



Annual Report

Pakistan Initiative for Mothers and Newborns (PAIMAN)

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USAID
FROM THE AMERICAN PEOPLE



Pakistan Initiative for
Mothers and Newborns

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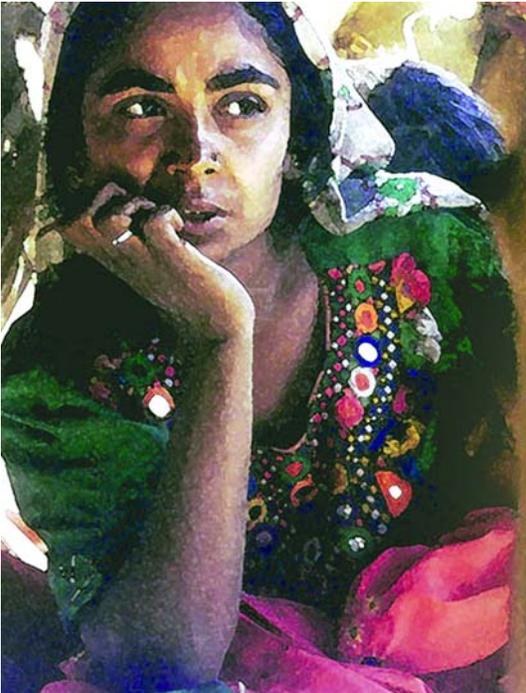
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Acronyms

AKHSP	Aga Khan Health Services Pakistan
ANE	Asia and the Near East
ANC	Antenatal Care
BCC	Behavior Change Communication
BHUs	Basic Health Units
CAM	Community, Advocacy and Mobilization
CBOs	Community-based Organizations
CCBs	Citizen Community Boards
CDKs	Clean Delivery Kits
CeMONG	Comprehensive Emergency Obstetric and Newborn Care
CHWs	Community Health Workers
CM	Community Mobilization
CMWs	Community Midwives
CONTECH	Contech International Health Consultants
COP	Chief of Party
CRP	Central Registration Point
CTO	Cognizant Technical Officer
DAOPs	District Annual Operation Plans
DCOP	Deputy Chief of Party
D.G. Khan	Dera Ghazi Khan
DHD	District Health Department
DHDCs	District Health Development Centers
DHMTs	District Health Management Teams
DHQ	District Headquarter
DHQHs	District Headquarter Hospitals
DHSS	District Health System Strengthening
EAD	Economic Affairs Division
EMCH	Emergency Maternal and Child Health
EmONG	Emergency Obstetric and Neonatal Care
EMNC	Essential Maternal and Newborn Care
EPI	Expanded Programme on Immunization
ESS	Essential Surgical Skills
FOMs	Field Operations Managers
FLCF	First Level Care Facility
FP	Family Planning
GHC	Global Health Conference
GOP	Government of Pakistan
GS	Greenstar Social Marketing
HBV	Hepatitis B Virus
HCPs	Health Care Providers
HCV	Hepatitis C Virus

HF	Health Facility
HIV/AIDS	Acquired Immune Deficiency Syndrome
HMIS	Health Management Information Systems
HR	Human Resource
IEC	Information, Education and Communication
IFB	Invitation of Bids
IPC	Interpersonal Communications
IT	Information Technology
IUFD	Intra-Uterine Fetal deaths
JHU/CCP	Johns Hopkins University, Center for Communication Program
JSI	John Snow Inc.
JSI HQ	John Snow Inc. Head Quarter
KM	Knowledge Management
KMSPs	Knowledge Management Support Persons
LHVs	Lady Health Visitors
LHWs	Lady Health Workers
LQAS	Lot Quality Assessment Surveys
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MIS	Management Information System
MNCH	Maternal Newborn Child Health
MNH	Maternal Newborn Health
MO	Medical Officer
MoH	Ministry of Health
MOICs	Medical Officer Incharge
M & R	Monitoring and Reporting
MSC	Most Significant Change
MTR	Mid Term Review
NGOs	Non-governmental organizations
NWFP	North West Frontier Province of Pakistan
PAIMAN	Pakistan Initiative for Mothers and Newborns
PAVHNA	Pakistan Voluntary Health Nutrition Association
PC	Population Council
PHDCs	Provincial Health Development Centers
PHSA	Provincial Health Services Academy
PKR	Pakistani Rupees
PLYC	Pakistan Lions Youth Council
PNC	Postnatal Care
PO	Purchase Order
PRISM	Performance of Routine Information System Management
PY	Project Year
QA	Quality Assurance
RFP	Request for Proposal
RH	Rural Health
RHCs	Rural Health Centers

RMOI	Routine Monitoring of Output Indicators
SBA	Skilled Birth Attendants
SO	Strategic Objective
TBAAs	Traditional Birth Attendants
THQs	Tehsil Headquarters
THQHs	Tehsil Headquarter Hospitals
TT	Tetanus Toxoids
US	United States
USAID	United States Agency for International Development
WMO	Woman Medical Officer



Message from the Chief of Party

The USAID-funded Pakistan Initiative for Mothers and Newborns has just completed its third project year, having expanded, strengthened and consolidated many components of the overall project strategy. Although it is still too early in the project cycle to show concrete evidence of changed health behaviours of women, there are nevertheless clear signs that awareness of MNH health issues is increasing in PAIMAN districts among a widening group of constituents, as well as indications that the quantity and quality of MNH services is improving.

This past year however, Pakistan as a nation has been beset by a growing political crisis that has worked to destabilize the overall development environment. Real concerns regarding security have become a daily reality in many parts of the country. Important work towards the achievement of improved maternal and newborn health and other deeply important social sector goals, such as increased primary school enrollment rates, access to clean drinking water, and improved economic opportunities for youth, have been affected by the deepening crisis in governance. The overall project achievement of enrolling 775 Community Midwives, the provision of 19 purpose-built ambulances, the training of 1,572 public and private sector staff in EMNC and the training of 3,419 LHWs is a step ahead in the provision of community obstetrics services. Partnerships with the media, journalists, religious leaders, the public and private sector and the involvement of rural communities are bringing us closer to our theme of shared responsibility.

Despite this destabilized environment, the USAID-funded PAIMAN project has continued to work steadfastly on achieving the ambitious goals set out in our cooperative agreement – reducing the incidence of maternal and neonatal mortality through a diversified package of proven interventions. Our deeply held hope is that Pakistan’s political crisis will resolve quickly, and the work of improving the quality of life for millions of Pakistani families resumes in earnest. I thank all partners for their dedication to PAIMAN.

Dr. Nabeela Ali, PAIMAN Chief of Party

Executive Summary

The Pakistan Initiative for Mothers and Newborn (PAIMAN) is a five-year project funded by USAID. The Project is assisting the GOP to implement the full spectrum of interventions necessary to address mothers and newborn health, focusing on 10 districts throughout Pakistan. PAIMAN has completed the first three years of its five year project duration. This document reports on the 3rd year's (PY 2006-2007) activities, accomplishments and constraints in project implementation.

The goal of the PAIMAN project is to directly contribute to reducing maternal and newborn mortality in Pakistan through viable and demonstrable initiatives. In the Pakistani context, this means helping to improve obstetric and newborn outcomes during pregnancy, delivery and in the immediate postpartum period. The Project, therefore, is promoting skilled attendance as the long term goal for all deliveries in Pakistan. In addition, in order to address the socio-cultural, economic and geographical determinants of maternal and neonatal survival in Pakistan, the Project is applying a multi-pronged strategic approach, combining individual health care initiatives with public and community-based interventions.

One of the guiding principles in implementing this strategic approach has been the involvement of all stakeholders in the "Pathway to Maternal and Newborn Care and Survival". To this end, one of the noteworthy features of the Project has been collaboration with and involvement of local communities through the establishment of local Maternal & Newborn Support Groups, mobilizing local Nazims and Union Counselors and religious scholars (Ulamas) through thoroughly researched and carefully designed advocacy interventions to support and promote maternal and newborn health.

Another very important feature of the Project has been its close collaboration with the GOP at national, provincial and district levels. The Project has not only been active at Policy/National level by providing direct inputs in the formulation of the National Skilled Birth Attendant (SBA) Strategy which now is an integral part of the National Program on Maternal & Child Health, but also at provincial levels where the Project is supporting Provincial MNH Coordination Committees, and at district levels where it is endeavoring to strengthen the overall health system in general and MNH services in particular.

PAIMAN's collaboration with the not-for-profit and for-profit private sector is exemplary as well in Pakistan. Such collaboration is helping to strengthen public-private partnerships and, in doing so, is also contributing to the capacity building of the private sector in providing essential maternal and newborn care and implementing appropriate communication, advocacy and mobilization (CAM) interventions.

In Year Three, the Project implemented innovative interventions to increase awareness and promote positive MNH behaviors. These interventions, all part of

the CAM strategy, included the use of electronic media in the form of TV talk shows, as well as organizing local events to reach rural and sub-urban groups of men and women. These involved organizing 300 local events, 16 mega events, 33 community theatre group performances, 112 traditional puppetry shows and 38 village fares where MNH messages were transmitted to audiences.

For a more in-depth understanding of MNH issues, the Project has held over 17,171 Lady Health Worker Support Groups meetings over the life of the project, reaching out to over 275,000 beneficiaries in 10 districts. In hard-to-reach areas, the Project engaged local NGOs who organized through Community Health Workers 557 male Support Groups and 1,113 female Support Groups that shared key MNCH messages to over 23,508 beneficiaries. In more urbanized areas, the Project facilitated the network of franchised private providers to reach out to 75,785 beneficiaries with MNH messages.

Small scale rapid assessment studies using LQAS show that even in areas that fall outside of the LHW program, where the Project only recently introduced sub-grantee NGO-supported CHWs, there is evidence of improved MNH knowledge and attitude among married women, though much still remains to be done.

The 3rd Year of the Project has seen important developments towards increasing access to and improving quality of maternal and newborn services in both the public and private sectors in the Project districts. At grass-root/community levels, these developments include: (a) institutionalization of social marketing and through it sale of over 32,800 Clean Delivery Kits (CDK) which dramatically improved the livelihood of prevention of maternal and newborn infection; (b) orientation of 1,400 TBAs; (c) holding of 73 medical camps; (d) establishment of 377 emergency funds and 330 indigenous transportation systems for maternal emergencies, and (e) 4 birth stations in remote areas.

At the health facility level, the Project has tirelessly worked towards establishing 24 hours/ 7 days Emergency Obstetric and Newborn Care services in 31 selected DHQH, THQH and RHCs in 10 districts. Extensive renovation, provision of equipment and ambulances and various trainings of relevant staff were carried out to establish these facilities as 24/7 EmONC centers. The routine monitoring of outputs indicators (RMOI) established by the Project in the upgraded facilities show evidences of improvement in the maternal and newborn care performance of these facilities. Similarly, the Project franchised private health facilities and provided them technical support.

Under the National SBA Strategy, PAIMAN has been specifically tasked to train 2,000 CMWs in 10 Project districts. During Year 3, PAIMAN completed refresher training of 497 CMWs and has enrolled 775 women for 18 months CMW training which is already underway.

The Project does not see improving MNH services as a stand alone intervention. Rather, it forms an integral part of the District Health System and, therefore, strengthening the overall District Health System will by default result in strengthening of MNH services in the districts. To this end the Project in Year 3 has facilitated the institutionalization of District Health Management Teams (DHMT) in all 10 districts. These DHMTs are now meeting regularly to discuss and decide on health matters including MNH. Capacity of the district managers through leadership training was completed in the 3rd Year. District health managers of 5 districts were trained on LQAS methodology to build their capacity to carry out rapid small-scale assessment studies for further improving the district health system.

