



# Annual Report

## Pakistan Initiative for Mothers and Newborns (PAIMAN)

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

October 2007 to September 2008



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## Acronyms

ADB	Asian Development Bank
AHQH	Agency Headquarter Hospital
AJK	Azad Jammu and Kashmir
AKU	Aga Khan University
AMTSL	Assistant Manager Health Services
ANC	Antenatal Care
APVFOM	Association of Private Voluntary Organization
BCC	Behavior Change Communication
BHUs	Basic Health Units
CBOs	Community-based Organizations
CDKs	Clean Delivery Kits
CEMONC	Comprehensive Emergency Obstetric and Newborn Care
CMWs	Community Midwives
CONTECH	Contech International Health Consultants
COP	Chief of Party
CTO/USIAD	Cognizant Technical Officer/United States Agency for International Development
DCO	District Coordination Officer
DCOP	Deputy Chief of Party
DHDCs	District Health Development Centers
DHIS	District Health Information System
DHMTs	District Health Management Teams
DHQs	District Headquarters
DHS	Demographic Health Survey
D.G. Khan	Dera Ghazi Khan
DSA	Decision-space Analysis
EBDM	Evidence Based Decision Making
EDO	Executive District Officer
EDO- H	Executive District Officer - Health
EMNC	Essential Maternal and Newborn Care
EmONC	Emergency Obstetric and Neonatal Care
EOP	End of Project
EPI	Expanded Programme on Immunization
EPI - MIS	Expanded Programme on Immunization – Management Information System
FALAH	Family Advancement for Life and Health
FATA	Federally Administered Tribal Area
FOMs	Field Operations Managers
FP	Family Planning
FP/PHC	Family Planning and Primary Health Care
FR	Frontier Region
GIS	Geographic Information System
GL	GoodLife
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 Immuno Deficiency Syndrome
HMIS	Health Management Information Systems
IEC	Information, Education and Communication
ICT	Information Communication Technology
IFB	Invitation for Bid
IPC	Interpersonal Contacts
IP & C	Infection Prevention & Control
IUFD	Intra-Uterine Fetal deaths
JHU/CCP	Johns Hopkins University/Center for Communication Program
JICA	Japan International Cooperating Agency
JSI	John Snow Research and Training Institute, Inc.
KM	Knowledge Management
LHVs	Lady Health Visitors
LHWs	Lady Health Workers
LHW - MIS	Lady Health Workers - Management Information System
LQAS	Lot Quality Assessment Surveys
LR	Labor Room
MAP	Midwifery Association of Pakistan
MCQ	Multiple Choice Questions
MDGs	Millennium Development Goals
M & E	Monitoring and Evaluation
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MNH	Maternal Newborn Health
MO	Medical Officer
MOH	Ministry of Health
MS	Medical Superintendent
MSUs	Mobile Service Units
MTE	Mid-Term Evaluation
NCMNH	National Commission for Maternal and Neonatal Health Care
NGO	Non-governmental Organization
NP for FP & PHC	National Program for Family Planning & Primary Health Care
NIPS	National Institute for Population Studies
NEB	Nursing Examination Board
NWFP	North West Frontier Province of Pakistan
OPD	Out-Patient Department
OSCE	Objective Structural Clinical Evaluation
OT	Operation Theatre
PA	Performance Assessment
PAIMAN	Pakistan Initiative for Mothers and Newborns
PAVHNA	Pakistan Voluntary Health Nutrition Association
PC	Population Council
PC - 1	Planning Commission - 1
PDHS	Pakistan Demographic Health Survey
PHDC	Provincial Health Development Center
PIUs	Project Implementation Units
PMA	Pakistan Medical Association
PNC	Pakistan Nursing Council

PNC	Postnatal Care
PPP	Public Private Partnership
PRISM	Performance of Routine Information System Management
PTV	Pakistan Television
PY	Project Year
RFP	Request for Proposal
RFQ	Request for Quotation
RHCs	Rural Health Centers
RMOI	Routine Monitoring of Output Indicators
SBA	Skilled Birth Attendant
SC/US	Save the Children, USA
SDSSP	Sindh Devolved Social Services Program
SMS	Small Messaging Service
SMT	Senior Management Team
SO	Strategic Objective
SOW	Scope of Work
TAG	Technical Advisory Group
TBAs	Traditional Birth Attendants
THQs	Tehsil Headquarters
TNA	Training Needs Assessment
TT	Tetanus Toxoid
TVCs	Television Commercials
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAFA	Welfare Association for Altruism
WMO	Woman Medical Officer

## **Message From the Chief of Party**

The USAID-funded Pakistan Initiative for Mothers and Newborns (PAIMAN) has just completed its fourth year of implementation. PAIMAN's work in Project Year Four was extremely challenging due to increasing instability on both the economic and political fronts. The transition from army-led democracy to popular democracy was not smooth. The assassination of Mohtarma Benazir Bhutto in December 2007, followed by the general elections and the precarious security situation in North West Pakistan were events that influenced not only overall PAIMAN implementation but also daily activities.

Today Pakistan stands at a crossroads. The recent macro-economic instability has created enormous challenges for the improvement of Pakistan's human development indicators. Although maternal, newborn and child health (MNCH) has been the subject of much attention for several decades, and Pakistan is committed to achieving the Millennium Development Goals (MDGs) targets of a two-thirds reduction in child mortality and a three-fourths reduction in maternal mortality, progress is slow. The recent Pakistan Demographic Health Survey (PDHS) 2006-2007 reveals that overall progress in MNCH is either minimal or has deteriorated. Pakistan has begun to lag behind other countries in the region in regards to a number of major health indicators.

There have been some improvements in maternal health indicators such as the utilization of services (i.e., antenatal consultation), skilled birth attendance and institutional deliveries. However, an area of concern is the increasing gap between rural and urban populations in the use of services, as well as differentials in access to services for the rich and poor.

The focus needs to shift towards more integrated delivery of maternal, newborn, child health and family planning services (MNCH/FP). Progress should be monitored regularly on the coverage of services at the district level as well as at the provincial and national levels. This requires a transition from a Health Management Information System (HMIS) to the District Health Information System (DHIS).

In September 2008 USAID/Pakistan awarded an expansion to PAIMAN, and the project completion date has been extended to September 2010. PAIMAN has now expanded from ten districts to 23 districts, two Agencies in FATA and two Frontier Regions. The scope of work now also includes child health and child spacing. The total population to be served is 32 million, which is one fifth of the total population of Pakistan.

I am thankful to USAID for their trust in the PAIMAN team, and all consortium partners, development partners and government stakeholders for their unconditional support for PAIMAN. I also want to thank the communities we serve for taking an active role in improving the health services and indicators of their districts, rather than standing by as passive recipients of services. Together, we can improve the health of Pakistan's mothers and their children.

**Dr. Nabeela Ali**

## Executive Summary

The Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five-year project (2004–2009) funded by the United States Agency for International Development (USAID). PAIMAN's initial mandate was to assist the Government of Pakistan (GOP) to improve the status of maternal and newborn health (MNH) in ten districts of Pakistan through viable and demonstrable initiatives. During this past year, two Agencies and two Frontier Regions of FATA and district Swat were added to the initial ten districts. In September 2008, USAID/Pakistan, awarded the JSI consortium an expansion of the program, adding another 12 districts and increasing the scope of work to include child health and child spacing. Therefore, PAIMAN is now transitioning from a MNH project to an integrated maternal, newborn, child health and family planning project (MNCH/FP). The End of Project (EOP) date for the expanded PAIMAN is now revised to September 30, 2010, and the budget has been increased from US\$ 49,943,857 to US\$ 92,800,000.

Having just completed Project Year Four, PAIMAN and its consortium partners have come a long way towards addressing MNH gaps and behavioral determinants, using a range of innovative and diverse interventions. These include designing a comprehensive communication strategy to reach a population of 14 million; working with Lady Health Workers (LHWs) in rural areas and with local NGOs in areas where there are no LHWs; initiatives to reach private providers in urban centers; enabling young women to attend classes in order to qualify as community midwives; supporting civil works projects to improve health facilities; and working to improve district data health information systems. These efforts have been highly successful and well-received, and a number of assessments have indeed shown an increase in knowledge and skill levels and in positive health-seeking behaviors.

With six out of the ten PAIMAN districts being predominantly rural, a substantial part of the overall Project strategy has been geared towards reaching out to and serving remote rural communities of women and children. In many of the PAIMAN districts, large segments of the population fall outside the net of government health services, often with LHW coverage of less than 60%, which leaves many families with poor access to care. In areas where road networks are poor, where means of communication are unreliable and where conservative social norms limit the mobility and decision-making power of women, it has been important for PAIMAN to devise special approaches to reach out to these underserved populations.

After the initial phase of putting in place the required support systems and undertaking a program of massive institutional and individual capacity building, PAIMAN is now seeing the positive results of these efforts. As discussed in the monitoring and evaluation section of this report, PAIMAN has made substantial progress as translated in its main output indicators such as prenatal care, tetanus-toxoid (TT), and postnatal care coverage. To increase skilled birth attendance (SBA), another main indicator, more time will be needed.

PAIMAN's mass media campaigns for behavior change reach over 74% of PAIMAN audiences in the target districts. This year, PAIMAN initiated campaigns which included a music video, a drama series and television commercials. The Project's mass media campaigns' reach, however, shrinks to less than 40% among the rural populace. To overcome this barrier, PAIMAN has devised innovative and exciting

programs to reach rural populations such as indigenous puppetry shows and the concept of *Video-on-Wheels*.

Interpersonal contact with women, men and other family members is an important method to encourage MNH behavior change, and PAIMAN has successfully piloted an initiative utilizing the *Ulama* (religious scholars) and prayer leaders to help spread MNH messages. The support of these *Ulama* has given remarkable reach to Project advocacy efforts and also provided valuable support to community mobilization initiatives. PAIMAN has also worked with the MOH to adopt PAIMAN's communication strategy as its approved official strategy for improving the health of Pakistan's mothers and children.

During the past few years, PAIMAN has worked closely with the MOH to design a community midwifery initiative (CMWs), not only for the ten PAIMAN districts but for all 130 districts of Pakistan, and PAIMAN is assisting the GOP to achieve this target by training and deploying 2,000 CMWs by the year 2009. Despite challenges, in Project Year Four PAIMAN enrolled 11,501 CMWs in training programs, and 124 graduated this year. PAIMAN also continued to support the training of midwifery tutors through a core group of master trainers.

