	Workshop on Lessons Learned Worldwide/Bhurban

2005/2006 Program Activity Related Travel - Continued						
Name of Traveler	**Arrival Date**	**Departure Date**	**Sector Traveled**	**Name of Organization**	**Designation**	**Purpose of Travel**
Nabeela Ali	3-Dec-05	10-Dec-05	Pak/Ind/Pak	JSI Pakistan	COP	WRA National Secretariat Capacity-Building Workshop Agra
Shana Yansen	6-Jan-06	14-Jan-06	US/Pak/US	JHU/CCP	Program Officer	Support to JHU/CCP team
Deborah Armbuster	8-Jan-06	13-Jan-06	US/Pak/US	POPPHI	AID Project	Planning for National Workshop
Shayam Lama	30-Jan-06	1-Feb-06	US/Pak/US	DELIVER Project	Consultant	DELIVER Assessment
Paul Robinson	30-Jan-06	1-Feb-06	US/Pak/US	DELIVER Project	Consultant	DELIVER Assessment
Benjamin Lozare	16-Feb-06	1-Mar-06	US/Pak/US	JHU/CCP	Chief of Training Division	JHU/CCP Pakistan Team
Thomas Bossert	28-Feb-06	11-Mar-06	US/Pak/US	Consultant/ Harvard	Professor, Harvard School of Public Health	Decision Space Study/ Assessment
Deborah Maine	6-Mar-06	9-Mar-06	US/Pak/US	International Consultant	Professor, Boston University	Review of PMNH Strategic Framework
Beth Gragg	22-Mar-06	16-Apr-06	US/Pak/US	International Consultant	World Education	Tutor Traning of CMW
Della Rose	26-Mar-06	26-Apr-06	UK/Pak/UK	Consultant	Consultant	Midwifery Master Training
Anne Palmer	25-Apr-05	7-May-06	US/PAK/ US	JHU/CCP	Sr. Program Officer	Support to JHU/CCP team
Della Rose	21-May-06	18-Jun-06	UK/Pak/UK	Consultant	Consultant	Midwifery Master Training
Nabeela Ali	8-Jul-06	13-Jul-06	Pak/Ind/Pak	JSI Pakistan	COP	To attend the 2nd Annual Workshop of MotherNewBorNet in Delhi, India
Thomas Bossert	23-Jul-06	28-Jul-06	US/Pak/US	Consultant/ Harvard	Professor, Harvard School of Public Health	Decision Space Study/ TAG Meeting
Jane Bertrand	29-Jul-06	13-Aug-06	US/Pak/US	JHU/CCP	Director CCP	TAG Meeting/ Dissemination Workshop/ TA to JHU/CCP Pak staff
Holly Minch	23-Aug-06	27-Aug-06	US/Pak/US	Spitfire Strategies	Vice President	Preliminary meetings for strategic communication workshops using SMART chart
Michelle Mollay	23-Aug-06	27-Aug-06	US/Pak/US	Spitfire Strategies	Sr. Vice President	Preliminary meetings for strategic communication workshops using SMART chart
Deborah Armbuster	28-Aug-06	29-Aug-06	US/Pak/US	POPPHI	AID Project	Planning for National Workshop
Greg Pirio	4-Sep-06	20-Sep-06	US/Pak/US	JHU/CCP	Consultant	Training
Gladys Monge	13-Sep-06	4-Oct-06	US/Pak/US	JSI/Boston	Chemical Engineer	Environmental assessment

JSI Research & Training Institute, Inc.

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