Although it is still early to show direct impact in PAIMAN districts, we nevertheless estimated the Project's direct and indirect contributions towards improving maternal and neonatal health services. During the Year 3, the Project was able to achieve almost 98% of its target number of ANC visits. In other words, about 52% of the pregnant women received at least one ANC visit in the Project districts and 35% received 3 ANC visits; about 23% of the deliveries took place in public and private franchised health facilities; Postpartum visits were provided to an estimated 43% of women within 3 days of delivery which is about 89% of the targeted performance during 2007; and about 35% of newborns received essential newborn care through skilled health care providers or trained TBAs in the Project districts; an estimated a similar proportion of women received active management of 3rd stage of labor which is about 94% of the stipulated number during the 3rd Year of the Project.

Year 4 will be the year of the completion of most of the Project's direct interventions and consolidation of its achievements.

Introduction to the Project

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.

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 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.

Progress towards the Accomplishment of Strategic Objectives

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

Strategic Objective 1: Increasing Awareness and Promotion of Positive Maternal and Neonatal Health Behaviors

1. 1 Design and Operationalization of PAIMAN's Communications Strategy

The existence of a well planned, thoroughly researched communications and behavior change strategy is a fundamental building block for a project as ambitious and far reaching as PAIMAN. The Communication Advocacy and Mobilization (CAM) Roadmap and its associated District Action Plans that were developed over the first two years of the project are fundamental components of PAIMAN's strategy to help improve women's and their families' understanding of the key health messages, and most importantly, to help families change their behavior related to maternal and newborn health.

Years One and Two of the project were dedicated to a painstaking review of the literature, exhaustive community-based qualitative research and extensive consultations with key stakeholders to ensure ownership but also to develop culturally sensitive, appropriate and powerful messages for improving maternal and newborn health for families and communities. Findings from PAIMAN's formative research, baseline household survey, district profiles and health facilities assessments all informed the development of PAIMAN's BCC strategy. Consultations at the district level allowed the PAIMAN CM partners to fine tune and tailor district plans to the unique socio-cultural conditions of the 10 diverse PAIMAN districts.

Year Three has been dedicated to the task of operationalizing the CAM strategy and the dissemination of these key messages throughout the district from local leaders and officials to remote villages and households using a variety of means and methods.

1.2 Diversifying the Methods for Spreading the Message

PAIMAN has developed a full package of interventions to help spread key maternal and newborn messages throughout districts and across a group of very diverse constituents. PAIMAN's target audience ranges from an educated, literate young woman from the urban areas of District Rawalpindi to an isolated, unschooled woman living in a remote rural village of Balouchistan. Similarly, PAIMAN's advocacy efforts seek to reach varied centers of power and decision-making ranging from highly conservative religious leaders in NWFP, tribal elders in Balouchistan, elected town counselors and elected officials from Punjab, and leaders of NGOs and CBOs in Sindh. Finding the right message for the right group delivered in the most effective way is extremely important.

1.3 Accessing the Community

To access remote isolated communities, PAIMAN and its community mobilization partners - Save the Children-US, PAVNHA and Mercy Corps - have worked to organize numerous local events of different natures, both large and small, to help communities access information on basic health messages. At each event, PAIMAN has used creative activities and presentations to generate interest among often non-literate men and women in the audience, for instance using traditional puppetry or street theatre performances which both entertain and educate families on MNH messages. Youth gatherings, quiz competitions and traditional games are also organized to help direct specific attention on men and youth as key partners in improving the health of mothers and children.

Targets & Cumulative Results (2004-2007) for Local Events for Community Mobilization Partners					
Activities	Planned Targets for 5 Years	Cumulative Results (Y1+Y2+Y3)			
		YI	YII	YIII	Total
Events					
Organize local events for MNH	390	30	103	167	300
Organize and participate in mega event based on MNH issues	42	0	2	14	16
Community theater groups / performance	73	8	5	20	33
Putlee Tamashas in rural communities of PAIMAN districts	111	0	0	112	112
Support village fares	83	3	7	28	38

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In order to reach women at the household and village level, and to create a supportive local environment for improving maternal and newborn health, PAIMAN community mobilization partners also work to spread key MNCH messages through the Lady Health Worker Program's support group meeting mechanism using IEC materials based on our formative research findings. Our partnership with the National Program for Family Planning and Primary Health Care has allowed PAIMAN to broaden and deepen the reach of our key messages for women and their families. To date, **275,222** women throughout the 10 districts have participated in **17,171** health group meetings supported by the LHW program.

PAIMAN has also developed an additional mechanism for disseminating messages to families living in remote, hard-to-reach corners of districts, areas that fall outside of the LHW catchment area. Through our network of sub-grantee NGOs and community health workers, PAIMAN has been able to spread key health messages to **14,727** women and **8,781** men through health talks with direct messages on important MNH issues.

Additional direct interpersonal communication (IPC) with groups of men and women has been undertaken by Greenstar Social Marketing focusing on low-income communities in more urbanized parts of our districts. Greenstar working through its MNCH GoodLife Providers (the franchised network of private providers developed by Greenstar in PAIMAN districts) helps to increase awareness of required preventive behaviours to improve obstetric outcomes during household, and neighborhood meetings conducted by the IPC teams. To date, the project has held out to **37,263** IPC meetings were held, reaching out to **75,785** beneficiaries.

Targets & Cumulative Results (2004-2007) for Community Mobilization Activities					
Activities	Planned Targets for 5 Years	Cumulative Results (Y1+Y2+Y3)			
		YI	YII	YIII	Total
Support Group (Group Counseling)					
No. of SG organized	40014	0	0	15011	15011
No. of SG meetings	315498	0	645	16526	17171
No. of beneficiaries	3154980	0	6450	268772	275222
Sub-Grantee NGOs					
Male Health Talk Beneficiaries	-	-	-	8781	8781
Female Health Talk Beneficiaries	-	-	-	14727	14,727

Interpersonal Communication					
No. of IPC meetings	68000	0	2000	35263	37263
No. of beneficiaries	93200	0	3200	72585	75785
Committee Meetings					
Organize and support facility based health committees (BHU, RHC & THQ)	203	8	53	82	143

In addition to these efforts at the community level using more traditional methods of communication, PAIMAN has also pursued the use of more mainstream media outlets for the dissemination of key maternal and newborn messages by developing and airing 10 District Talk Shows that discuss maternal and newborn health issues, as well as developing and nearly finalizing a drama series and music video which will focus on maternal health messages for a larger district-wide audience. These more mainstream media outlets are important as well as they communicate strong messages to influential and literate sections of society.

1.4 Expanding the Horizons of MNH Advocacy

PAIMAN has worked diligently this year on its advocacy efforts with a wide range of groups and stakeholders to build consensus and agreement on the importance of maternal and newborn health within districts. Advocacy efforts have been undertaken with officials within the department of health and within other social sector line departments, NGOs and CBOs, elected officials (Nazims and Union Counselors), village elders and religious leaders. Contact with these diverse groups emphasizes the interconnectivity of health and other social sector goals. Without good health, other social sector goals such as higher enrollment rates in primary school for children or improved economic opportunity for youth are more difficult to achieve.



In a novel undertaking this year, the PAIMAN project has reached out to the religious Ulama (scholars) in two districts in NWFP (Upper Dir and Buner) in order to take them on board as partners in supporting the message of good health for mothers and babies. Having the endorsement of these important opinion makers in conservative and tribal areas such as NWFP and Balouchistan are very important for legitimizing PAIMAN's key messages particularly for men. PAIMAN plans on expanding this component to 8 other PAIMAN districts in the coming year.

PAIMAN also helped increase the visibility of MNH issues on both print and electronic media during the Year 3 by creating and cultivating a network of journalists throughout the country who have taken interest in MNH issues and have published more than 50 in the mainstream and regional newspapers.

PAIMAN also organized a very successful roundtable with senior editors, leading columnists and prominent media persons belonging to the public and private sector last quarter to discuss ways to improve the profile of maternal and newborn health messages in the national media.

1.5 Evidence of Impact of PAIMAN's CAM Strategy – Are We Having Any Effect?

Although the overall project outcomes have been operationalized as increased ANC coverage and improved rates of skilled birth attendance, at this early stage we can only hope that PAIMAN's CAM strategy will be able to show that women in PAIMAN districts that have received information about MNH and have better knowledge and awareness. Changed behavior as reflected in increased rates of skilled attendance at delivery for instance will take a longer time to demonstrate, and will be the focus of our end line household survey.



But in order to see if any change has occurred in levels of knowledge and awareness in mid-project, PAIMAN undertook a limited study using the Lot Quality Assurance Sampling (LQAS) method, to assess the knowledge of married women regarding MNH in selected union councils of five PAIMAN districts, viz. Rawalpindi, Jhelum, DG Khan, Sukkur and Lasbella where NGO sub-grantees of the Project are implementing community awareness activities. Women who have been contacted by Community Health Workers working with our Sub-grantee NGOs in non-LHW covered areas

were interviewed by a female interviewer on a pre-structured questionnaire on pregnancy, newborn care and danger signs of pregnancy, delivery and postpartum. The overall findings suggest that beliefs, attitudes and knowledge of married women regarding maternal and newborn issues has improved over time and as a result of PAIMAN sub-NGO community mobilization efforts. However there are some knowledge gaps especially in the areas of postnatal and newborn care which will need to be further emphasized in coming project years. Women's knowledge of danger signs (pregnancy, delivery, postnatal and newborn), breastfeeding practices and delaying first bath also need to be enhanced. A detailed analysis of findings can be found in Annex 8.

Level of MNH Care Knowledge among married women in NGO intervention areas estimated using LQAS method and compared with baseline										
Indicator	Sukkur		Lasbella		Jhelum		Rawalpindi		DG Khan	
	Baseline	2007	Baseline	2007	Baseline		Baseline		Baseline	
	Sukkur 2005	Sukkur 2007	Lasbella 2005	Lasbella 2007	Jhelum 2005	Jhelum 2007	Rawalpindi 2005	Rawalpindi 2007	DG Khan 2005	DG Khan 2007
Knowledge that four or more antenatal visits required during pregnancy	22%	80%	15%	60%	55%	80%	18%	95%	23%	60%
Believe that women should receive TT shots during pregnancy	88%	100%	69%	100%	96%	100%	89%	95%	96%	95%
Believe that women should receive Iron tablets during pregnancy	89%	95%	62%	95%	88%	95%	82%	100%	63%	95%
Believe that women should receive delivery services from Skilled Birth Attendant	85%	95%	85%	85%	95%	95%	92%	95%	77%	65%
Believe that women should receive postnatal care	44%	100%	60%	95%	52%	95%	54%	95%	44%	95%
Knowledge of 3 or more danger sings during pregnancy	43%	95%	53%	30%	24%	50%	30%	30%	23%	35%
Knowledge of 3 or more danger signs in newborns	47%	95%	42%	20%	28%	50%	39%	45%	33%	35%

Strategic Objective 2: Increasing Access and Community Involvement in Maternal and Neonatal Health Services

Three main areas of focus are found under this strategic objective: increasing community-based access to MNH services through the training and placement of community midwives, ensuring 24 Hour EmONC services in selected government health facilities through facility up-gradation, staff placement and training and finally expanding the network of trained private health care providers.

2.1 Skilled Birth Attendant Strategy; Improving Community Access to Care

The key activity under SO2 which is at the heart of PAIMAN's long-term goal of reducing the incidence of maternal and neonatal mortality is the Skilled Birth Attendant Strategy.

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 in Pakistan however, skilled attendance is not available. After years of discussion on the issue, the MoH has now actively embraced and is energetically pursuing the task of training 12,000 community midwives over the next 5 years.



PAIMAN has been very active in the advocacy, drafting, finalization, and the operationalization of the National SBA strategy which is now an integral part of the National Program on Maternal, Newborn and Child Health.