A key component to improving access to MNH services is ensuring Emergency Obstetric and Neonatal Care (EmONC) services are available 24-hours a day, seven days a week. In Project Year Four, the civil works/renovation work on female wards, delivery rooms, operations theatres and nurseries in 31 facilities were completed. A lengthy procurement process for MNH equipment and instruments for government health facilities was also nearly completed. An overall improvement in the performance of obstetric care has now been demonstrated in PAIMAN districts

Reaching out to and creating linkages with the vast network of private providers throughout PAIMAN districts is a critically important intervention towards improving access to quality MNH services, for the private sector provides services to 70% of Pakistan's population. Through its partner Greenstar, PAIMAN has worked with the private sector to promote both preventive and clinical MNH services. This year Clinic Sahoolat, a free consultation day performed by health care providers of GoodLife networks for low-income urban communities, was introduced to more communities. Greenstar has also strengthened private sector surgical services by establishing a network of franchised, trained surgical service providers in the ten PAIMAN districts.

To ensure women can access the transportation they need in obstetric and newborn emergencies, PAIMAN has worked to make ambulances available around the clock. And to improve access to and utilization of reproductive health services for poor women and their families, in Project Year Four PAIMAN, with its partner Greenstar, began the process of developing a health voucher scheme. PAIMAN has also assisted health facility staff and managers to prepare and implement an Infection Prevention and Control Plan, and a pilot project on Hospital Waste Management (HWM) was successfully initiated two health facilities.

PAIMAN has been instrumental in broadening the scope of health provider trainings, in order to comprehensively address Essential Maternal and Newborn Care (EMNC) at the Basic Health Unit (BHU) and Rural Health Center (RHC) levels and



Comprehensive Emergency Obstetric and Newborn Care (CEmONC) at the secondary hospitals (DHHQ/THQH). The Project has promoted the institutionalization of these training activities by collaborating with the National MNCH Program, within the mandate of the overall national MNH strategy.

Aware that weak management can undo investments in health, the GOP and many development partners have explored ways of improving management practices within the district health system. The concept of the District Health Management Team (DHMT) as a district health system strengthening intervention was introduced in 1999, and PAIMAN continues to propagate the concept of DHMT with the idea that DHMT promotes continuous performance improvement of the district health system. PAIMAN also continues to provide technical support to the District Health Information System (DHIS), and has advocated for support for the nation-wide implementation of DHIS at national policy making level.

Very early in the development of the overall strategic plan, PAIMAN envisioned and planned for the development of an ambitious grants program, which aimed at bringing information and services to underserved communities. Through a network of 37 local Pakistani NGOs, PAIMAN has extended its care network to over 6.7 million people.

During its first phase, sub-grantee NGOs reached over 1.1 million beneficiaries with MNH messages. In Phase Two of the NGO grants strategy, NGOs focused more on improving and expanding access to care for underserved communities by collaborating with district health departments to help expand tetanus-toxoid (TT) immunization for pregnant women, organizing free medical camps and setting up and manning Birthing Centers to improve access to skilled birth attendance. The NGOs have organized 150 Health Camps reaching 41,096 beneficiaries in collaboration with local communities and government outreach teams.

Overall, the partnership with sub-grantee NGOs has been a very successful intervention that PAIMAN hopes to further replicate in the expanded project. Not only has this partnership strengthened the capacity of small local CBOs and NGOs to work effectively according to accepted programming and reporting requirements, it has also forged new alliances between the NGO sector, the community and local government.

## Summary of Targets and Results

23-Oct-08																
Summary of 5 Year Targets and Results Quarterly Report QIV July-September for the PY04, 2008-2009																
Activities	Quarterly Targets & Results Q4 (July-Sept, 2008)		Annual Targets & Cumulative Results Year IV (2007-2008)					Five Year Targets & Cumulative Results (2004-2009)						Remarks		
	Targets	Result	Planned Targets	Cumulative Results Year IV (2007-2008)					Planned Targets	Cumulative Results (PY01, 02, 03, 04, 05)						
				QI	QII	QIII	QIV	Total		YI	YII	YIII	YIV		YV	Total
<b>SO 1: Increase awareness and promote positive maternal and neonatal health behaviors</b>																
<b>Planning</b>																
District Draft Action plans	Targets for the life of project achieved							10	0	0	9	1		10		
<b>Communication Planning and Evaluation Training for Managers</b>																
Federal/provincial/district managers (2 weeks)	26	28	26	0	0	0	28	28	91	0	39	26	28		93	
<b>Training of Journalists/ Ulema</b>																
Training of journalists	Targets for the life of project achieved							167	0	0	141	28		169		
Training/orientation meetings of Ulema	125	60	350	153	72	0	60	285	450	0	0	100	285		385	
<b>Mass Media</b>																
Produce a TV drama serial/series on MNH issue (no. of episodes)	0	0	6+7	1	2	3	0	6	20	0	0	7	6		13	
Air a district level talk show	0	0	0	0	0	0	0	0	22	0	0	12	0		12	
Prepare, print and distribute district specific PAIMAN brochures	Targets for the life of project achieved							10	0	5	5	0		10		
Produce and air a music video on MNH	0	0	1	0	1	0	0	1	2	0	0	0	1		1	
<b>Theater Performance</b>																
Community theater groups / performance	9	9	24	4	6	5	9	24	75	8	5	16	24		53	

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				QI	QII	QIII	QIV	Total		YI	YII	YIII	YIV	Y V		Total
Stage play at federal/provincial headquarters	3	0	4	1	0	0	0	1	on need basis	0	0	2	1		3	Because of the frequent transfers of the National Manager LHW program, Secretary health and DG health, events could not be organized.
Putlee Tamashas in rural communities of PAIMAN districts	0	0	240	50	150	150	0	350	352	0	0	112	350		462	Putlee tamashas has been shown to be an excellent tool of communication. The target number has been increased to cover districts in Punjab and Sindh.
Appoint goodwill ambassadors and support their activities	Targets for the life of project achieved								1	0	0	1	0		1	
<b>Sensitization</b>																
Support village fares	Targets for the life of project achieved								83	3	7	26			36	
Organize briefings on MNH for district assemblies	7	4	10	0	1	2	4	7	34	2	5	7	7		21	Four seminars for 231 district assembly members were organized, one each in Rawapindi, Jhelum, Jaffarabad and Lasbella. In D.G Khan, Dadu and Sukkur, these events could not be conducted because of the volatile political situation.
Sensitize local line departments	Targets for the life of project achieved								516	4	387	125			516	
Sensitize CBOs and NGOs	Targets for the life of project achieved								362	9	212	141			362	
Sensitize village elders/ opinion leaders (hujra/chopal meetings)	Targets for the life of project achieved								647	6	399	242	0		647	
Sensitization of Parliamentarians Nazims and DCOs	30	0	0	0	0	0	0	0	115	0	85	0	0		85	Sensitization event was organized in August but it was postponed because of the precarious security situation.
Sensitization meeting with local Nazims and elected representatives	Targets for the life of project achieved								357	4	259	94			357	
<b>Events for Community Mobilization (CM) Partners</b>																

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CM - Organize CAM events for MNH	26	25	95	22	24	23	25	94	431	30	103	143	94		370	
CM - Organize and participate in mega event based on MNH issues	6	3	10	1	1	3	3	8	36	0	2	14	8		24	Three mega events were organized for 2,200 participants, one each in Pindi, Dadu and Lasbella. In Dir Upper, event could not be conducted because of security reasons and in D.G Khan, the event could not be conducted because of floods. In Jaffarabad the activity could not be conducted because of the unstable political environment.
CM - Medical Camps	15	12	36	4	9	8	12	33	36	0	0	6	33		39	Twelve health camps were organized against a target of 15 for 8,213 participants (1,886 men and 6,327 women), one each in Jhelum, Khanewal, D.G Khan, Dadu, Sukkur, two each in Pindi and Jaffarabad and three in Lasbella. In Dir Upper, the planned camp was postponed because of the uncertain security situation. In Lasbella, two events could not be conducted because of involvement of health staff in elections and national immunization days.
<b>Support Group (Group Counseling)</b>																
No. of SG organized	6995	5,340	22014	1553	5187	8279	5,340	20359	31850	0	0	9792	20359		30151	Underachievement is because of the delay and underachievement of support group trainings of LHWs.
No. of SG meetings	66,632	25,362	122073	12252	17956	25234	25,362	80804	292694	0	645	16454	80804		97903	Quarterly targets were calculated on the assumption that 25% of LHWs would be

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				QI	QII	QIII	QIV	Total		YI	YII	YIII	YIV		Y V	Total
No. of beneficiaries	6E+05	295,526	1220730	1E+05	2E+05	278824	295,526	927186	3030160	0	6450	267760	927186		1201396	trained each quarter but because of the frequent NIDs, SNIDs and measles campaigns, training targets could not be achieved.
<b>Committee Meetings</b>																
Organize and support facility based health committees (BHU, RHC & THQ)	26	5	43	1	14	2	5	22	209	8	53	79	22		162	PDQ process was completed in five health facilities, one each in Dir, Buner, Jhelum, Dadu and Sukkur. PDQ implementation is in process at 22 health facilities and will continue in the next year because it is lengthy process and takes time to complete.
Conduct Facility Based Health Committee meetings (# of meetings)	33	19	104	14	31	26	19	90	368	8	53	75	90		226	Nineteen follow up meetings were held with 139 participants. In Buner and Jhelum, extra meetings were held because of available time. In Dir Upper, meetings were underachieved in previous quarters. Two meetings each in Lasbella and Jaffarabad could not be conducted because of involvement of health staff in national immunization days.
<b>Products</b>																
Market and sale of CDKs-samples	9090	6005	20000	157	10466	287	6005	16915	45605	0	700	4905	16915		22520	Greenstar could not achieve its CDK sales target because sample CDKs were being distributed free to TBAs by local CBOs, government groups and organizations such as UNFPA and the Women Project. Therefore TBAs were reluctant to buy a product that was free of cost via other sources.
Market and sale of CDKs-commercial	19529	9129	45000	6402	5594	13475	9129	34600	124395	0	4300	22895	34600		61795	

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<b>Interpersonal Communication</b>															
No. of IPC meetings	14300	14469	95388	26071	29508	27809	14469	97857	159122	0	2000	61734	97857		161591
No. of beneficiaries	30000	30385	188755	55801	56913	53041	30385	196140	318332	0	3200	126377	196140		325717
<b>Services</b>															
No. of Clinic Sahoolat at provider outlets	270	273	1868	370	530	674	273	1847	2812	0	40	904	1847		2791
No. of beneficiaries	6750	6825	43314	7654	11985	16325	6825	42789	63314	0	200	19800	42789		62789
<b>SO 2: Increase access to and community involvement in MNH services</b>															
<b>Improving Access to Health Facilities</b>															
Establish GoodLife surgical clinics	9	9	0	0	0	0	9	9	50	0	0	41	9		50
Establish GoodLife non-surgical clinics	Targets for the life of project achieved								550	0	50	430	89		569
<b>Orientation of TBAs on Clean Delivery Practices</b>															
Training of facilitators	Targets for the life of project achieved								28	0	0	28	0		28
Orientation of TBAs JSI	Targets for the life of project achieved							0	1500	0	0	1082	0		1082
Orientation of TBAs GS	Targets for the life of project achieved							0	400	0	0	369	22		391
<b>SO 3: Improve service quality in both public and private sectors</b>															
<b>Up-gradation of Health Facilities (for details see scoring matrix)</b>															
DHQ Hospitals		98.17%	95%	92.3%	95%	97.06%	98.17%	98.17%	100%	0%	0%	90%	98.17%		98.17%
THQ Hospitals		96.44%	95%	90.2%	93%	94.33%	96.44%	96.44%	100%	0%	0%	89%	96.44%		96.44%
RHC/ BHU		98.33%	95%	90.4%	95%	97.00%	98.33%	98.33%	100%	0%	0%	89%	98.33%		98.33%
*SCMOs: Senior Community Mobilization Officers hired by CM partners															
<b>SO 4: Increase capacity of MNH managers and health care providers</b>															

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				QI	QII	QIII	QIV	Total		YI	YII	YIII	YIV		Y V	Total
<b>Essential Maternal and Newborn Care (EMNC)</b>																
EMNC- Master Trainers (6 days)	Targets for the life of project achieved								70	0	70	0	0		70	
EMNC- Trainings (6 days)	217	61	743	121	192	213	61	587	1934	0	440	652	587	1679	A total of five EMNC trainings were conducted, two in D.G. Khan and one each in Rawalpindi, Jhelum and Dadu. The EMNC targets of Dir and Buner could not be achieved due to the unstable security situation. In Sukkur one planned training was postponed due to Ramadan, whereas in Jafferabad health care providers could not be identified for EMNC trainings since a majority of existing providers had already been trained.	
EMNC –Refreshers (4 days)	375	248	483	72	18	18	248	356	500	0	0	17	356	373	In Punjab, three trainings could not be conducted due to detection of polio cases and subsequent NIDs on a monthly basis. In D.G Khan one training was postponed due to floods. In Sukkur, training could not be conducted due to Ramadan	
Monitors for EMNC (1 day)	Targets for the life of project achieved								63	0	63	0	0		63	
<b>Comprehensive EmONC Trainings</b>																
CEmONC (2 weeks)	17	16	28	0	0	11	16	27	75	0	0	47	27	74		
<b>Training of LHWs on SG methodology</b>																
Training of master trainers at national/provincial level	Targets for the life of project achieved								37	0	0	37	0	37		
Training of trainers at district level	113	68	347	65	131	38	68	302	1088	0	0	741	302	1043	Trainings planned in Ramdan could not be conducted in Sukkur and Khaniwal.	

23-Oct-08																
Summary of 5 Year Targets and Results Quarterly Report QIV July-September for the PY04, 2008-2009																
Activities	Quarterly Targets & Results Q4 (July-Sept, 2008)		Annual Targets & Cumulative Results Year IV (2007-2008)						Five Year Targets & Cumulative Results (2004-2009)						Remarks	
	Targets	Result	Planned Targets	Cumulative Results Year IV (2007-2008)					Planned Targets	Cumulative Results (PY01, 02, 03, 04, 05)						
				QI	QII	QIII	QIV	Total		YI	YII	YIII	YIV	Y V		Total
Rollout training of LHW	2022	756	5099	445	1439	1193	756	3833	8529	0	0	3419	3833		7252	The main reason for the under-achievement of the target is that LHWs remained busy in NIDs, and also because during Ramadan trainings could not be conducted.
<b>Capacity Building of Public/ Private Sector HCPs and Managers</b>																
Training of master trainers for regular midwifery training on new curriculum (4 weeks)	Targets for the life of project achieved								44	0	44	0	0		44	
Training of tutors for regular midwifery trainings on new curriculum (4 weeks)	Targets for the life of project achieved								119	0	85	20	14		119	
Training of tutors for refresher midwifery trainings (2 weeks)	Targets for the life of project achieved								22	0	22	0	0		22	
Refresher midwifery training (participants)	Targets for the life of project achieved								500	0	80	417	0		497	
<b>Training of Private Providers</b>																
Training on Essential Maternal and Newborn Care	Targets for the life of project achieved								550	0	50	430	89		569	
Advanced Training on Maternal and Newborn Care	9	9	9	0	0	0	9	9	50	0	0	41	9		50	
<b>Community Midwifery Training (Refresher-800 and Regular-1200, Total-2000)</b>																
No. of midwives enrolled for regular midwifery trainings on new curriculum (18 months)	24	24	750	0	0	351	24	375	1500	0	0	775	375		1150	
<b>Training of ambulance staff</b>																
Training of ambulance staff (drivers and paramedics)	Targets for the life of project achieved								120	0	0	0	122		122	



23-Oct-08																
Summary of 5 Year Targets and Results Quarterly Report QIV July-September for the PY04, 2008-2009																
Activities	Quarterly Targets & Results Q4 (July-Sept, 2008)		Annual Targets & Cumulative Results Year IV (2007-2008)					Five Year Targets & Cumulative Results (2004-2009)						Remarks		
	Targets	Result	Planned Targets	Cumulative Results Year IV (2007-2008)					Planned Targets	Cumulative Results (PY01, 02, 03, 04, 05)						
				QI	QII	QIII	QIV	Total		YI	YII	YIII	YIV		YV	Total
<b>SO 5: Improve management and integration of services at all levels</b>																
<b>Capacity building of District Health Managers</b>																
Strategic & Annual Operational Planning training (no. of participants)			Targets for the life of project achieved						120	0	60	60	0		120	
Hands On/refresher for strategic Annual Operational Plan			Targets for the life of project achieved						30	0	0	0	57		57	
Logistical Systems training (no. of participants)			Targets for the life of project achieved						46	0	0	32	14		46	
Financial Management training (no. of participants)			Targets for the life of project achieved						98	0	0	60	38		98	
Supportive Supervisory trainings			Targets for the life of project achieved						100	0	0	0	85		85	
<b>Health Management Information System (HMIS)</b>																
Evidence Based Decision Making for District Managers (4 days) 6 workshops			Targets for the life of project achieved						157	78	79	0	0		157	
Refresher Training on HMIS Data Collection Tools and Methods (2 days) 30 workshops			Targets for the life of project achieved						1240	0	1240	0	0		1240	
<b>Leadership Training for District Management (1 week)</b>																
Leadership Training for District Management			Targets for the life of project achieved						89	0	17	72	0		89	

## Introduction to PAIMAN

The Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five-year project (2004–2009) funded by the United States Agency for International Development (USAID) under a Cooperative Agreement. PAIMAN is implemented through a consortium led by JSI Research & Training Inc., a US-based public health organization, in close partnership with a number of local and international organizations. Partners 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 (NCMNH), the Midwifery Association of Pakistan (MAP), and Mercy Corps provide assistance in specific areas of the project. These partners and other collaborating organizations have extensive experience implementing maternal, newborn and child health (MNCH) projects in Pakistan and globally, and together form an ideal team to implement this ambitious project.

PAIMAN's initial mandate was to assist the Government of Pakistan (GOP) to improve the status of maternal and newborn health (MNH) in ten districts of Pakistan through viable and demonstrable initiatives. During this past year, two Agencies of FATA, two Frontier Regions and Swat District were added to the initial ten districts. In September 2008, USAID/Pakistan, through a modification of the Cooperative Agreement, awarded the JSI consortium an expansion of the program, adding 12 more districts and increasing the scope of work to include child health and child spacing. Therefore, PAIMAN is now transitioning from a MNH project to an integrated maternal, newborn, child health and family planning project (MNCH/FP). The End of Project (EOP) date for the expanded PAIMAN is now revised to September 30, 2010, and the budget has been increased from US\$ 49,943,857 to US\$ 92,800,000.

In the beginning of PAIMAN, a baseline survey and various formative research activities were carried out in the ten districts, looking at issues such as access to health care, the availability of services and the behavioral determinants of health seeking behavior. The baseline survey findings proved extremely useful in designing strategies around health care access, as the ten districts are extremely diverse in regards to their culture, socioeconomic status and geographic profile. Yet the designed strategy was not only tailored to the unique characteristics of PAIMAN districts, but also took into careful account issues such as sustainability, equity, quality, empowerment and partnerships. The obvious choice in almost all districts was to work with both the public and private sectors, with an emphasis on rural communities as 67% of population resides there.

Having just completed Project Year Four, JSI and its consortium partners have come a long way towards addressing MNH gaps and behavioral determinants, using a range of innovative and diverse interventions. These include designing a comprehensive communication strategy to reach a population of 14 million; working with Lady Health Workers (LHWs) in rural areas and with local NGOs in areas where there were no LHWs; initiatives to reach private providers in urban centers; enabling young women to attend classes in order to qualify as community midwives; supporting civil works projects to improve health facilities; and working to improve

district data health information systems. These efforts have been highly successful and well-received, and a number of assessments have indeed shown an increase in knowledge and skill levels and in positive health-seeking behaviors.