The PAIMAN project has been specifically tasked to identify, train and later supervise a group of two thousand community midwives recruited from villages in the 10 PAIMAN districts. Year 3 has been dedicated to a large extent to operationalizing this rather complex activity in the field. In Year 3, PAIMAN has worked to identify and select suitable candidates from rural areas in the 10 PAIMAN districts according to a very explicit set of selection criteria.

At the same time, PAIMAN has spent the better part of Year 3 identifying suitable training institutes throughout Pakistan to accommodate the training and housing of the 775 midwifery students who make up the first batch of CMW trainees. A detailed needs assessment of 23 midwifery schools was undertaken this year to look the physical infrastructure of boarding facilities and classrooms, the training aids and resource requirements for classroom instruction, as well as the technical capacity of teaching staff. Currently, PAIMAN, as of Quarter IV of PY03 has enrolled 775 midwifery students for the 18-month training program in 23 Midwifery Schools throughout Pakistan. In addition, PAIMAN has conducted refresher trainings for 497 midwives out of a target of 500. The recruitment of our second batch of Midwives begins next month.

2.2 Traditional Birth Attendants Orientation as Part of the SBA Strategy

From baseline studies and from practical experience in the field, it is clear that before the Community Midwifery Program is fully operationalized and rolled out in all parts of Pakistan, dais (traditional birth attendants) are and will continue to be the first point of contact for many rural women who are pregnant and delivering. As such their inclusion and their active integration in the SBA strategy is very important. To date, the PAIMAN project through its sub-grantee NGOs and through its partnership with Greenstar Social Marketing, has orientated approximately **1400** TBAs out of an overall target of 1900. The orientation of TBAs on clean delivery practices, improving their ability to recognize danger signs and increasing their rates of referral to higher levels of care are the core components of PAIMAN's TBA Orientation Strategy. Working closely with Greenstar Social Marketing, PAIMAN has also made significant inroads in the introduction of an important new health product – the Clean Delivery Kit - which dramatically improves the likelihood of delivery a baby under safe, hygienic conditions. To date GS has distributed **5,605** CDKs as samples and has sold **27,195 CDKs** on the commercial market.

2.3 Indigenous, Local Solutions to improve Obstetric Outcomes

PAIMAN's sub-grantee NGOs have worked to improve community-based access to care, as well as actively involving communities in developing solutions for improving outcomes during obstetric emergencies. Sub-grantee NGOs have held 73 medical camps this past year to move services closer to families. They have also established 377 emergency funds with the involvement of the community to ensure access to financial resources in case of maternal emergencies. NGOs have also identified 3,421 blood donors and screened them for HCV, HBV, HIV in order to increase women's access to local and safe sources of blood.

The timely transportation of women from remote, rural villages to a health facility is one of the critical points of delay for women in the throes of an obstetric emergency. To address this important issue, PAIMAN's sub-grantee NGOs, in collaboration with communities have arranged 330 indigenous transportation systems to ensure timely transfer of women to points of skilled care.

To further address this issue, PAIMAN, with generous USAID support has procured 19 purpose built ambulances for selected health facilities in the PAIMAN districts which will significantly improve the availability of transport services. PAIMAN has also continued to pursue the development of a working relationship with Edhi Welfare Trust for the placement and use of Edhi ambulances for MNH emergencies in PAIMAN districts.

Other innovations undertaken by sub-grantee NGOs is the establishment of birthing stations for remote villages that fall outside of the current network of services providing critically needed outpatient, delivery and referral services by skilled birth attendants.

SUCCESS STORY

Public-private partnerships playing key role in reducing maternal and newborn deaths in District Khanewal

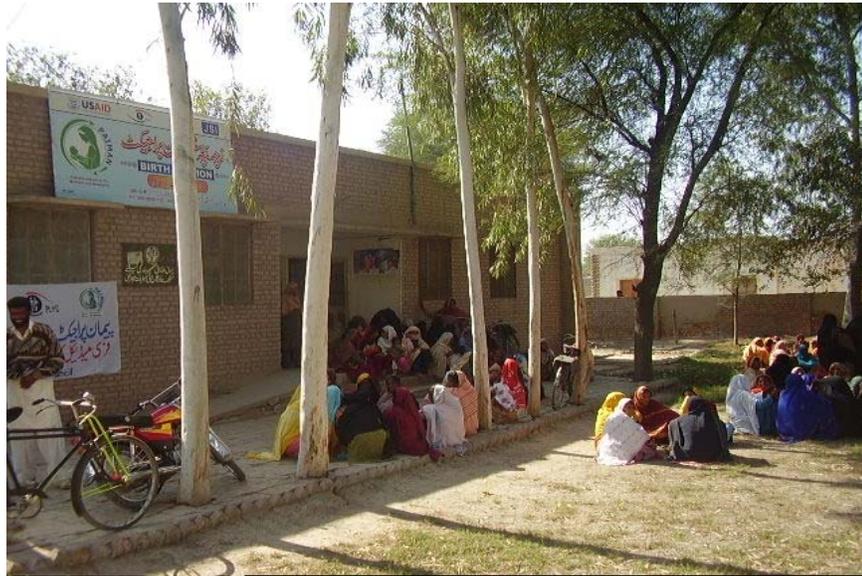
The Basic Health Unit (BHU) located at Union Council 22 58/10-R in District Khanewal of Pakistan was in a complete state of disrepair before September 2006. The BHU was though functional, yet not prepared to provide standard maternal & newborn care services to its clients. It had many gaps in provision of quality maternal and newborn health care services. Neither did it have the necessary equipment and supplies that are required for meeting the obstetric needs of women accessing care nor were there any trained service providers. The medical staff who were available, were not taking any interest in the BHU.

In September 2006, Pakistan Lions Youth Council (PLYC) a sub grantee NGO of Pakistan Initiative for Mothers and Newborns (PAIMAN), a USAID funded project was given the task of establishing a birthing station in Union Council 22.58/10-R, 25 kilometers from Khanewal. At the time of assessment it was revealed that the BHU not only had a very poor infrastructure but also lacked trained medical staff, and necessary equipment. . As a first step towards the establishment of a birthing station in Khanewal, a Citizen Community Board (CCB) was formed by PLYC in Union Council 22.58/10-R which was named as 'CCB Nawan Chouk'.

The CCB members then developed a proposal with the help of PLYC to seek funding from the District Government for renovating the BHU in their area. Through this partnership funds were generated for the restructuring of the BHU through 20%-80% financing mechanism in which 20% funds were allocated by the CCB and 80% by District Government. Funds generated in this way were then used for the renovation of the building of the BHU. The whole building was white washed and the residence of LHV was also renovated. Furthermore a proposal for the provision of an ambulance for Emergency Obstetric Care Cases at BHU-Birth Station/PAIMAN was also submitted by the CCB members to the District Government. The project was approved by District Government in July 2007 and an ambulance was received on 1st October 2007. This is one of the major achievements of the public private partnership formed by PAIMAN in the district.

Pakistan Initiative for Mothers and Newborns (PAIMAN) is a USAID funded project working in ten districts of Pakistan to reduce maternal and neonatal mortality by making sure women have access to skilled birth attendants during childbirth and throughout the postpartum period. One of the aims of this project is to work closely with government of Pakistan at all levels for development, so as to build sustainable public private partnerships between the District health management team and local NGOs/ CBOs.

PAIMAN has also appointed a Lady Health Visitor (LHV) at the BHU, who provides services to mothers and newborns throughout the day and is accompanied by a skilled birth attendant. The clientele at the BHU has increased considerably and



Women sitting outside the BHU building in Union Council 22.58/10-R, District Khanewal

the women come there and are

now attended by the LHV and the skilled birth attendant. The pregnant women now feel more satisfied in going to the BHU as they are properly attended by the LHV and are receiving better health services.

2.4 Strengthening Facility-based EMONC 24 hour services

The other key component for Improving Community Access to Care is the establishment of 24-hour 7 day EmONC services in selected government health facilities. While many government health facilities do provide services for communities, irregular attendance by staff, lack of necessary drugs and supplies, and unavailability of specialist care has affected the quality and reliability of services for obstetric services.

PAIMAN's efforts to ensure 24-hour EmONC services in all 31 selected PAIMAN health facilities has made substantial progress this past year. Extensive renovation work on women's wards, delivery rooms, operations theatres and nurseries in all 31 facilities have almost been fully completed in this past year. A lengthy procurement process for MNH equipment and instruments for government health facilities has almost been completed this year. The recruitment, training and placement of key MNH staff in all facilities this past year has also been successful with now all 31 facilities functioning around the clock except for at the RHC Kandhra, District Sukkur because of the unavailability of an LHV. Meticulously developed protocols for dealing with MNH emergencies have also been developed and displayed in all PAIMAN facilities for the ready reference of trained personnel. A detailed Matrix on Health Facilities is attached in Annex 10.

2.5 Expanding MNH Service Outlets in Collaboration with the Private Sector

PAIMAN has also worked this past year on improving the dissemination of health products and private sector health services throughout the PAIMAN district with its partner Greenstar Social Marketing (GS). GS has worked on the marketing and commercial sale of Clean Delivery Kits in communities and through Traditional Birth Attendants as well as trying to increase demand for private products and services through interpersonal communication. Overall in Project Year 3, sample sales for CDKs was **4,585** CDKs and commercial sales were **24,555** with a total of CDK distribution for Year 3 being **29,140**.

Greenstar has also introduced the Clinic Sahoolat, which is a free consultation day performed by health care providers of GoodLife networks for low-income urban communities in PAIMAN districts. Overall, **904** GoodLife Clinic Sahoolat activities were conducted in Year 3 of the Project reaching out to **18,262** beneficiaries.

Targets & Cumulative Results (2004-2007) for Private Sector Services					
Activities	Planned Targets for 5 Years	Cumulative (Y1+Y2+Y3)			Results
		YI	YII	YIII	Total
Services					
No. of Clinic Sahoolat at provider outlets	1540	0	40	904	944
No. of beneficiaries	30200	0	200	19800	20000
Products					
Market and sale of CDKs-samples	42700	0	700	4905	5605
Market and sale of CDKs-commercial	28300	0	4300	22895	27195

2.6 Strengthening Surgical Services

Greenstar Social Marketing has taken the lead in helping to strengthen private sector surgical services by establishing a network of franchised trained surgical service providers in the 10 PAIMAN districts. Greenstar identified 41 surgical HCPs to undergo comprehensive EmONC and Newborn Care training. In all, 41 Good Life Silver Clinics have been established in PAIMAN districts in year 3.

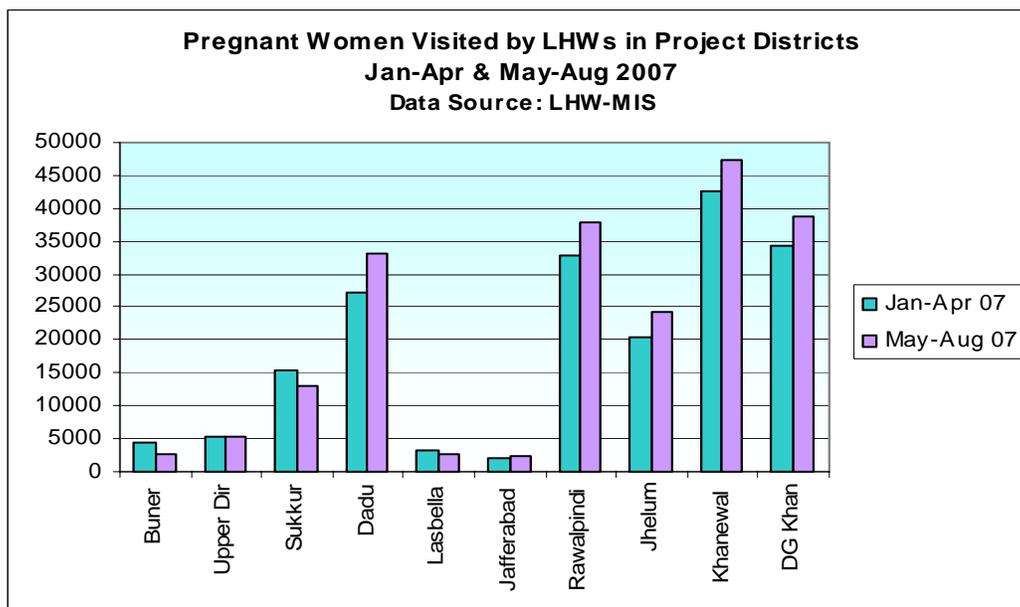
2.7 Evidence of Improving Access to MNH Services?