### **PAIMAN's Vision of Success**

PAIMAN fully endorses the vision in the National Maternal, Child, 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 MNCH is of a society where women and children enjoy the highest attainable levels of health and no family suffers the loss of precious life. Pakistan henceforth pledges to ensure availability of high quality MNCH 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, newborn and child mortality in Pakistan through viable and demonstrable initiatives. These include the capacity building of existing programs and structures within Pakistan's 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's Project Strategy**

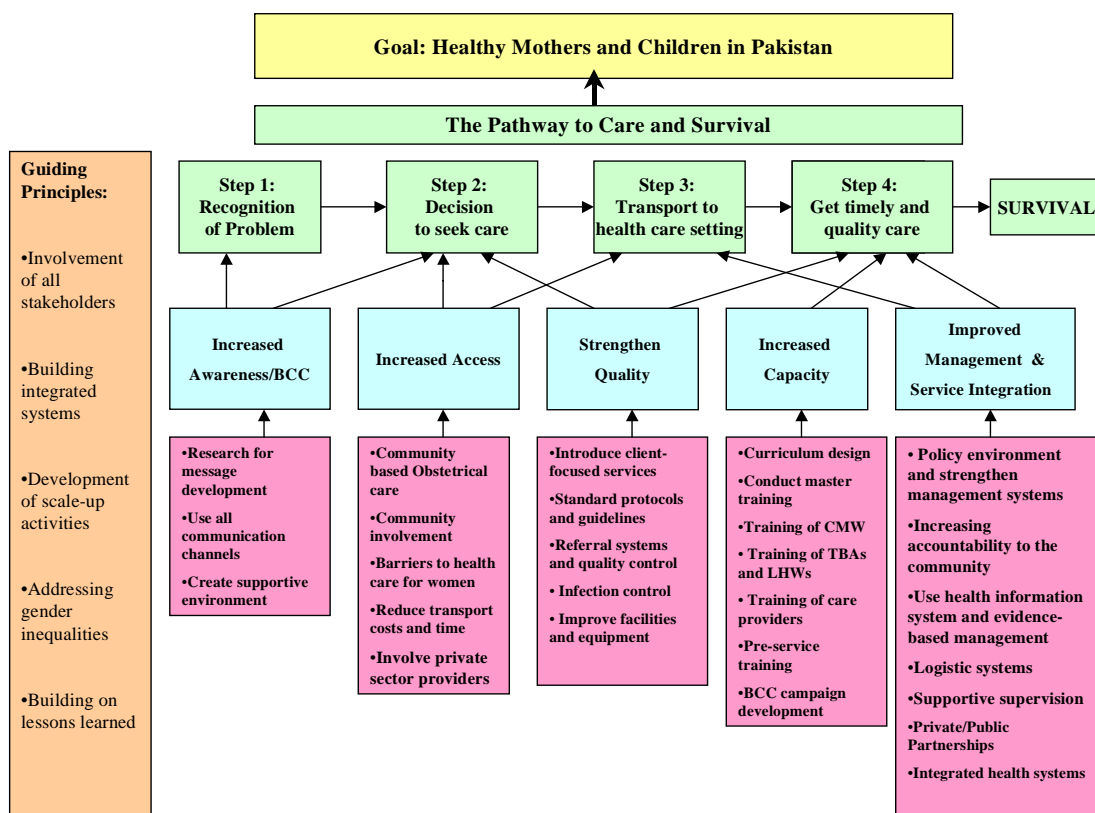
Effective MNCH care consists of a continuum of interventions, beginning before pregnancy and covering the prenatal, delivery and post-partum periods, and addressing the individual health of women and children. In the Pakistani context, in order to have an immediate effect on mortality rates, the focus must be on the labor, delivery and the immediate postpartum period – from the onset of labor through day seven. PAIMAN therefore promotes *skilled attendance as the long-term goal for all deliveries in Pakistan.*

The MNH literature speaks of the "three delays" which contribute to maternal and newborn death. The first is the delay in seeking care, which may occur because the woman has to wait for permission from the family decision-maker, because she knows the family can't afford the costs, or she doesn't recognize that her pregnancy is having trouble. The second delay regards transportation, which may be unavailable or take too long. The third delay is in receiving care - a woman might arrive at a facility only to find there are no staff, inadequate equipment, and no blood for a transfusion. PAIMAN opts for a multi-pronged strategy, with attention paid all three of these delays.

MNCH outcomes are influenced by factors other than health care alone. The public health evidence-base clearly shows that maternal, neonatal and child survival depends upon a range of socio-cultural, economic, and geographic determinants, all of which must be considered within the Pakistani context. These determinants must be addressed in order to develop comprehensive and sustainable solutions to address maternal, neonatal and child mortality.

The PAIMAN project supports an *integrated, evidence-based, and multi-pronged approach combining individual health care with public health and community-based interventions*. This approach is summarized in the “The Pathway to Care and Survival,” which outlines the steps necessary to increase the likelihood of maternal, newborn and child survival in the event of a complication or illness.

**Figure 1:** PAIMAN Pathway to Care and Survival



**Progress Towards the Accomplishment of Strategic Objectives**

The PAIMAN project’s 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, neonatal and child health complications
- Increase the capacity of district maternal, newborn and child care providers and managers
- Improve management and integration of health services at all levels

After the initial phase of putting in place the required support systems and undertaking a program of massive institutional and individual capacity building,

PAIMAN is now seeing the positive results of these efforts. As discussed in the monitoring and evaluation section of this report, PAIMAN has made substantial progress as translated in its main output indicators such as prenatal care, tetanus-toxoid (TT), and postnatal care coverage.

One exception is with the skilled birth attendance (SBA) indicator, which has not increased significantly. To address skilled birth attendance, two main strategies have been proposed: (1) the community midwife (CMW) initiative; and (2) the up-gradation of referral facilities providing 24/7 MNCH services. Both strategies require a substantial investment of time. As explained in detail under Strategic Objectives 2 and 3, setting up and providing an 18-month CMW training program, in addition to renovating and equipping 31 health facilities, are time-consuming activities. It is therefore anticipated that substantial results in SBA attendance will be seen only in Project Year Five and later.

The following sections of this report provide a summary of activities undertaken and the input, process, and output results for each of the five strategic objectives, as well as for the grants program.

## 1. ACTIVITIES AND ACCOMPLISHMENTS

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

Communication approaches such as behavior change communication (BCC) and social marketing represent systematic attempts to positively influence the health practices of populations. The goal is to bring about improvements in health, through awareness raising and the promotion of positive behaviors. Programmatic activities in this regard include mass media campaigns, interpersonal communications and events designed to raise awareness of the key issues.

#### 1.1 Responding to the Ground Realities

PAIMAN determined in the initial years of the project that the diversity of its districts would not allow for a “one size fits all” approach in regards to its communications and behavior change strategies. Therefore, Project Years One and Two were dedicated to a comprehensive review of the relevant MNH literature, exhaustive community-based research studies and extensive consultations with stakeholders and partners to allow for the development of appropriate and powerful messages tailored to the specific environment of each target district. This process provided PAIMAN with the unique opportunity to better understand the realities facing communities in some of the Project’s more remote, conservative districts – and to develop suitable plans for targeting these challenging environments. District-specific action plans now exist for all PAIMAN districts, targeting audiences living in diverse cultural and geographical areas ranging from the rugged mountains of Upper Dir to the urban slums of Rawalpindi and Jhelum.

#### 1.2 Cultivating Partnerships

A cornerstone of PAIMAN’s approach is to fully engage partners’ participation in designing and implementing all program strategies. PAIMAN’s communication strategy has been adopted by the Ministry of Health (MOH) in its main planning document, the *National MNCH PC-1*, making it an approved official strategy for improving the health of Pakistan’s mothers and children. PAIMAN, in partnership with the National MNCH Program and the National Program for Family Planning and Primary Health Care (NP for FP/PHC) also helped to organize a series of consultative meetings on the strategy. Experts from various health programs of the MOH, partner Ministries, NGOs and UN organizations participated in these meetings to finalize consensus messages on MNCH and family planning. The finalized messages are in the process of approval and notification by the MOH for use by all health programs’ communication strategies.

During Project Year Four, an important milestone was achieved in conjunction with the NP for FP/PHC. Under PAIMAN, the Behavior Change Communication (BBC) Team partnered with the NP for FP/PHC to establish a Research and Publication Cell which could conduct BCC activities. These activities include the development and implementation of a communications strategy, the production and distribution of an Urdu-language newsletter *Raabta* for the continued education of 110,000 Lady Health Workers (LHWs) and supervisors, and a quarterly advocacy publication

*Integrated Primary Health Care Communiqué* for various national and international partners. The Urdu newsletter is also published in the Sindhi language and distributed to the 15,000 LHWs in Sindh province.

Overall, PAIMAN has helped the NP for FP/PHC increase its reach to all 110,000 LHWs (which previously was not possible), resulting in a strengthened relationship between the NP for FP/PHC and its workers. This relationship was also beneficial to PAIMAN in its mass media initiatives (see detail below), whereby LHWs and their supervisors were invited to help publicize the PAIMAN television drama series currently airing on national television. The LHWs of the NP for FP/PHC also contribute to the monitoring and evaluation activities of this mass media intervention. All of the above indicate the growing commitment of the Government to MNH issues and the long-term sustainability of MNH initiatives. As the MOH embraces more MNH-related BCC activities on their own, PAIMAN can be assured of the long-term impact of its MNH BCC work.

### **1.3 Using the Magic of Mass Media**

In Project Year Four, PAIMAN embarked on the strategic use of mass media, initiating campaigns which included a music video, a drama series and television commercials. The MNH messages within these media are based on findings of the formative research and on real-life stories from PAIMAN districts, which help audiences relate to the happenings on-screen.

Tapping into the universal appeal of music and the charm of one of the most famous Pakistani pop-stars, Shafqat Amanat Ali, PAIMAN helped produce a music video positioning maternal health as a shared responsibility. The video has been televised on all major television networks for a period of over six weeks, either free-of-cost or on special subsidized rates. This cost sharing arrangement continued with PAIMAN's drama series, which also aired cost-free on state-run Pakistan Television (PTV) – the biggest and most widely watched TV channel in the country, and the main channel watched in rural districts. Support from PTV resulted in net-savings of at least 2.3 million rupees to the Project. Six episodes of the series have aired this year and received an enthusiastic response from audiences. To supplement the subtle messages of the TV dramas, PAIMAN has also produced and aired five television commercials focusing on key MNH messages.

With the achievement of PAIMAN's training targets for private health care providers, in Project Year Four PAIMAN launched a multi-pronged mass media campaign of GoodLife advertisements to increase user demand for GoodLife Providers (GoodLife Providers are the franchised network of private providers and their clinics developed by Greenstar in PAIMAN districts). A 25-second GoodLife advertisement was condensed from the original 45-second spot, so that more spots of the shorter version could be aired on primetime PTV. This year, a total of 138 spots of GoodLife advertisements were aired on PTV, and GoodLife advertisements were shown on local cable networks in eight of the original ten districts (excluding Upper Dir and Buner) on a four monthly pulse with 3,968 spots on StarPlus, 72,720 spots on branding channels and 25,888 loose spots. Overall, in Project Year Four a total of 102,576 spots were shown on cable. GoodLife Clinic advertisements were also displayed on billboards in Rawalpindi, Khanewal, Jhelum and Sukkur districts at 18

different locations. For all GoodLife providers Greenstar completed display of Fascia Boards at their outlet.

#### **1.4 Addressing Diversity with Variety**

PAIMAN's mass media campaigns reach over 74% of PAIMAN audiences in the target districts. Its reach, however, shrinks to less than 40% among the rural populace. To overcome this barrier, PAIMAN has devised innovative programs using indigenous puppetry and the concept of *Video-on-Wheels*. More than 350 puppet shows have been staged so far in the remotest parts of D.G. Khan, Rawalpindi, Jehlum and Khanewal, delivering messages to approximately 20,000 people in an entertaining and highly cost-effective manner. Widespread positive responses to the shows and feedback from PAIMAN partners have encouraged the Project to expand these puppet shows to the districts of Sindh and Balochistan provinces in the next year. *Video-on-Wheels* is another innovative approach which allows selected PAIMAN drama series to be seen by communities where there is limited ownership and/or viewership of television. Pilot testing of this unique approach has been designed for Sukkur District, after which it will be scaled up to other PAIMAN districts.

#### **1.5 Mobilizing Communities**

***Meeting people face to face.*** In-person contact with women, men and other family members is an important method to encourage MNH behavior change. Through its community mobilization partners - Save the Children US, PAVNHA and Mercy Corps - and with the support of around 8,000 MOH LHWs, PAIMAN has reached out to women in some extremely conservative areas via interpersonal contact. LHW support groups form the basic building blocks of PAIMAN's outreach activities, through which women are provided with counseling services and peer support to address the MNH problems they face. In Project Year Four, more than 20,000 LHW support groups were held during which over 927,000 women were provided with information and counseling. Through a network of sub-grantee NGOs, PAIMAN has also been able to provide MNH information to men and women living in areas not covered by the NP for FP & PHC.

Additional direct interpersonal communication (IPC) with groups of men and women has been undertaken by Greenstar through their MNCH Goodlife Providers. IPC engages key influencers and stakeholders in households and communities in order to promote an enabling environment for decision-making, through counselling on obstacles such as fears and myths. IPC activities are often performed three days prior to a Clinic Sahoolat activity (see the next section for more information on Clinic Sahoolat). Outreach workers visit the catchment area of the Goodlife providers, and invite those community members in the target group (which includes married women of reproductive age (15-49) who are pregnant, have one or more children up to age five and/or have an unmet need for family planning) to visit the clinic for care, offering them a token to give the provider on that day. All IPC activities are reported by the field staff into the MIS form where reports are generated nationally.<sup>1</sup> Overall, in Project Year Four 97,857 IPC meetings were held with 196,140 beneficiaries.



**Melas and community events:** PAIMAN and its community mobilization partners have worked to organize numerous types of local events, 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, including street theatre performances, youth gatherings, quiz competitions and traditional games to both entertain and educate these rural audiences. The diversity of these activities helps ensure maximum reach of PAIMAN in its target areas.

**Table 1: PAIMAN Yearly/Quarterly Beneficiaries of Community Mobilization Activities  
As of July 31, 2008**

Activities	Total Project Yr 2 & 3	QI, Project Yr 4	QII, Project Yr 4	Q III, Project Yr 4	Q IV, Project Yr 4	Totals
Support groups (CM partners)	275,222	139,638	213,198	278,824	295,526	<b>1,202,408</b>
IPC beneficiaries (Greenstar)	129,577	55,801	56,913	53,041	30,385	<b>325,717</b>
Sub-grantee NGO beneficiaries	920,008	89,688	156,985	47,297	36,537	<b>1,250,515</b>
<b>Totals</b>	<b>1,324,807</b>	<b>285,127</b>	<b>427,096</b>	<b>379,162</b>	<b>362,448</b>	<b>2,778,640</b>

### 1.6 Breaking New Ground in Community Advocacy

Previously, PAIMAN successfully piloted an initiative utilizing the extensive network of *Ulama* (religious scholars) and prayer leaders to help spread MNH messages in two of the most remote districts in NWFP. Given their high status in the community, the support of the *Ulama* has given remarkable reach to Project advocacy efforts and also provided valuable support to community mobilization initiatives. Building on the successes in NWFP, in Project Year Four PAIMAN extended its scholars network to around 300 *Ulama*, covering four additional districts in the province of Punjab.

PAIMAN has also organized MNH *Ulama* conventions in Rawalpindi, Khanewal, D.G. Khan and Peshawar to build consensus on their role in educating communities and individuals on MNH. Special messages have been developed by a core group of senior *Ulama* working as advisors to PAIMAN, and now sermons delivered in mosques during Friday prayers have begun focusing on MNH issues and their importance within the Islamic context.

### 1.7 Evaluating the Impact of BCC Interventions

Presently, PAIMAN is conducting a comprehensive impact evaluation of its mass media campaign and products, which include the music video, television drama serials, and television commercials. Preliminary evaluation results have been extremely encouraging in terms of message reception. Independent of this evaluation, PAIMAN has also recently conducted an impact evaluation of its community media activities which includes the work with religious leaders and puppet shows. Results from these studies have shown that not only are these activities strongly complementing other community mobilization activities of PAIMAN, but are also extremely effective in increasing knowledge among segments of population that have traditionally been hard to reach.

### **1.8 Constraints and Challenges**

PAIMAN faced a number of constraints and challenges in the implementation of its BCC strategy during Project Year Four. As discussed above, the centerpiece of PAIMAN's BCC strategy focused on the mass media, including the music video, television drama series and television commercials. However, the development of these products took more time than expected, largely due to limited in-country capacity to produce quality entertainment-educational products. Once the products were developed, PAIMAN hoped to air them on PTV as noted above. However, negotiating the airing of these products on PTV proved challenging, largely due to the fluidity of PTV policies. It took significant time and effort to convince this state-run channel to run the drama series during their prime time hours.

The prevailing law and order situation in the country also posed a tremendous challenge to the community-based communication activities, causing considerable delays. In Swat District, MNH social mobilization activities involving the *Ulama* and journalists could not take place because of the poor security situation in the area. These activities have been rescheduled for next year.

In addition, the unprecedented load shedding of electricity also posed a constraint. While the music video, drama series and television commercials are all being aired on national television, the exact viewership is not known as districts have been experiencing power outages lasting more than 12 hours daily. PAIMAN therefore has made modest estimates of viewership in the effected districts.

## **Strategic Objective 2: Increase Access and Community Involvement in Maternal and Neonatal Health Services**

Reducing maternal and newborn mortality through interventions intended to manage complications alone is not sufficient. In many countries, access to health services is constrained by a lack of awareness about MNH, a scarcity of female health care providers, limited availability of 24 hour/7 days a week health services, the limited mobility of women and the lack of financial resources to pay for services.

### **2.1 Increasing Community-based Access to MNH Services**

As the 2006 Lancet Series for Maternal Health categorically recommends, ensuring pregnant women have access to a Skilled Birth Attendant (SBA) is critical to reducing maternal and newborn mortality. Scaling up skilled birth attendance is now the main intervention proposed at the national level to achieve MDGs 4 and 5 and to reduce maternal and newborn mortality in Pakistan.

In PAIMAN's districts, the health care providers available to women for obstetric care include Traditional Birth Attendants (TBAs), Lady Health Workers (LHWs), and Lady Health Visitor (LHVs). During the past few years, PAIMAN has worked closely with the MOH to design a new community midwifery initiative (CMW), not only for the ten PAIMAN districts but for all 130 districts of Pakistan. With the introduction of CMWs, women will now have access to a SBA closer to their household. However, PAIMAN continues to work with each of these four types of health providers, for each play an important role in supporting MNCH.

The **TBAs** are neither trained nor skilled, and as a result many women and newborns unnecessarily die or are disabled due to complications of pregnancy and childbirth – a scenario usually accepted by the family as the will of God. During the past four years, PAIMAN has achieved its target of providing orientation to 1,910 TBAs in clean delivery practices, and in Project Year Four, a total of 16,915 Clean Delivery Kits were distributed and 34,600 were sold through social marketing. One area in need of additional attention is in developing linkages between the TBAs and health facilities and in tracking the number of referrals. PAIMAN has now developed pictorial referral slips to be used by the TBAs, which will be a focus of implementation activities in Project Year Five.

The **LHWs** are government extension workers with fifteen months training who are responsible for health promotion, referrals to health facilities and for maintaining family health records for families in their catchment area (per 1,000 population). In Project Year Four, PAIMAN trained 3,833 LHWs to establish and conduct support groups for women of child bearing age. In these support groups, thirteen key health messages around the importance of antenatal care, postnatal care, child spacing, exclusive breast feeding, childhood immunization and birth spacing are shared. Discussions cover the problems women face during pregnancy, childbirth and after birth, as well as ways to address these problems. Advice is often sought from the experiences of the women themselves, and the group uses counseling cards provided by the LHWs. The LHWs are also able to help arrange for transportation via the male health committee for the women (and newborn) to reach health facilities. An assessment of the effectiveness of these groups and the male health committees clearly shows that these support groups have much potential, with high levels of female participation. However, in terms of the male health committees, it appears there is a lack of interest and clarity on their role and that many of these groups are non-functional. In Project Year Five, there will be an emphasis on further improving and ensuring the quality of these male support groups.

The **LHVs** are posted in health facilities and serve the community as SBAs. They also help provide child health services. In Project Year Three, PAIMAN organized refresher training for 500 LHVs through one month attachments with teaching hospitals. This resulted in an increase in institutional deliveries and renewed confidence of LHVs in their obstetrical skills.

The **Community Midwives (CMWs)** are a new cadre of community-based skilled birth attendants. The Government of Pakistan (GOP), in its National MNH Program, set for themselves the ambitious target of training and deploying 12,000 CMWs in five years in rural communities to serve a population of 5,000 to 10,000. The role of the CHWs is to provide skilled birth attendance to all pregnant women within their catchment area of 1,000 people. PAIMAN is assisting the GOP to achieve this target by training and deploying 2,000 CMWs by the year 2009.

In Project Year Four, PAIMAN enrolled 11,501 CMWs in training programs, and 124 graduated this year. The focus of Project Year Five will be on building the image of CMWs as SBAs, and promoting team work between different health care providers so that they support each other rather than acting as competitors.

According to the Pakistan Nursing Council (PNC) midwifery curriculum and the National MNCH Program's PC-I, as part of the 18-month training program CMW students must be attached to a peripheral health facility for three to six months. The first batch of CMW students completed their 18-months training in August 2008. PAIMAN supported PNC and provincial NEBs to prepare examination methodology and databank of questions for the CMW examination on the revised curriculum. It was decided that the *Objective Structured Clinical Evaluation (OSCE)* technique will be used which is the standard examination system used by International Confederation of Midwives. PAIMAN has already built the tutors' capacity of this technique during their training.



*Practical MNH training session*

The identification and selection of suitable candidates for CMW training was a significant challenge facing PAIMAN in Project Year Four. It proved very difficult to find qualified candidates, particularly in Baluchistan and some parts of Sindh, largely due to the low levels of education. To address this challenge, the Project Director of the National MNCH Program requested that PAIMAN pilot an accelerated educational program in NWFP and Baluchistan through Allama Iqbal Open University Islamabad. Through this initiative, Allama Iqbal Open University will provide an education to low-educated young women who otherwise would not qualify for CMW enrollment. This educational opportunity will then make the women eligible for CMW training.