As PAIMAN's Community Midwifery Training Program is still in its early phases, (our first batch of community midwives will complete their training mid 2008), we are unable to show at this point in the project cycle clear cut evidence of increased rates of skilled attendance at the community level – one of the most important project outcomes. In late 2008, PAIMAN may conduct a similar LQAS study at the community level where community-midwives have been placed to collect data on increased usage of skilled attendance.

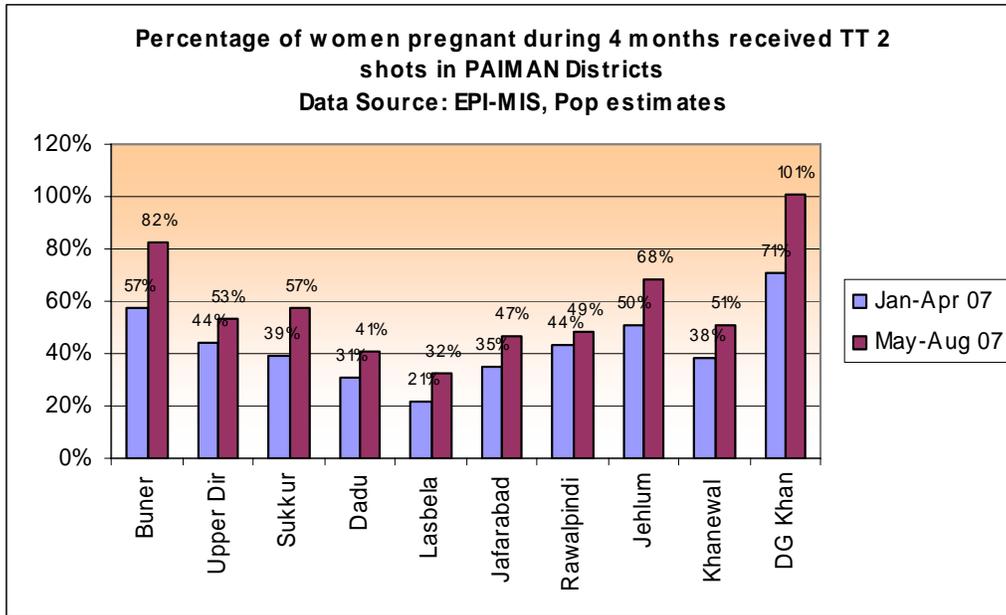
However as of Project Year 3, PAIMAN has begun to collect Routine Monitoring Output Indicators (RMOI) from government MIS sources (EPI MIS, LHWS MIS and hospital MIS), from labor room registers in up-graded health facilities and from private sector providers that are part of the Greenstar Network. While the trends in the data are still unclear due to numerous factors affecting the current level of services being provided (closure of wards, surgical suites, and exam rooms during the physical renovation of health facilities under PAIMAN, as well as absence of key personnel during training), we still are seeing an increase in the usage of key services both in the community through the Lady Health Workers Program, in government health facilities, and in the private sector.

According to the MIS (LHW-MIS, EPI-MIS and HMIS) based RMOI data, an overall improvement in the performance of pregnancy care is seen in the Project districts.

The table below shows an increase in number of pregnant women visited by LHWs from a monthly average of 46,800 during Jan-Apr 07 to monthly average of 51,800 during May-Aug 07 in the Project districts is reported. Low levels are reported in NWFP and Baluchistan may be due to fewer LHWs.

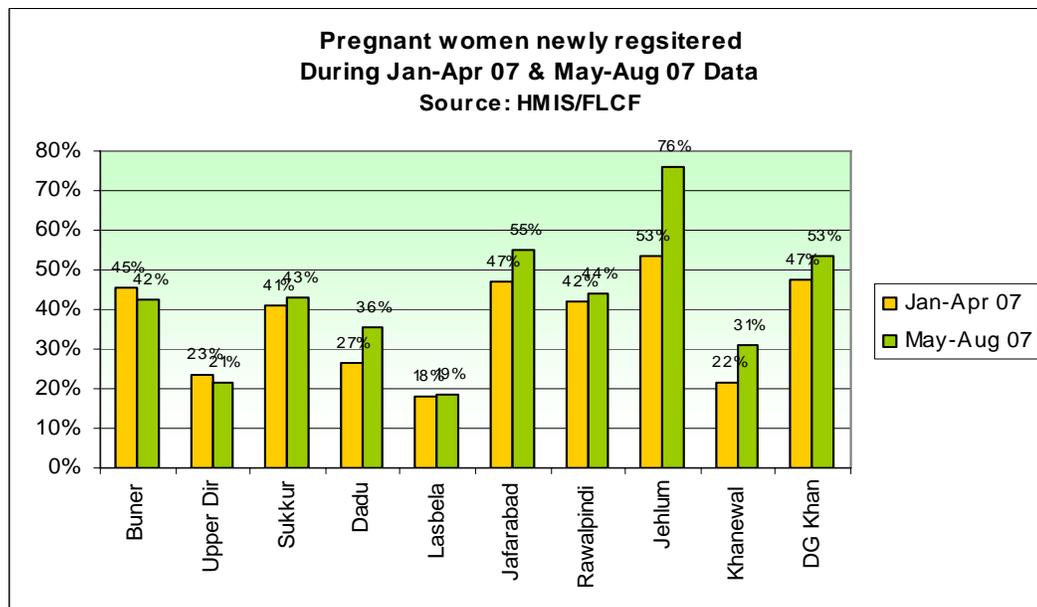


Overall, about 50% of the estimated number of women who became pregnant during the 8 months received TT2 shots; the performance during May-Aug 07 was better (56% of women newly pregnant during that period) than that during Jan-Apr 07 (43% of women newly pregnant during the period).



The proportion of pregnant women newly registered at health facilities and, thus, receiving 1st antenatal care also improved from 36% of newly pregnant women during Jan-Apr 07 to 42% of newly pregnant women during May-Aug 07.

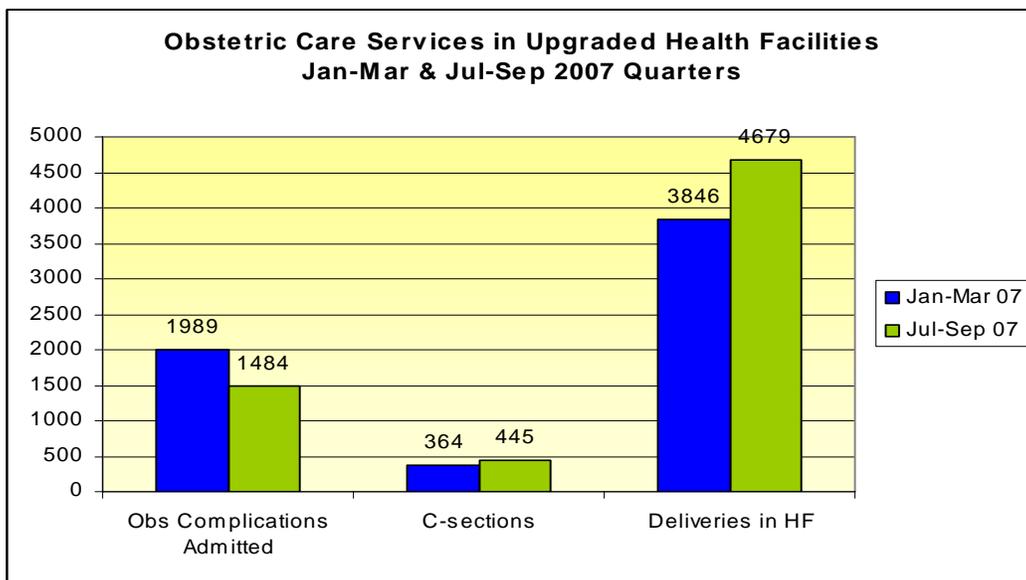
Overall, it is estimated that combining the public health facilities performance with that of private franchised health facilities in the Project districts, about 52% of the pregnant women received at least one ANC visit and about 35% received three ANC visits; and the total number of ANC visits in the Project districts has reached 98% of the target performance during the Year 3 of the Project.

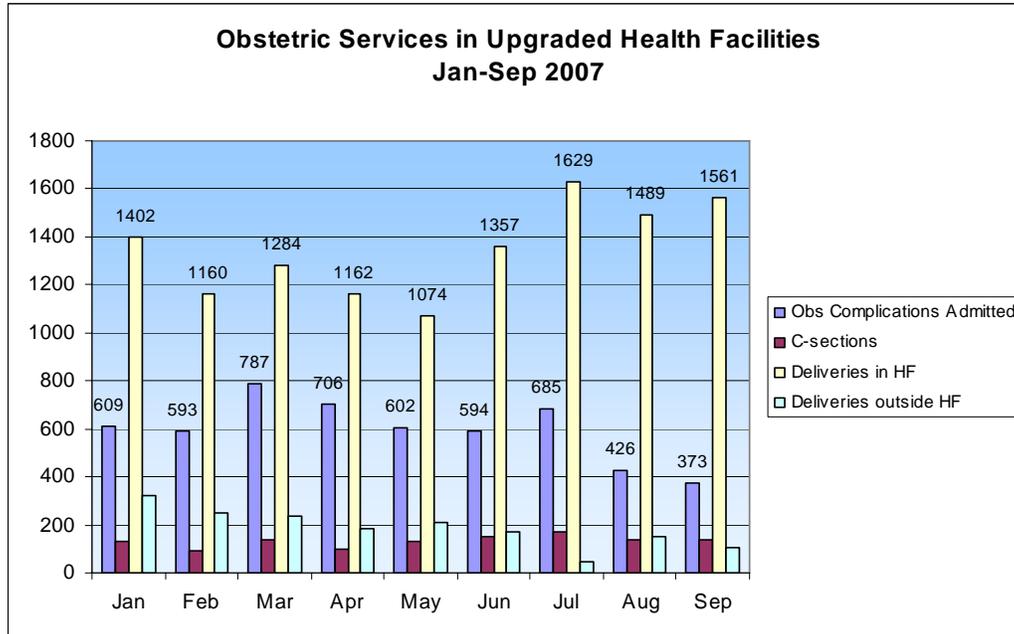


Data for another set of indicators are collected and compiled from upgraded health facilities in public sector and franchised private health facilities in the Project districts. These indicators relate to the maternal and newborn services provided at these health facilities.

Overall, most District Headquarter Hospitals (DHQs) show improvement or are maintaining a satisfactory level of their performance. Interestingly, THQs and RHCs in Balochistan (Jafferabad & Lasbella) are reporting much better performance over the DHQH in their respective districts. Although reporting till September 07 from all the upgraded facilities is not complete, we used Jan-Mar 07 data as the baseline and compared it with the Jul-Sep 07 data. The system of regular data collection from upgraded facilities for the routine monitoring of output indicators was established in March 2007 and data from January 2007 was readily available from the facilities. Therefore, it was decided to use Jan-Mar 07 as baseline.

The result shows that the number of deliveries in upgraded health facilities has increased from 3,846 during Jan-Mar 2007 quarter to 4,679 deliveries during Jul-Sep 2007 quarter. More Cesarean sections were performed during the last quarter than the Jan-Mar 07 quarter. The number of obstetric complications admitted in the upgraded hospitals has remained within 400-600 cases per month with occasional fluctuations in the number of admitted patients. A full district analysis reports on births and obstetric complications admitted in upgraded facilities is attached as Annex 6.