A lack of qualified midwifery tutors is a big challenge identified during the assessment of Pakistan's midwifery education system. In Project Year Four, PAIMAN continued to support the training of midwifery tutors through a core group of master trainers. This year sixteen midwifery tutors from NWFP were trained at the School of Nursing Lady Willington Hospital Lahore in August 2008. Clinical tutors such as the Women Medical Officers (WMOs) and LHVs who are involved in the practical training component of the CMWs at peripheral health facilities were also trained. Guidelines about practical training and training in community settings have been provided to these tutors.

To monitor the activities of the CMWs and to assess the program's progress, quality assurance tools are used by all PAIMAN Field Office Manager (FOM) staff and program staff during their routine field visits. PAIMAN also prepared simple, user-friendly monitoring tools for the different health managers to use. This year, two national review meetings and four provincial review meetings were organized to discuss the CMW training program, including issues around quality, the tutors, practical training, and the placement of CMWs after graduation.

## **2.2 Increasing Facility-based Access to MNH Services**

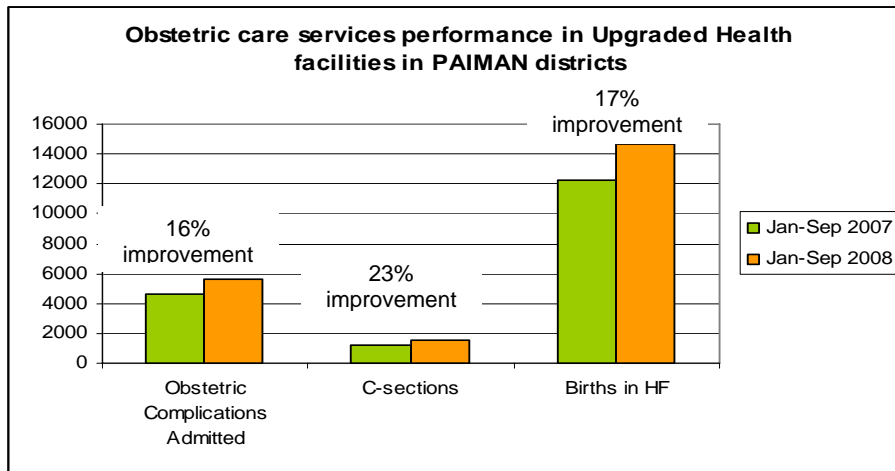
A key component to improving access to MNH services is ensuring Emergency Obstetric and Neonatal Care (EmONC) services are available 24-hours a day, seven

days a week (24-hour/7-day). PAIMAN works in 31 selected government health facilities on facility up-gradation, staff placement and training. The Project has also worked to expand the network of trained private health care providers. While many government health facilities do provide services for communities, irregular attendance by staff, lack of the necessary drugs and supplies, and the unavailability of specialist care has affected the quality and reliability of services for obstetric care. PAIMAN's efforts to ensure 24-hour/7-day EmONC services in all 31 selected PAIMAN health facilities has made a substantial difference in the utilization of services.

During Project Year Four, the civil works/renovation work on female wards, delivery rooms, operations theatres and nurseries in all 31 facilities were completed. A lengthy procurement process for MNH equipment and instruments for government health facilities was also nearly completed.

Meticulously developed protocols for dealing with MNH emergencies have been developed and are now displayed in all PAIMAN facilities, for quick reference by trained personnel. PAIMAN will also be developing a manual and guidelines for use on standard protocols, so that health care providers can use them to refresh their knowledge. These protocols will also be shared with the National MNCH Program to be used in non-PAIMAN districts.

According to the Project's Routine Monitoring Output Indicators (RMOI) data, an overall improvement in the performance of obstetric care has been seen in PAIMAN districts, as overviewed in the graphic below.



### 2.3 Expanding MNH Service Outlets in Collaboration with the Private Sector

Reaching out to and creating linkages with the vast network of private providers throughout PAIMAN districts is a critically important intervention towards improving access to quality MNH services. The private sector provides services to 70% of Pakistan's population; however, the private sector in Pakistan is largely unregulated, has no formal links with the public sector, and has only a small focus on preventive services. PAIMAN has worked with the private sector throughout the past year to promote both preventive and clinical MNH services.

In Project Year Four, PAIMAN worked to improve the marketing of Clean Delivery Kits (CDKs) and private sector health services throughout the ten PAIMAN districts with its partner Greenstar. Greenstar has focused on the marketing and commercial sales of CDKs in communities and through TBAs. They have also worked to increase demand for CDKs and services through interpersonal communication. As noted previously, in this year sample sales for CDKs were 16,915 CDKs and commercial sales were 34,600, with a total CDK distribution for Project Year Four of 51,515

This year Greenstar introduced Clinic Sahoolat to more communities, building on these successful activities from Project Year Three. Clinic Sahoolat is a free consultation day performed by health care providers of GoodLife networks for low-income urban communities in PAIMAN districts. Overall, 1,847 GoodLife Clinic Sahoolat activities were conducted during Project Year Four, reaching 42,789 beneficiaries.

Greenstar has also strengthened private sector surgical services by establishing a network of franchised, trained surgical service providers in the ten PAIMAN districts. Greenstar has identified 50 surgical health care providers who will undergo comprehensive EmONC training. Since the beginning of the Project, 569 GoodLife Silver Clinics and 50 surgical clinics have been established in PAIMAN districts.

Collecting data from the private sector is notoriously difficult. Private providers who are often overburdened in their work load are disinclined to report on their activities, and many have not been well-trained in data collection. Indeed, a significant challenge of working with the private sector has been in regards to data collection, and specifically on the challenges of collecting data on the number of births and obstetric emergencies handled by trained private providers before and after PAIMAN training.

In order to circumvent this problem, Greenstar has introduced a novel system called the Enterprise Mobile Messaging System for trained providers in PAIMAN districts, which serves as a tool for the collection of data on the above indicators. In the last quarter of Project Year Four, a network was established whereby a standard mobile phone SMS was used to report data. Through this system, PAIMAN has been able to collect data from 50% of private providers on key service delivery indicators.

## **2.4 Working Through Local NGOS to Improve Access**

PAIMAN's 37 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. In Project Year Four, sub-grantee NGOs held 150 medical camps to move services closer to families. They also established 46 emergency funds with the involvement of the community to ensure access to financial resources in cases of maternal emergencies. NGOs have also identified 147 blood donors and screened them for HCV, HBV and 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 health facilities is one of the critical points of delay for women experiencing an obstetric emergency.

To address this important issue, PAIMAN's sub-grantee NGOs, in collaboration with the communities, have arranged 70 indigenous transportation means to ensure timely transfer of women to points of skilled care.

## 2.5 Innovations to Improve Access

### ***Development of Transportation Arrangements for Obstetric Emergencies***

As noted above, finding solutions to the “second delay” (transportation) in the pathway to maternal death is a critical issue in a country such as Pakistan, where road networks and public transportation systems are poor. PAIMAN can inform communities about positive health behaviors for mothers and newborns, and encourage them to use upgraded medical services in re-furnished facilities, but if women do not have the means to physically arrive at a facility in time fatalities will continue to occur.

In order to respond to this critical requirement, PAIMAN, in collaboration with its partner Greenstar, has built a special relationship with the EDHI Ambulance Service. This partnership has enabled PAIMAN to increase the number of ambulances available for obstetric and newborn emergencies in PAIMAN districts.

As part of the MoU signed between JSI and EDHI Welfare Trust, EDHI Ambulance Service has prioritized all obstetrical/gynecological emergencies in seven of the ten PAIMAN districts (excluding Jaffarabad, Upper Dir and Buner). Currently the service is active in these seven districts. Table 2 overviews the number of ambulances EDHI has available:

**Table 2: EDHI Ambulance Serviced-Districts and Number of Available Ambulances**

<b>District</b>	<b># of Ambulances</b>
Rawalpindi	25
Jhelum	3
Khanewal	2
D.G Khan	2
Sukkur	7
Dadu	1
Lasbella	1
<b>TOTAL</b>	<b>41</b>

### ***Voucher Schemes for Poor Urban Populations***

Health care policies have traditionally focused on public financing of health care services through supply-side subsidies. Low-priced or “free” public health care was intended to ensure the entire population's access to essential services. However, more than 60% of Pakistanis, including many poor people, seek health care in the private sector and as such pay out-of-pocket. This imposes a major financial burden on the poorer members of society, and also results in unequal access to care. A way to deal with this challenge is via demand-side approaches to financing health care.

One such approach is to create a financing mechanism which subsidizes the price of health services through the distribution of vouchers to target population groups. In Project Year Four, Greenstar, as part of its work with PAIMAN, began the process of developing such a voucher scheme on a pilot basis in order to improve access to and utilization of reproductive health services for poor women and their families.

As part of this pilot, 2,000 pregnant women from lower socio-economic classes who are in their second trimester of pregnancy will be identified and subsequently able to purchase vouchers for Rs 100. This voucher can then be redeemed with pre-selected private providers for pre-specified services. Against a set of seven vouchers, the following services will be made available:

- Two antenatal consultations
- Two tetanus toxoid injections
- One simple vaginal delivery
- One postnatal counselling
- One family planning counselling

Clients will be paid Rs 100 for transportation costs (up to a maximum of Rs 500) every time they visit a provider to redeem the voucher. A total of Rs 2,500 will be paid to the provider against the different services provided. Although this pilot is still in the development phases, it holds great potential for reaching out to the urban poor.



## **Vouchers for Health**

### **First Baby Delivered Under the Voucher Scheme**

To improve access to and utilization of reproductive health services by poor women, Greenstar Social Marketing, under the USAID funded Pakistan Initiative for Mothers and Newborns (PAIMAN) project led by JSI Research & Training, Inc., launched a pilot financing mechanism in D.G. Khan District, subsidizing the price of these services through vouchers.

The *Vouchers for Health* initiative provides the poor and/or otherwise disadvantaged segments of society services such as antenatal care, delivery assisted by skilled personnel and family planning counseling free of charge by providers participating in this program. Subsidies go directly to the health care consumer (patient) in the form of a voucher that the consumer redeems when seeking care from a private sector provider. Voucher distribution began in September 2008, in six Union Councils of D.G. Khan city.



Dr. Ruqiya Masood's clinic

Khalida Mukhtiar was one of the recipients of the voucher. Her husband is a welder by profession, earning Rs 800 a week. Due to limited resources, she had never consulted with a doctor for any of her pregnancies, and all her previous deliveries were assisted by a traditional birth attendant (TBA).