The Project is not only concentrating on upgrading 31 selected health facilities, but has also provided direct inputs in training staff from all the public health facilities on essential maternal and newborn care, emergency obstetric care and emergency support services. Health care providers of franchised private health facilities have been trained as well. Thus, considering the Project's overall input in improving maternal and newborn services from public and franchised private health facilities, it is estimated that about 77,831 deliveries took place in DHQH, THQH & RHC/MCH centers. Additional data on births is being collected from private sector providers. As of last quarter, 30 out of 541 trained franchised GoodLife surgical and non-surgical providers submitted data. Please see results in Annex 7. Our hope is that better and more complete data will be collected from the private sector in the coming years.

With the combined number of essential newborn services provided at public and private franchised health facilities and by trained TBAs, it is estimated that about 94% of the targeted number of newborns received the required essential care during the Project Year 3 and this is about 35% of the total live births in the Project districts. Similar proportion of women also received Active Management of Third stage of labor.

The Project could reach about 89% of target number of women within 3 days postpartum. Of them, about 94,192 women were visited by LHWs, an estimated 40,000 went to health facilities for PNC, another about 50,400 were visited by the TBAs trained by the Project. The reported performance appears lower than the stipulated performance because data from the private franchised health facilities are not included in the reported result. This is because establishing the system of routine monitoring of output indicators for routine data reporting from the

franchised private facilities is still underway; it is expected that data from these facilities will be available from Year 4.

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

Improving the functionality and the quality of services provided at government health facilities is vital for re-instilling the communities' confidence in the public sector. Because of shabby overall conditions in hospitals, unhelpful and non-cooperative staff, and unreliable services, communities have often by-passed the public sector facilities and sought care in the private sector. For poor families who are unable to afford private sector services however, this often means that they forfeit care altogether with often disastrous results.

3.1 Civil Works and Procurement of Equipment

Up-grading, renovating and providing a new look and feel for public sector facilities is an important goal of the PAIMAN project. To this end and after a detailed facility-based needs assessment, PAIMAN has worked on renovating women's wards, waiting areas, labor rooms, operation theatres, nurseries and in some cases staff residences as well as improving water and electrical sources in 31 health facilities. As of the end of PY03, 29 of the 31 health facilities were completed and handed-back over the government authorities. See Civil Works Status Sheet under Administration Section.

Further, a detailed list of equipment and instruments required for each facility was developed by a team of medical experts and a procurement plan was developed in accordance to USAID's rules and regulations and in the light of our Cooperative Agreement. The finalization of the procurement plan has been a very arduous and long process requiring in-depth market research here in Pakistan, in the US, and in many cases third countries. For products and equipment not available in the US or that did not meet the technical specifications required, detailed waiver requests have had to be submitted to USAID, CTO and the RLA for clearance. PAIMAN is in the very final stages of procuring lab room equipment and exam room furnishing. IFBs for surgical stainless steel equipment have already been drafted and are now being bid on by firms. It is hoped that all the equipment and supplies will be placed in facilities by the end of December 2007. See Procurement Status Sheet under Administration Section.

3.2 Projecting a "New Look"

In order to develop a new look and feel for public health facilities, one that will inspire confidence in communities, PAIMAN has been working on several fronts. PAIMAN has been promoting cross-learning by organizing study tours for district health managers to other functional models of community-oriented health

facilities in other parts of Pakistan. Further, PAIMAN, through support of Population Council has initiated Leadership Trainings for district managers to help them develop a vision for improved health in their districts as well as provide them the tools for improved technical managerial capacities to realize the vision. Finally, PAIMAN has worked with the Health Departments at the district level to “Incentivize Performance” of health staff. Reward and recognizing good performance is key for ensuring long-lasting effects of standard improvements.

Strategic Objective 4: Increase capacity of MNH Managers and Health Care Providers:

Re-training government health staff in state of the art maternal and newborn care is essential for improving the quality of care at government and private sector facilities throughout the PAIMAN districts. After a detailed training needs assessment conducted in Year One, followed by the development of an elaborate and detailed training strategy for all cadres of healthcare providers in Year Two, Year Three has been dedicated to the roll out of trainings in all 10 districts.

4.1 Training Public Sector Providers

PAIMAN, to date has trained 1092 public sector healthcare providers in essential maternal and newborn care (EMNC). Additionally, 47 specialists were trained in Emergency Obstetric and Newborn Care (CEmONC).

4.2 Trainings of Private HCPs

Training of providers continued in year 3 of the Project in the private sector for both maternal and neonatal components. To date, Greenstar trained 480 private HCPs in basic EmONC and 41 providers in Advances Maternal and Newborn Care.

Targets & Cumulative Results (2004-2007) for Trainings					
Activities	Planned Targets for 5 Years	Cumulative Results (Y1+Y2+Y3)			
		YI	YII	YIII	Total
Essential Maternal and Newborn Care (EMNC) PUBLIC					
EMNC- Master Trainers (6 days)	70	0	70	0	70
EMNC- Trainings (6 days)	2249	0	440	652	1092
EMNC –Refreshers (4 days)	500	0	0	17	17
Comprehensive EmONC Trainings					
CEmONC (2 weeks)	75	0	0	47	47

Training of Private providers					
Training on Essential Maternal and Newborn Care	550	0	50	430	480
Advanced Training on Maternal and Newborn Care	50	0	0	41	41

4.3 Capacity Building of MNH Managers

During the reporting year (Oct 2006 – Sept 2007), Population Council completed implementation of **Leadership trainings** for District Health Managers of all PAIMAN districts. The goal of Leadership training workshops on ‘Strengthening District Health System through leadership and Client Centered Services’ was to transform district administrators, health and population managers and service providers into effective leaders and change agents who will be instrumental in improving the reproductive health of population by planning and implementing innovative interventions in the field of RH at district level. During this year 3 leadership workshops, each of 7 days, were organized in which 55 district officials from all PAIMAN districts were trained. This activity is complete for the Project’s duration and in total 5 such workshops were conducted to train 88 district managers and officials.

Training of District Health Managers also took place to carry out small-scale monitoring and evaluation studies using Lot Quality Assurance Sampling (**LQAS**) techniques. More than 30 district health managers in 5 PAIMAN districts were trained to carry out small-scale monitoring and evaluation studies using LQAS methodology.

Strategic Objective 5: Improve Management and Integration of Services at All Levels

PAIMAN envisages specialized interventions for achieving objective of functional and efficient improved district health system. During Project Year-3 (October, 2006 to September 2007), Contech has accomplished important activities for strengthening the District Health System, which are summarized in the following paragraphs.

DHMTs became functional in all PAIMAN districts and emerged as a forum for collective decision making. Support was provided for organizing the DHMT quarterly meetings and development of guidelines for preparation of agenda, recording minutes of the meeting and criteria for performance assessment of DHMTs. It was encouraging to note that regularity of meetings, attendance by notified members and evidence based decision making were improved in all districts. The participation from other sectors (non-health) remained an area of concern due to low level of understanding of their roles and responsibilities related to the DHMTs. Furthermore, institutionalization of concept of DHMTs also

needs to be emphasized. Therefore, these areas would be focused during next project year. Major inputs includes: monthly meetings with MOICs and facility staff to create links at all levels, preparation of roles and responsibilities of each member and fine-tuning of DHMT model to address the sustainability issues.

The District Annual Operational Plan (DAOP) was considered essential to effectively implement and monitor the health service delivery initiatives. All the districts were provided support in preparation of the DAOPs using the HealthPlan® software developed by Contech. The transfer of key members of core planning teams was one of the main constraint in preparation of DAOPs. Furthermore, the linking of DAOPs with district budget allocation was another area of concern which will be addressed during the next project year.

The decision space analysis was implemented to assess the degree of decentralization, capacities to exercise these authorities and accountability to local authorities. It was also intended to establish the linkage of performance with the degree of decentralization and capacities. The report has been drafted and shared with the provincial and district authorities. See Annex 9.

Mid-Project Changes in Strategy

A few changes have been proposed to the overall project strategy in two areas: the CAM strategy and the Sub-grantee NGO Strategy.

After a thorough review of all the community-based CAM activities, it was decided that several activities were very time consuming and were not producing hard, demonstrable results in terms of increased awareness of MNH messages. As such PAIMAN has eliminated several sensitization activities and has focused more on holding health camps, and strengthening innovations such as birthing stations to provide much needed services to remote communities.

Similarly, it was decided to implement a change in the strategy for the second phase of sub-grants to NGOs. Instead of focusing on the non-LHW covered areas of districts, the sub-grantee NGOs are now going to focus more on several key areas: TT vaccinations in collaboration with District Health Department, and as with the CM partners, to focus more on increasing the availability of services for remote communities through public private partnerships.

Monitoring and Evaluation

At the very initial stage of the project and in consultations with the implementing partners and the government, PAIMAN developed a strategic framework which was approved by USAID. The Project's M&E system has been designed based on that strategic framework and the agreed-upon objectively verifiable indicators.

The Project has established a number of project monitoring databases that ultimately feed into the Project's weekly, quarterly and annual reporting to

USAID. These databases help the JSI Focal Persons or Project Partners to enter pertinent data and, thereby, contribute to the generation of the relevant reports. Important documents and reports are also made available to all the partners through these systems. These monitoring databases can be grouped as web-based systems, non-web-based routine monitoring systems and need-based monitoring systems.

The web-based systems are:

1. PAIMAN's Monitoring and Reporting System
2. PAIMAN's Intranet

Non-web-based routine monitoring systems which are maintained by the JSI focal persons include:

1. Summary of targets and results
2. Summary of targets (Local NGO sub-grantees)
3. Routine Monitoring of Output Indicators (RMOI)
4. Health Facility Upgradation Scoring
5. QA Scoring of District Health Management Teams (DHMT)

In addition, the Project also carried out a number of assessment studies. These include:

- i. Assessment of Management Information Systems (MIS) in public health sector in 5 districts. These include the HMIS, EPI-MIS and LHW-MIS. PRISM Diagnostic Tools, originally developed by JSI/MEASURE Evaluation and adopted for the Pakistani context were used for the assessment.
- ii. Assessment of maternal and newborn health knowledge and attitude of married women in NGO intervention areas of 5 districts was done using LQAS method.
- iii. Assessment of District Health System Strengthening component (the District Health Management team – DHMT) was also carried out during this year
- iv. Assessment of NGO sub-grantees activities - Mid-Term Review (MTR) and Participatory M&E of sub-grantee NGOs

In the following sub-sections, the above mentioned monitoring systems are explained in some details, followed by description of the monitoring results that have not been reported in any other section of this annual report.

WEB-BASED SYSTEMS

1. PAIMAN's Monitoring and Reporting (M&R) System

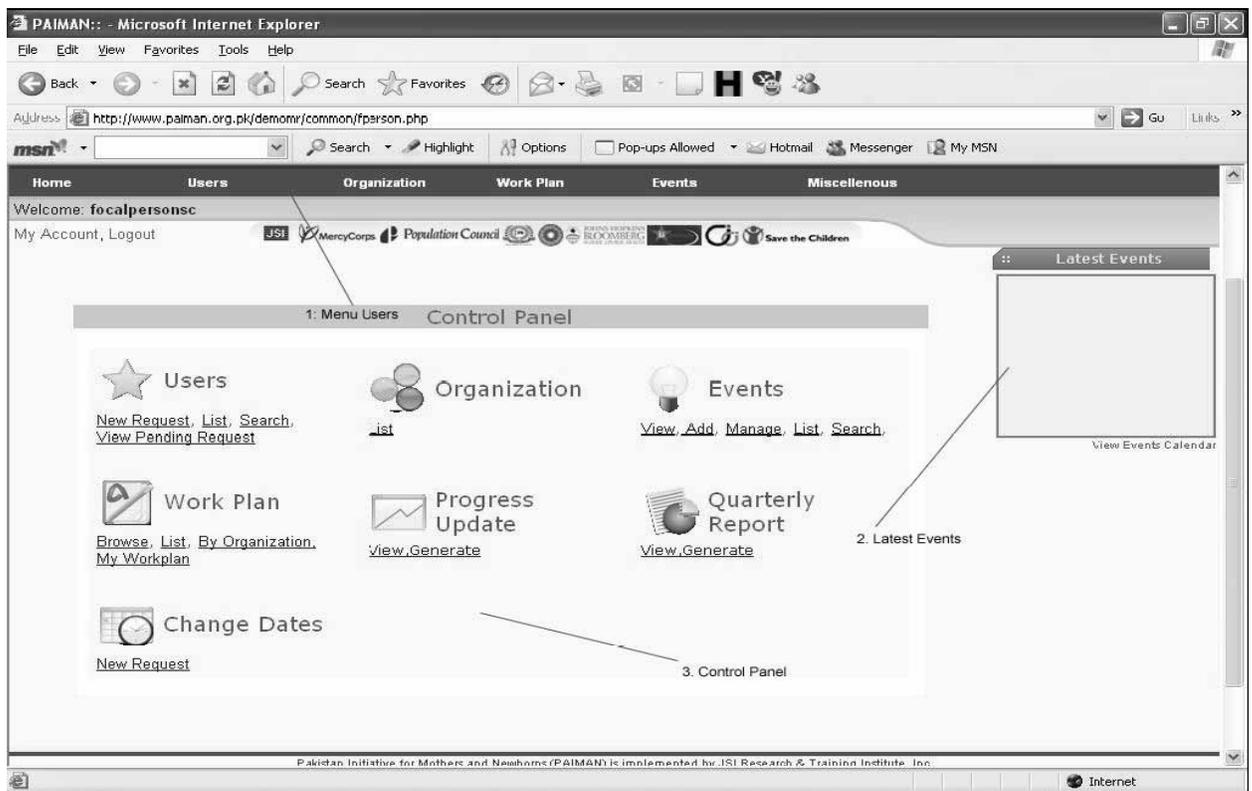
The M&R System is a web-based system designed to assist monitoring of project activities. It allows uploading and viewing of:

- annual work plan, segregated by

- implementing partners, and
- project provinces and districts
- quarterly reports and annual reports
- monitoring reports
- progress updates

Thus, the system helps the implementing partners to know what activities have to be completed by what dates and what targets need to be achieved; on the other hand, it is helping in prompt updating of the progress made, greatly reducing time and efforts lost in communication. This promotes timely decisions on corrective measures.

Fig. PAIMAN's M&R Web-page



2. PAIMAN's Intranet

This provides an easily accessible web-based platform for sharing important documents and resources that help in monitoring the Project's progress. The highlights of this web-site are:

- a. Provides access to:
 - i. Monitoring tools for:
 - NGO Sub-grantees
 - Capacity building
 - Community Mobilization
 - Midwifery training
 - District Health System Strengthening
 - ii. Forms and templates
- b. Allows sharing of:
 - i. Reports, including:
 - Baseline survey reports
 - Health Facility Assessment reports
 - District Health Profiles
 - Community Mobilization report
 - Workshop reports
 - Mega Event reports
 - Formative research reports
 - ii. Meeting minutes
 - Thematic group meeting minutes
 - DHMT meeting minutes
 - iii. Most significant change (MSC) stories and best practices

NON-WEB-BASED ROUTINE MONITORING SYSTEMS

1. Summary of Targets and Results (Component-wise)

This is an Excel-based database that provides numerical summary of the Project's targets and achievements. The achievements of the current and previous quarters and those of current and previous years in comparison with the corresponding targets are available at a glimpse. This helps in monitoring any shortfalls in target achievement so that appropriate re-adjustments and corrective measures can be taken accordingly. Similarly, this database helps in future planning by providing an idea of which activities are complete and their targets have been achieved so that they are not included in the next plan; or how much

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is left to achieve the Project's targets and should be considered in the next planning cycle.

Summary of Targets and Results Quarterly Report for the quarter April-June, 2007																
Activities	Quarterly Targets & Results QIII (April-June, 2007)		Annual Targets & Cumulative Results Year III (2006-2007)					Five Year Targets & Cumulative Results (2004-2009)						Remarks		
	Targets	Result	Planned Targets	Cumulative Results Year III (2006-07)					Planned Targets	Cumulative Results (Y1+Y2+Y3+Y4+Y5)						
				QI	QII	QIII	QIV	Total		YI	YII	YIII	YIV		YV	Total
1. Capacity Building of Public/ Private Sector HCPs and Managers																
1.1 Community Midwifery Training (Refresher-500 and Regular-1500, Total-2000)																
Training of master trainers for regular midwifery training on new curriculum (4 weeks)																
Training of tutors for regular midwifery trainings on new curriculum (4 weeks)																
Training of tutors for refresher midwifery trainings (2 weeks)																
Refresher midwifery training (participants)																
No. of midwives enrolled for regular midwifery trainings on new curriculum (18 months)																
1.2. Communication planning and evaluation training for managers																
Federal/provincial/district managers (2 weeks)																
1.3. Essential Maternal and Newborn Care (EMNC)																
EMNC- Master Trainers (6 days)																
EMNC- Trainings (6 days)																

2. Summary of targets (Local NGO sub-grantees)

This Excel-based database captures in numerical terms the weekly progress made by each NGO sub-grantee against specific activities and tasks assigned to the NGOs. The system then generates monthly and quarterly aggregates for each NGO and a summary sheet for all NGO sub-grantees comparing the performance with the targets.

Summary Sheet of Quarterly Reports						
Activities	Jan-March 2007		April-June 2007		July-September 2007	
	Targets	Achieved	Targets	Achieved	Targets	Achieved
Activity 1: Recruitment and Capacity Building of the staff of Local NGOs (Phase-I)						
<i>Task 1: Recruitment of the project staff</i>						
<i>Task 2: Capacity building of the identified staff of Local NGOs</i>						
<i>Task 3: Capacity building of the newly recruited staff</i>						
<i>Identification of CHWs</i>						
<i>Orientation of CHWs</i>						
Activity 2: Implementation of CAM activities through awareness on MNH practices to improve health seeking behaviours in non-LHW areas.						
<i>Task 1: At schools for students, community notables, political leaders, ulema, kakeems, homeopath, private practitioners and teachers.</i>						
<i>Task 2: Participation in local calendar events (urs, melas, sports etc.)</i>						
<i>Task 3: MNH quiz, poster, speech competitions in schools/colleges/maddaras</i>						
<i>Task 4: Advocacy campaign on MNH issues (meena bazars, sports, fairs, healthy baby shows, awareness walk)</i>						
<i>Task 5: Organization of health talks/ apni mehfil/ chopall meeting with women/men and young girls</i>						
<i>Task 6: Using electronic media to create awareness</i>						
<i>Task 7: Organization of the street theaters/ Putli tamasha</i>						
Activity 3: Improving access to MNH services						
<i>Task 1: Organize health camps at far flung areas</i>						
<i>Task 2: Organization of transport for MNH emergencies through the involvement of community</i>						
<i>Task 4: Identification of TBAs, their orientation on clean delivery and creation of linkages of TBAs with CHWs/ health facilities</i>						

3. Routine Monitoring of Output Indicators (RMOI)

The outcomes of the project are operationalized as (a) increased demand for health services as reflected by improved maternal and newborn health seeking behaviors of the mothers, and (b) decreased complications of pregnancy and decreased case fatality rate among hospitalized mothers and newborns.

The Project has established a system of Routine Monitoring of Output Indicators (RMOI) for routinely measuring the progress (i.e. Project's performance) towards the achievement of the project's objectives. The RMOI indicators have been chosen from the M&E Plan of the Project. This system was institutionalized within the Project from March 2007.

Data for one set of indicators is compiled from the existing routine health information systems in the public health sector, viz. HMIS, LHW-MIs and EPI-MIS; Contech International is responsible for arranging data collection and

compilation from all the Project districts. Contech International also shares the RMOI-based progress with DHMTs and, thereby, is assisting them in the process of institutionalizing regular use of information for evidence-based decision making.

These indicators are:

1. Number of pregnant women registered for ANC in target districts
2. Number of pregnant women visited by LHW in the last month
3. Number of pregnant women receiving at least 2 TT shots during the current pregnancy
4. Number of post-natal cases visited by LHW within 24 hrs of delivery

Data for another set of indicators are collected and compiled from upgraded health facilities in public sector and franchised private health facilities in the Project districts. These indicators relate to the maternal and newborn services provided at these health facilities. The Field Operations Managers (FOMs) are responsible for compiling the data from upgraded health facilities in public sector and Green Star is responsible for compiling data from franchised private health facilities. The indicators are:

5. Number of women with obstetrical complications treated in EmONC facilities
6. Number of births in upgraded health facilities
7. Number of Cesarean sections
8. Number of Intra-Uterine Fetal deaths (IUFD)
9. Number of obstetrical deaths in the health facilities
10. Number of newborn deaths in the health facilities

The routine monitoring of the output indicators not only involves collection of relevant data, but also data compilation, transmission, analysis, dissemination and review at senior management level for decision-making. For this purpose, a Microsoft Access file has been developed and maintained at JSI Office. RMOI data is routinely entered in this file on monthly basis and analytic reports and charts are instantly generated as soon as data updating is complete. These analytic charts are reviewed at JSI Office and also communicated to Field Offices. The FOMs then share the progress with the concerned authorities in their respective districts. Through their regular visits to the upgraded health facilities the FOMs have been able to facilitate improvement in the quality of data collection and reporting. They also have conducted meetings with the concerned authorities regarding the performance of the upgraded health facilities and have facilitated decision making by the relevant authorities to improve the performance.

In addition to the above mentioned indicators. Data is also collected on:

11. Number of DHMTs effectively functioning

12. Number of communities with functioning local transport system for emergency obstetric cases

4. Health Facility Upgradation Scoring

PAIMAN is upgrading/strengthening 31 health facilities – 9 DHQH, 11 THQH, 10 RHC and 1 BHU in the 10 Project districts to function 24 hours/7 days as EmONC facilities providing basic to comprehensive emergency obstetric and newborn care. A scoring matrix has been developed to monitor the progress towards establishing these health facilities as 24hrs EmONC centers.

Health Facilities Up-gradation Scoring Matrix -DHQ Hospitals Quarter - IV												
Activities	Details of Inputs	Weightage	Baluchistan		Sindh		NWFP		Punjab			
			DHQ Uthal	DHQ Dera Allah Yar	DHQ Dadu	DHQ Sukhar	DHQ Dagggar	DHQ Dir Khas	Khanewa I	DHQ DG Khan	DHQ Jehlum	
I. STAFFING (10% FOR EACH HEALTH FACILITY)												
Specialist (3%)	Advocacy for adequate staffing no direct intervention	10%										
MOs/ WMO (3%)												
LHVs/FMTs (2%)												
Nurses (2%)												
Sub-Total												
II. TRAININGS (15% FOR EACH HEALTH FACILITY)												
EMNC Trainings (5%)	Training of staff	15%										
CEmONC (3%)												
HMIS Trainings (3%)												
Training of ambulance staff (2%)												
ESS & EMCH Trainings (2%)												
Sub-Total												
III. FUNCTIONS ROUND THE CLOCK (15% FOR EACH HEALTH FACILITY)												
Record keeping of all the emergency cases with date and time (4%)	Assist the facility in-charge in planning and preparation of duty rosters, and record keeping	25%										
Availability of emergency medicines for evening and night shift (4%)												
Supervisory visits to the facility by any supervisor (3%)												
Display of Rosters (3%)												
Display of Signs boards (4%)												
Establishment of reception/ CRP (2%)												
Availability of ambulance round the clock for transportation (5%)												
Sub-Total												
IV. CIVIL WORKS (15% FOR EACH HEALTH FACILITY)												
Needs assessment (4%)	Technical, Financial and managerial	15%										
Buy in of DHD (2%)												
Identification of contractors (2%)												
Signing of contracts (3%)												
50% civil works (2%)												
100% civil works (2%)												
Sub-Total												
V. EQUIPMENT INSTALLED (25 % FOR EACH HEALTH FACILITY)												
Needs assessment-HFA (5%)	Financial, Technical	25%										
Repair & Maintenance of equipment (5%)												
Procurement plan (5%)												
MNH equipment installed according to the HFA report (10%)												
Sub-Total												
VI. DISPLAY OF STANDARD PROTOCOLS (10% FOR EACH HEALTH FACILITY)												
Display of EMNC Protocols (5%)		10%										
Display of ESS- MCH (5%)												
Sub-Total												
Total												
Average % 24/7 functional DHQ Hospital												

5. QA Scoring of District Health Management Teams (DHMT)

A DHMT Quality Assurance (QA) Scoring Matrix was developed to measure the effective functioning of DHMTs. This scoring matrix is regularly used by Contech International to score the DHMT performance and share the results with the respective DHMT.