Khalida was in her eighth month of pregnancy and had been in consultation with her TBA when a Greenstar Health Coordinator met her and provided her with the voucher. For Khalida's antenatal visit, the Health Coordinator took her to Dr. Ruqiya Masood, a GoodLife provider who is participating in the *Vouchers for Health* program.

On October 12, 2008, Khalida gave birth to a healthy baby. The delivery was conducted by Dr. Masood at the Aisha Clinic and Maternity Home, D.G. Khan. After seeing the good care

**“I never imagined that I could deliver with such a renowned doctor free of cost. I am very satisfied and thankful to Greenstar for the voucher.”**

**- Khalida Mukhtiar**

provided to her during her delivery, Khalida assured her physician that she would return after one month for a family planning consultation.

## 2.6 Constraints and Challenges

As noted above, the identification and selection of suitable candidates for CMW training was a significant challenge facing the PAIMAN in Project Year Four. To address this challenge, PAIMAN is piloting an accelerated educational program in NWFP to educate low-educated young women who otherwise would not qualify for CMW enrollment.

A lack of qualified midwifery tutors was another of the major issues identified during the assessment of Pakistan's midwifery education system. PAIMAN is now working to support the training of midwifery tutors through a core group of master trainers. Developing linkages between the TBAs and the nearest health facility is another challenge facing PAIMAN, for which the Project is initiating a referrals slip program.

While activities to update and renovate the health facilities have gone well, the frequently rotated-posting of the specialist staff remains a challenge to maintaining the high standards and consistency of care. The supply of both staff and medicines is generally out of PAIMAN's control, although PAIMAN has successfully advocated to health departments for the provision of supplies and staff at select facilities.

Working with private providers is also a challenge, as this sector is largely unregulated. Yet this is a challenge which PAIMAN is embracing, for working with this sector is critically important to reaching the providers most seen by women.

## **Strategic Objective 3: Improve service quality in both the 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 increasing the communities' confidence in the public sector. Largely due to overall shabby 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. However, many poor families can not afford private sector services, and thus must forfeit care although, often with disastrous results.

### **3.1 Placement of Qualified CMWs in the Field**

The placement and acceptance of young women as CMWs in the community is a serious challenge, because oftentimes the women are hesitant or not permitted to stay far from home, and community leaders are not supportive of the activities. To address these issues, PAIMAN has taken the lead in opening a dialogue with stakeholders including the Ministry of Health, Provincial Health Departments, the Pakistan Nursing Council and development partners to address the challenges facing the CMW program.

In Project Year Four, the Chief of Party attended meetings with the three Federal Secretaries of Health and sensitized them on the issue CMW placement (although two out of three secretaries were subsequently posted out). PAIMAN also organized

one national and two provincial meetings on the issue. It was decided that PAIMAN will organize advocacy seminars at the community level to build the image of the CMWs. Joint meetings with community-based health care providers such as the Lady Health Supervisor LHS, LHW and LHV will also be organized to create linkages between the CMWs, these health care providers and the health facilities.

PAIMAN, through the Population Council, has initiated operations research (OR) on the supervisory and placement models of the CMWs. Two models have been proposed in this OR, a franchise model and a MNCH program model in which CMWs will work under the National MNCH program. These options will be further explored in Project Year Five. PAIMAN will also support CMWs in the establishment of CMW homes in the community.

### Engaging Community Leaders for MNH



**Mr. Rehman delivers a lecture on the importance of cleanliness and shares PAIMAN key messages during a sensitization seminar at RHC Domeli Tehsil Sohawa, Jhelum district.**

*Photo courtesy of Irfan Yousaf, STC/US*

Mr. Qari Atta Ur Rehman is 62 years old. He is a teacher and *Khateeb*, a religious speaker, at the mosque in his village Domeli, Tehsil Sohawa, Jhelum district. Due to his respected profession, he is an influential member of his community.

During the Partnership Defined Quality (PDQ) process for building community support, PAIMAN staff met with Mr. Rehman to discuss the PDQ process. He showed interest in the process, which involves the community, and assured PAIMAN staff they had his full support. True to his word, Mr. Rehman actively participated in meetings and became a member of the Quality Improvement Team (QIT).

The team's task was to create awareness regarding cleanliness in the Rural Health Center in Domeli. Some QIT members, including Mr. Rehman, took responsibility for creating awareness regarding cleanliness among the patients and their attendees in the outpatient areas.

Mr. Rehman has undertaken many practical tasks to help his people, but his motivations are spiritual. He delivers lectures, or *Khutabas*, during prayers and community mobilization seminars on the importance of cleanliness alongside key messages from the Pakistan Initiative for Mothers and Newborns (PAIMAN). Said Mr. Rehman, "The PDQ process has taught my community how to work as a group. We participate in PAIMAN's work for the betterment of our community." He also maintains that the PDQ process is compatible with Islamic teachings, since Islam is a religion which prioritizes the welfare of its people.

### 3.2 24-Hour/7-Day Functioning of Selected Health Facilities

Upgrading, renovating, enabling 24 hours/7 day service and providing a new look and feel for public health facilities is an important goal of PAIMAN. To this end and

after a detailed facility-based needs assessment, 31 health facilities were selected from the Project's ten districts for up-gradation and making them functional 24 hours/7 days. After the expansion of the project in Swat District, five more health facilities were also identified for up-gradation.

PAIMAN has now renovated and provided equipment, ambulances and furniture to these health facilities. In Project Year Four, renovation and up-gradation of 31 health facilities was completed. Facility protocols and monthly rosters of routine and emergency duties are now displayed at these health facilities, and functioning ambulances are available around the clock for transportation of emergency cases. In Swat District, the procurement process has begun and orders for equipment and ambulances have been placed after obtaining a waiver from USAID.

PAIMAN has also advocated to health departments for the provision of supplies and staff at these facilities. As a result of these efforts, the Punjab Government has posted six nurses and two LHVs at all Rural Health Centers (RHCs), the Sindh Government has placed WMOs at health facilities through the Sindh Devolved Social Services Program (SDSSP), and the Government of NWFP has renewed the contracts of nursing staff at selected health facilities of Buner and Upper Dir. In addition, PAIMAN provided support for the recruitment of a gynecologist at the District Headquarters (DHQ) Hospital Upper Dir and Tehsil Headquarters (THQ) Hospital Rohri.

In order to make sure the up-gradation is progressing on schedule, PAIMAN monitors the 24/7 functional health facilities through a scoring matrix on a quarterly basis. With the completion of the civil works and supply of about 90% of the equipment, most of the health facilities are now functional within a range of 95% to 99%.

### **3.3 Infection Prevention and Control**

In Project Year Four, PAIMAN signed a MOU with UNICEF for the capacity building of health center providers and managers on infection prevention and control, in order to strengthen their ability to protect themselves and their clients/patients from infections. An infection prevention and control training course was designed that promotes internationally accepted practices through the use of low-tech and cost effective approaches that are practical, simple, and easy to use.

Lady Atchison Hospital Lahore was selected as the model hospital and training center for the course, which was led by Master Trainers trained by UNICEF. Two types of trainings were designed: (1) a three-day training for the District Managers, including the Executive District Officer-Health (EDO-H) and the Medical Superintendent (MS) of DHQ and THQ Hospitals; and (2) a six-day training for health care providers such as the Women Medical Officers (WMO), registrar/gynecologist, operating theatre and labor room nurses and technicians from DHQ and THQ Hospitals and Rural Health Centers (RHC). During Project Year Four, 96 participants nominated from upgraded health facilities in PAIMAN districts completed their training.

A Hospital Infection Prevention and Control Policy and Plan was prepared during the training sessions, with the active involvement of all participants. The trained health

managers and providers are now implementing the plan in their respective facilities, and PAIMAN staff continues to provide support to selected health facilities in this implementation.

### **3.4 Hospital Waste Management**

A pilot project on Hospital Waste Management (HWM) was initiated in THQ Hospital Gujjar Khan and RHC Mandra in February 2008. The project was comprised of both a software and hardware component. The software component included: (1) conducting an assessment of the health facilities; (2) developing a training manual and guidance for doctors, nurses, paramedics and health managers; and (3) developing a pictorial guide with Urdu captions for training of sanitation and housekeeping staff. The hardware component included a waste disposal plant installation and the relevant accessories.

Staff training at both health facilities was conducted in May 2008. After an Environmental Impact Assessment, construction work at THQ Hospital Gujjar Khan and RHC Mandra was carried out, and the waste disposal plant was handed over in June 2008. Frequent facilitative monitoring visits were undertaken by PAIMAN staff and a consultant in order to ensure satisfactory functioning of the waste disposal plants and of the maintenance team. After a brief evaluation of the HWM projects at both facilities, PAIMAN is now scaling up the HWM practices to six new health facilities.

### **3.5 Functional Integration of Family Planning Services**

The functional integration of services between the Health and Population Welfare Departments refers to a better coordination and collaboration between the two Ministries. During an initial stakeholder's workshop, nine areas of collaboration were identified and mutually agreed upon. After three months, progress was assessed with a pilot study on the 'Functional Integration of Services' between the Health and Population Welfare Departments in Rawalpindi District ( The full report is available on PAIMAN website [www.PAIMAN.org.pk](http://www.PAIMAN.org.pk) ). The study demonstrated that the arrangement adopted in Rawalpindi District was instrumental in successful collaboration between these two Departments. The study also showed the high contribution (85%) of the LHWs in bringing eligible clients for contraceptive surgery to the RHC for camps. Similarly, the contribution of the Department of Health was substantial in the working of the Mobile Service Units of the Population Welfare Department.

This close working relationship between the two provincial departments has resulted in adequate supplies of contraceptives for the Health Department outlets. Its effectiveness was ensured by the informal merger of District Technical Committee meetings with the Health Department's monthly meetings. This year, the assessment report on the 'Functional Integration of Services' was finalized and shared with all stakeholders. Currently, topics around the integration of services are a permanent agenda item during the joint monthly meetings of the Health Department and Population Welfare Department.

### **3.6 Constraints and Challenges**

As noted above, the placement and acceptance of young women as CMWs in the community is a serious challenge. There are strict cultural sensitivities regarding

females being outside their houses unaccompanied, let alone staying overnight out of the home. PAIMAN is addressing these challenges by increasing its community advocacy around the issues of the CMWs.

Another challenging area which requires innovations is in the provision of staff. Frequent transfers and rotating postings of the health care providers at these health facilities is a obstacles to consistent, high-quality care. To address this issue, PAIMAN has approached nearby teaching hospitals about posting post-graduate trainees at these hospitals. PAIMAN is also exploring options for rotating visits of specialists.