DHMT QA Scoring Matrix

Criteria	Score
	Yes = 1 No = 0
1. Present meeting held within 100 days of the previous DHMT meeting	
2. Participation by 70% or more notified members	
3. Meeting chaired by the designated chair	
4. HMIS, LHW-MIS or other MIS, DAOP reviewed	
5. Decisions taken on district health issues other than PAIMAN related project implementation activities	
6. Review of previous meeting decisions done	
TOTAL SCORE	

Explanation of scoring

- Score 6 = Excellent
- Score 4-5 = Good, need some improvement
- Score 2-3 = Need immediate Technical Assistance/intervention
- Score 0-1 = Non-functional, needs aggressive intervention

Assessment Studies:

1: Assessment of Knowledge & Attitude of Married Women on Maternal & Newborn Health (MNH) in selected Union Councils of Project districts:

During the reporting year, NGO sub-grantees of the Project were implementing community awareness activities in selected union councils of the Project districts. A study using Lot Quality Assurance Sampling (LQAS) method was carried out to assess the knowledge of married women regarding MNH in selected union councils of five PAIMAN districts, viz. Rawalpindi, Jhelum, DG Khan, Sukkur and Lasbella.

2: Assessment of District HMIS based on PRISM by using LQAS Methodology:

In view of efforts during DHSS, district HMIS envisaged to be improved. To assess the situation, an LQAS based facility survey was carried out in each of five PAIMAN districts with the help of district health managers. The idea was to carry out the assessment while training of district health managers in LQAS methodology would also be accomplished. Based on Lot Quality assurance

sampling 19 primary care level health facilities were selected in each district out of total health facilities using random sample technique. In this way 17 BHUs and 2 RHCs were selected in each district. So a total number of 95 health facilities were visited to collect data regarding routine MIS on a pre-structured questionnaire. This includes facility, immunization and LHW data used for routine MIS. Data was then tabulated using LQAS tabulation sheets and analyzed per LQAS table.

3. District Health System Strengthening (DHSS) Component (District Health Management Team - DHMT) Assessment

PAIMAN is working towards the strengthening of district health system by focusing on improving DHMTs, building districts' capacity to develop District Annual Operating Plans (DAOP) and promoting use of information for evidence-based decision making. A study for the assessment of DHMT component of DHSS was carried out from May-August 2007 with the objective to:

- Assess the process of DHMT formation in the Project districts
- Assess functioning of DHMTs, and
- Provide feedback for further improvement of the component

Operations Research Underway:

Study 1: 'Impact Study of Training of Dais in Dera Ghazi Khan on Performance and Client Behavior'

Study 2: 'Evaluation of the effectiveness of vitamin A Supplementation (VAS) as part of a neonatal post partum care package in rural Pakistan'.

Study 3: 'Evaluation of the effectiveness of application of 4% Chlorhexidine solution on umbilical cord stump as part of a neonatal postpartum care package in rural Pakistan – District Dadu'

Study 4: 'Postpartum Maternal and Neonatal Intervention Package; A Cluster Randomized Control Trial in District Sukkur, Pakistan'

Proposed projects:

'Improved Recognition of and Response to Prolonged Labor and Birth Asphyxia'

'Perinatal District audit Project'

Knowledge Management (KM) e.g. update of PAIMAN website, collection & dissemination of MNCH information and quarterly meeting of KM partners were carried out. Meeting of KMSPs was also held to discuss matters related to KM and to enhance coordination and communication among partners. A section on success stories in PAIMAN website has been added. A proposal was prepared to start the quarterly PAIMAN newsletter.

Project Management

Administration:

Staffing:

Quite a few changes took place in staffing this year. Three new positions those of Field Operations Manager South Punjab, Administrative & HR Officer, Program Assistant-Program & Grants were created and staff has since been hired. The positions of Grants & Program Manager and Logistic Officer were upgraded to Director and Deputy Director respectively. The incumbents are continuing in the new positions. Due to up gradation of Logistic Officer a new Logistic Officer has been hired. A few members of the staff left and their replacements have been hired.

No less than 35 consultants were hired during the year with vast range of expertise and assignments. Consultants varied from Women Medical officers to midwifery trainers. Consultancy agreements were signed with individual consultants as well as institutions like AKHSP, United Christian Hospital etc. Assignments included development of digital maps, ESS trainings, production and airing of talk shows etc etc.

A complete list of Regular Staff of JSI is attached below.



JSI Staff List (2).xls

Provincial Offices:

One development that took place was the shifting of the Punjab provincial office from Contech to the premises of the Institute of Public Health Punjab, Lahore. This change was necessitated because of the decision to have an additional FOM for South Punjab. As a result now there are two FOMs for the Punjab province because it has four districts. A car has also been transferred to the provincial office and chauffer has been hired. There have been problems of communications in three provincial offices and these problems have been sorted out.

Training/Meetings:

The following staff members attended trainings/meetings/Conferences:

1. **Dr. Nabeela Ali COP:**
ANE Technical Meeting – Bangkok
Annual International Conference of the GHC
International Division Meeting
2. **Dr. Shuaib Khan: Director Program & Grants**
ANE Technical Meeting – Bangkok

- Annual International Conference of the GHC
International Division Meeting
- 3 **Dr. Iftikhar Mallah, FOM, Sindh**
ANE Technical Meeting - Bangkok
 4. **Dr. Nuzhat Rafique: FOM, Punjab:**
ANE Technical Meeting – Bangkok
 5. **Ms. Lauren Mueenuddin, DCOP:**
Orientation visit to home office

In addition four midwives from the three provinces were also sent for ANE Technical Meeting.

A large number of workshops/meetings and some mega events, 40 to be precise, were organized during the year. The mega events included a plaque unveiling ceremony at Provincial Health Services Academy, Peshawar which was attended by US ambassador, provincial health minister as well senior government representatives, Nazims, and a community mobilization event at RHC Mandra attended by the Mission Director, provincial health minister, Nazims and hundreds of community members.

Logistics:

- ***Procurement:***

A huge amount of procurement has been completed during the year. The local procurement of computer equipment, Training electronics, office equipment, examination room equipment and training models have been completed and the selected health facilities have been supplied with these items. A major procurement during the year was of generators. With special arrangement with the vendor three generators have already been installed at the selected sites. Rest of the six generators will be installed by mid November 2007. The main achievement in procurement was the arrival of purpose-built ambulances. Fifteen ambulances out of nineteen have arrived at the Karachi port. All documentation is complete for their release from customs. The rest of the four ambulances will also be reaching Karachi by the mid of October, 2007. All the nineteen ambulances will be handed over to the selected health facilities in the month of November, 2007. There have been a couple of snags in the procurement process. The US vendor has failed to supply air conditioners. Stainless steel surgical instruments are taking a long time since the samples provided by the local vendors failed the initial bucket test. These are now being procured from US. The whole process will have to be done again. Wrong origin of oxygen cylinders were received and returned. The correct cylinders have since been received. It would be pertinent to mention here that a warehouse has been hired in Lahore to receive and temporarily store the equipment being received from local sources as well as from overseas. A computerized stock register has been developed. The warehouse is being managed by the staff from Contech.

In addition to the regular procurement plan, substantial amount of procurement was done for furnishing the Community Midwives Schools and hostels.

The procurement status report is attached as annex C. The latest inventory as on September 30, 2007 is attached as annex D.



Annexure - C =
Summary Sheet_Proc



Annexure - D =
Inventory JSI as on 3

• **Civil Works:**

A major portion of civil works at the selected health facilities has been completed. Problems were/ are being faced at a couple of sites. Though our target to complete the civil works was September 20, 2007, due to work pending at problem sites this target could not be met. Efforts are being made to ensure 100% completion by December, 2007. The Civil Works Status Sheet is attached.



Annexure - E =
Civil Works Status Sh

• **IT**

Following have been completed during the year

1. Installation of Fiber Optics Broadband connection and made necessary configuration changes.
2. Finalization of IT equipment specifications (i.e. Desktop Computers, Laptop Computers, Multimedia Projectors, and Scanners etc.) for health facilities..
3. Established wireless network environment for laptop users and visitors and implemented wireless security to protect wireless services.
4. Provided support to all consortium partners regarding M&R system for Quarterly, Progress and Monitoring Reports.
5. Established bandwidth monitoring and internet usage tracking to review and analyze internet resources.
6. Updated inventory database of IT equipment.
7. The M&R system has been developed and successfully deployed to accommodate work plan changes for the year 2006-2007. The new features include:
 - Addition of new field for National/Provincial/District indicator in work plan.
 - District Specific Work Plan.
 - Progress Updates for National/District specific tasks.
 - Quarterly/Progress/Monitoring Reports Generation

8. The hands-on training for new features provided to all consortium partners including FOMs.
9. Spam solution has been implemented. This controls the spam emails significantly.

HOME OFFICE VISITS

Sr.#	Name of Traveler	Arrival Date	Departure Date	Sector Traveled	Name of Organization	Designation	Purpose of Travel
1	Dr. Theo Lippeveld	15-Jan-07	27-Jan-07	US-Pak-US	JSI/Boston	Vice President JSI	Official
2	Dr. Anwer Aqil	18-Jan-07	31-Jan-07	US-Pak-US	JSI/Boston	M&E Advisor	Official
3	Ms Crystal Ng.	20-Mar-07	22-Mar-07	US/Pak/US	JSI/Boston	Project Coordinator	For submitting proposal to USAID
4	Mr. Christopher Reigeluth	6-Apr-07	22-Apr-07	US/Pak/US	JSI/Boston	Project Coordinator	Official
5	Ms Nicole Tiano	13-Apr-07	27-Apr-07	US/Pak/US	JSI/Boston	Finance Manager	Reveiw of financial management operations
6	Dr. Nabeela Ali	27-May-07	9-Jun-07	Pak-US-Pak	JSI Pakistan	COP	34th Annual Int'l Conference of the Global Health Council
7	Dr. Shuaib Khan	27-May-07	9-Jun-07	Pak-US-Pak	JSI Pakistan	Director Prog & Grants	34th Annual Int'l Conference of the Global Health Council
8	Dr. Tariq Azim	3-Jun-07	15-Jun-07	Pak-US-Pak	JSI/Boston	Consultant	Official. To be paid from JSI overheads
9	Ms. Lauren Mueenuddin	29-Jul-07	14-Aug-07	Pak-US-Pak	JSI Pakistan	DCOP	Official

Financial Management

Summary:

During the reporting period, the financial management operations were further strengthened and streamlined. With the lift-off of program activities in the field, the financial operations geared up to meet the challenge and fully met the financial needs and requirements of the field implementation in terms of availability of funds and adequate obligation under the cooperative agreement. It maintained regular track of the disbursement/expenditure trends, monitored the cash flows requirements with projected expenditures, accrued expenditures and synthesized this information with its internal data and information base and record to respond positively to the project requirements in a timely manner and efficiently.

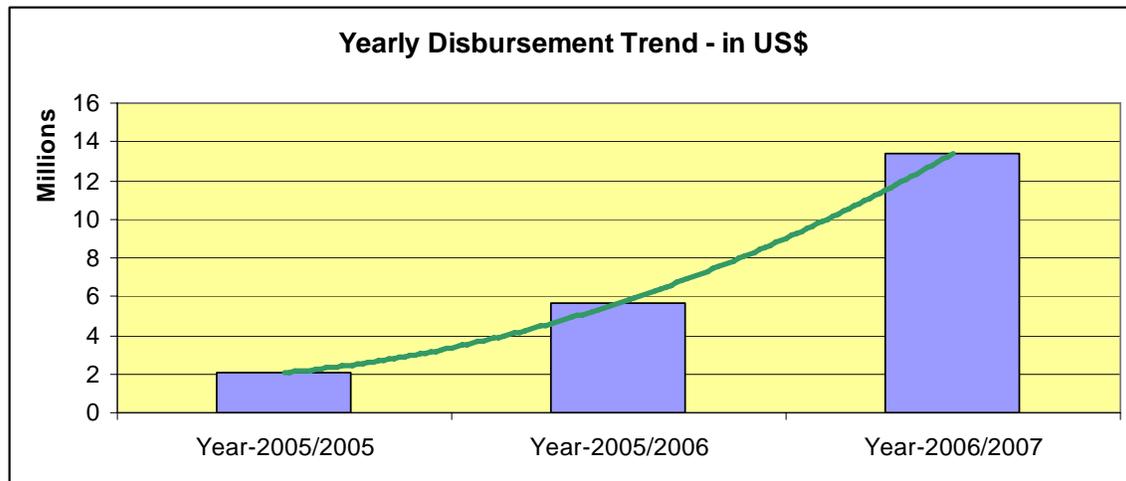
The financial management operations scale spread to the field specifically when we refer to the following activities:

- a. Disbursements at Refresher Training Programs;
- b. Participation in sub-grantee proposal writing workshops and capacity building initiatives;
- c. Community Midwives Training Program – disbursement of stipends in a systematic and consistent manner. Developed CMW Training Manual for the schools, including attendance sheets and other related instruments for internal stipend tracking system by each school;
- d. Assistance and support in terms of facilitating and budget reviews was provided to the program section in the development of CMW training budgets;
- e. Facilitate, support and monitor Community Midwives Training Program started in 21 schools with approximately 712 students being managed by JSI Islamabad office directly and through sub contractors;
- f. Review, process and disbursement of quarterly advances for 36 sub grantees and maintained accurate track of advances versus reported expenditures;
- g. Support, assist, guide and build the capacity of the JSI provincial office financial management operations;
- h. Developed cost share plan, and submitted to the Mission for review and approval;
- i. Review of cost share documentation of each partner against their plan, provide facilitation and support in reflecting the cost share achieved;
- j. Financial management M&E Plan was developed to monitor the financial management activity of the partners, provincial offices and the sub grantees also including the internal review of JSI field office – Islamabad;
- k. During the reporting period a total of approximately 2,520 disbursement vouchers were reviewed and processed totaling to a disbursement value of approximately 14 million

- l. During the reporting year, disbursements made amounted to approximately US\$14million, which is almost two and a half times more than the corresponding year (2005-2006);
- m. Coordinate, liaise and monitor the consortium partners financial management aspects of the sub agreement;

Further, during the reporting period, and comparing to the same period in previous years, the disbursements have increased significantly resulting in the improvement of the project burn rate. This increase is reflective of the implementation of project activities in the field and the trend is very typical of a project that aimed at improving the capacity and creating an impact through various interventions.

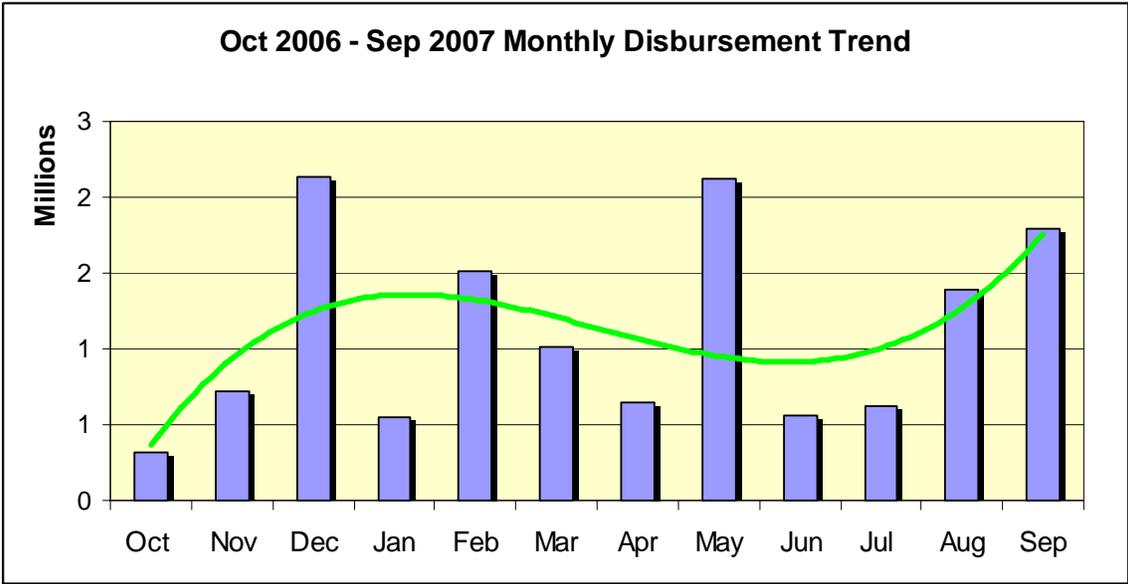
A. The following table reflects the **annual disbursement trend**:



Analysis: The above trend clearly reflects significant increase in annual disbursements compared to previous years. This increase is reflective of the implementation of project activities in the field that picked up pace during year 3. Year-1 can be termed as the mobilizing year of the project, while in year-2 the project activities in the field started to pick up momentum and in year -3 the project activities fully became active in the field according to the work plan.

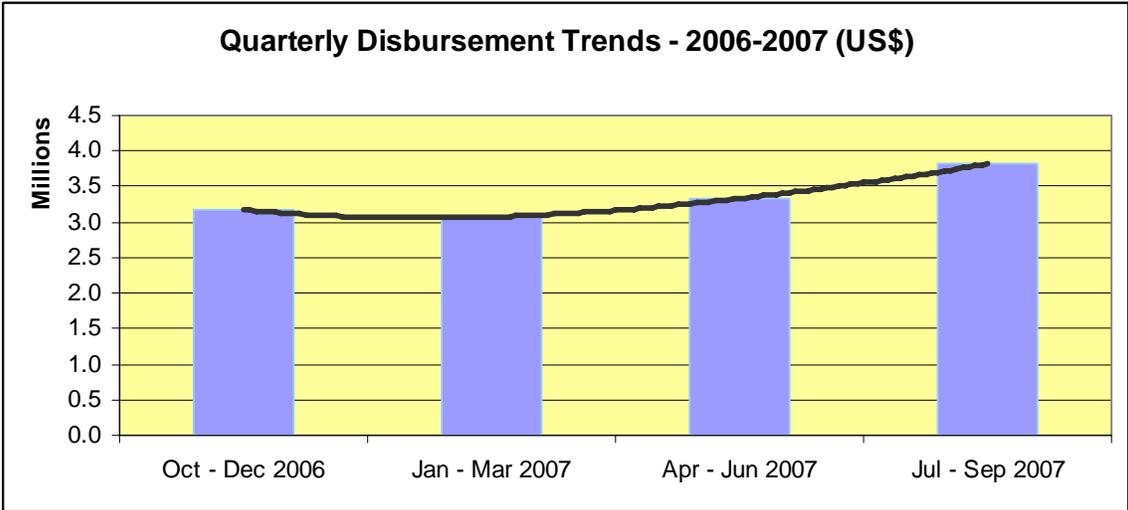
Each year, the disbursement almost doubled from the previous year which is very typical to such large projects. Based on this trend, the project is well poised to achieve its objective in terms of disbursements through to its project life which is September 2009.

B. Monthly Disbursement Trend:



Analysis: The moving monthly trend reflects increase in disbursement due to commodity purchase for Hospital renovation and full implementation of activities in the field by JSI and its seven consortium partners and due also to partner quarterly advances. The above monthly disbursement trend also show the accruals for previous month are disbursed the following month which creates such an uneven pattern.

C. Quarterly Disbursement Trends:



The above figure reflects the consistency in the disbursement trends on quarterly basis and shows the level of sustained performance of project activities in the field. This also shows the promptness and efficiency in the availability and flow of resources to support the field activities and ties in to the efficient and effective

support and coordination between the JSI/Islamabad and JSI/HQ Boston, which continues to support the project in a commendable manner.

Conclusion:

The financial management operations performed all required tasks pertaining to the overall management of the project resources. The financial management operations also encompass the huge task of disbursement of monthly stipends to the CMW trainees located in almost 21 School of Nursing institutions across Pakistan. The Finance office designed and developed a transparent and accountable system including disbursement guidelines. The monthly disbursements are made to the CMW trainees on monthly basis after review of their respective required documentation.

Further, the sub grantee component required extensive coordination and liaison with the Program Section. The Finance Section conducted regular financial review of the sub grantee to assist and help in building their capacity.

Over all during the reporting year, the finance office was able to positively respond to the project implementation requirements and coordinated efforts with its HQ in Boston.

Cost Share:

During the reporting period, JSI was closely involved in orienting the sub grantees on cost share requirements as well as supporting documentation that is required. During proposal writing workshops for the sub grantees, Cost Share contribution is one of the discussion topics and it is elaborated to an open discussion and Q&A to ensure that the sub grantee have complete clarity regarding cost share. The cost share plan submitted by JSI to the CTO/USAID was approved and based on that approval; necessary reporting plan has been prepared.

In September 2007, as a part of the regular annual financial reconciliation of accounts with the partner organizations, JSI reviewed their reported cost share and had detailed discussion regarding the availability of supporting documents to defend the reported cost share. JSI has received the necessary documentation of the reported cost share by the partners and this will be reported during the Oct to Dec 2007 quarter to the JSI/HQ Boston Office, from where it will be reported to USAID through SF-269.

However, to date, the only reported cost share is US\$240,592 (as per latest SF-269)

Annexes:

Annex1: Consortium Partners

The PAIMAN Consortium is led by John Snow Inc. (JSI), a US-based public health organization. JSI's 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, 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 it is the lead PAIMAN partner for 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 will be the improvement of 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. In the PAIMAN Consortium JHU/CCP is responsible for 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/ CBOs working in the development sector in Pakistan with 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 partner in PAIMAN, 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 2: Major Events and Meetings



Major Events and Meetings

Annex 3: Progress against Work Plan



Activity Matrix

Annex 4: Summary of Targets



Summary of Targets

Annex 5: Reports and Documents



Reports and Documents

Annex 6: Births and Obstetric Complications – RMOI – Public Sector Facilities



Births and Obstetric Complications-RMOI-

Annex 7: Private Sector RMOI data



Private Sector RMOI Data

Annex 8: LQAS NGO Assessment



LQAS NGO Assessment

Annex 9: Decision Space Analysis



DSA Stusy - Final

Annex 10: Health Facilities Up-gradation Scoring Matrix



PY03 Annual Facilities Upgradation



JSI Research & Training Institute, Inc.

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