### Teaching Life-Saving Skills

Dr. Abdul Majeed Memon is the Chief Pediatrician in Sukkur District Headquarter Hospital in Sindh Province. He is in charge of two pediatric wards, as well as the neonatology unit. It is a challenging but highly rewarding job. When asked about the major obstacles he faces in delivering high quality care, Dr. Majeed identifies the shortage of staff, especially those with skills related to maternal and child health, as well as the medical officers' lack of orientation on emergency care as the two biggest challenges he faces.



**Dr. Majeed conducts a session on resuscitation during EMNC training.**

*Photo Courtesy of Dr. Masood Abbasi. STC/US*

Through its capacity-building component, PAIMAN is addressing these obstacles, working with providers such as Dr. Majeed and helping them to share their specialized skills in newborn care. Said Dr. Majeed, "Nothing is more heartbreaking than watching a newborn die or a child suffer from brain damaged caused by asphyxia. As a facilitator for PAIMAN trainings, I share my lifesaving skills on newborn resuscitation with others even if they aren't specialists." Dr. Majeed has now trained 164 doctors, nurses, and LHVs in Sukkur District.

Not only is the PAIMAN project helping Dr. Majeed to share his professional expertise, but it is also helping him broaden his medical knowledge to the specialized care of new mothers. In June 2008, Dr. Majeed and twelve other doctors participated in a five-day training workshop at the Pakistan Institute of Medical Sciences on the maternal component of Comprehensive Emergency Obstetric and Newborn Care. During this training, Dr. Majeed had the opportunity to learn about the management of life-threatening emergencies affecting mothers. "As a pediatrician, I am called for the baby but now I think I can also guide the team handling the mother on the correct principles of maternal management. I feel prepared to deal with life-threatening emergencies like postpartum hemorrhage," said Dr. Majeed.

## **Strategic Objective 4: Increase Capacity of MNH Managers and Health Care Providers**

Training government health staff in state-of-the-art, evidence-based maternal and newborn care is essential for improving the quality of care at government and private sector facilities. PAIMAN has adopted a comprehensive capacity building approach, ensuring that all training activities are competency based and institutionalized.

### **4.1 Training Strategy and Planning**

Before PAIMAN, there were no regular in-service training programs in the public sector for staff working at health facilities, and ad-hoc training sessions being conducted were narrowly focused. PAIMAN has been instrumental in broadening the scope of such trainings, in order to more comprehensively address Essential Maternal and Newborn Care (EMNC) at the Basic Health Unit (BHU) and Rural Health Center (RHC) levels and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) at the secondary hospitals (DHHQ/THQH).

PAIMAN has promoted the institutionalization of these training activities by collaborating with the National MNCH Program, within the mandate of the overall national MNH strategy. The training activities were rolled out through the District Health Development Centers and Provincial Health Development Centers (DHDCs and PHDCs), an approach which helped to build the capacity of these centers, especially on the use of quality assessment tools and monitoring the training for quality standards. These training centers are now ready to implement the ambitious training strategy of the National MNCH Program.

PAIMAN implemented the training activities in a step-wise manner in which various consortium partners were involved according to their expertise. The following briefly summarizes the process:

#### ***Step I: Training Needs Assessment (TNA)***

The Training Needs Assessment (TNA) allows for an identification of the gaps in knowledge and skills of health providers. During Project Year Four, two TNA activities were conducted for assessing MNCH knowledge and counseling, and resuscitation and clinical signs recognition skills of doctors and nurses/LHVs. Of the 32 participants from Swat District and FATA, 51% of doctors and 70% of LHV/nurses achieved >50% score for knowledge; 50% of doctors and 45.5% of LHV/nurses achieved >50% score for counseling skills; and 23% of doctors and 64% of LHV/nurses achieved >50% score for resuscitation skills.

#### ***Step II: Curriculum Design***

The existing curricula were reviewed by Aga Khan University (AKU) and NCMNH in consultation with Save the Children US and Greenstar, and tailored to suit the needs of the various cadres of health care providers.

#### ***Step III: Develop Training Materials***

Training curricula were developed for each category of health care provider, sorted by training type. Clinical protocols, IEC materials and quality assurance tools such as participant's feedback forms, pre and post-tests, learning guides/skills checklists

and performance assessment tools were developed, pre-tested and finalized through a consultative process.

**Step IV: Implementation of Training**

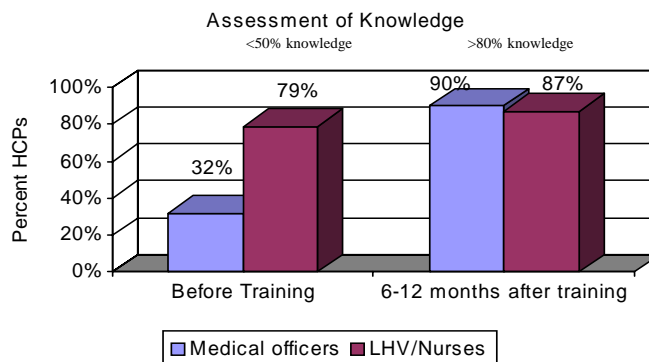
PAIMAN implemented training activities following its already well-tested approach, which involves the training of master trainers based on pre-defined criterion in consultation with the PHDCs and DHDCs, the Executive District Officers (EDO) and the Project Implementation Units (PIUs), followed by developing a detailed implementation plan in collaboration with the National MNH Program and the Department of Health. Training activities were rolled-out and monitored in close collaboration with District Health Departments. The Project’s achievements during the past years are overviewed in Table 3:

**Table 3: Training of Public and Private Sector Health Care Providers**

Training Category	Target	Achieved	%
Master Trainers for community based HCPs	1,326	1,281	96.6
Training of the community based HCPs	12,429	10,809	87.0
Master Trainers for facility based HCPs	70	70	100.0
Training of the facility based HCPs	3,332	2,779	83.4
Training of the private sector HCPs	600	610	101.7
Management trainings	1,985	1,974	99.4
Communication Trainings	167	169	101.2
<b>Total</b>	<b>19,909</b>	<b>17,692</b>	<b>88.9</b>

**Step V: Evaluation of Training**

For evaluating the training, PAIMAN is following Kirkpatrick’s training evaluation model. In addition to using standardized knowledge and skills pre and post-tests and monitoring checklists, a post six-month performance assessment of Medical Officers (MOs), LHVs, nurses, midwives and technicians trained on MNH was carried out. Knowledge was assessed by a questionnaire on neonatal and maternal health care, while skills were assessed by demonstrated neonatal resuscitation and active management of third stage of labor skills.



Preliminary analyses of the results show high levels of retention of knowledge and improved skills. For example, in the MNH knowledge assessment, almost 32% of MOs and 79% of nurses/LHVs/midwives scored < 50% before EMNC training, whereas about 90% of MOs and 87% of nurses/LHVs/midwives scored >80% after 6-12 months training.



In neonatal skills, 50% of MOs and 89.5% of nurses/LHVs/midwives scored < 50% in pre-training skill assessments, whereas 71% of MOs and 66% of nurses/LHVs/midwives scored > 80% in post-training assessments. There is 31% and 39% mean improvement found in baseline skills of MOs and Nurses/LHVs/Midwives respectively.

In maternal skills, there is 34% and 51.5% mean improvement found in baseline maternal skill of Medical Officers and Nurses/LHVs/Midwives respectively.

Overall, the MOs showed 97% retention in knowledge, 87.5% retention of neonatal skills and 91% retention of maternal skills when their performance assessment results were compared with post-training results. Nurses/LHV/midwives showed 96% retention of knowledge, 86.4% retention of neonatal skills and 91.5% retention of maternal skills.

#### **4.2 Constraints and Challenges**

At times training activities had to be postponed because of the non-availability of staff due to their involvement in frequent national immunization campaigns for polio and measles. The situation was worsened by the prevailing unstable security situation and political environment in the country. Extreme weather conditions during the time of the trainings also negatively affected attendance.

Similarly, another challenge was coordinating and synchronizing activities with the MOH and other development organizations. Too often there were parallel capacity building activities.

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

A health system consists of all the organizations, institutions, resources and people whose primary objective is to improve health and whose chief function is to deliver health services. One of PAIMAN's key strategic objectives is to strengthen the overall district health system. The main focus areas of health system strengthening are: (1) the district health management system; (2) the health management information system; and (3) public private partnerships.

#### **5.1 District Health Management Team (DHMT)**

Aware that weak management can undo investments in health, the Government of Pakistan and many development partners have explored ways of improving management practices within the district health system. The concept of the District Health Management Team (DHMT) as a district health system strengthening intervention was introduced in 1999 in Pakistan under the Asian Development Bank (ADB) funded Women Health Project. Since then, various donor-funded projects have implemented DHMT.

PAIMAN continues to propagate the concept of DHMT with the idea that DHMT promotes continuous performance improvement of the district health system via:

- Providing a forum for sharing and exchanging views, ideas, information and experiences for reaching consensus-based decisions to address district health problems, and to optimize resource utilization for improving the health care services.
- Promoting inter-sectoral coordination and collaboration by bringing together district officials from various government departments in the district who can contribute to the improvement of health in the district.
- Promoting public-private partnerships.
- Promoting consultation with and participation in decision-making of the community through their elected representatives.
- Promoting ownership and prompt decision making on health-related issues that are sometimes beyond the scope of the District Health System.

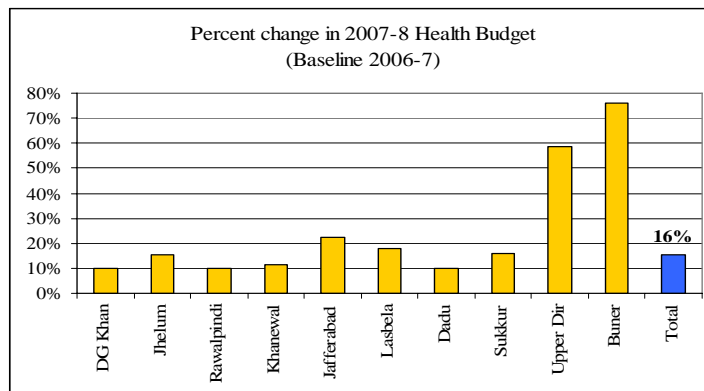
The DHMT model adopted by PAIMAN differs from the previous models in one important aspect: the chairmanship of DHMT is with the District Coordination Officer (DCO) or District Nazim, and the members include the Executive District Officer (EDO) (Finance) and the EDO (Social Welfare). Additionally, the chairman of the District Health Committee is a member of the DHMT. The rationale behind expanding this membership is that the inclusion of the DCO or Nazim expedites decision-making, especially such decisions which are beyond the scope of the District Health Office and require actions from the District Government, District Administration or other offices of the District Administration.

Such broad-based membership from different sectors also promotes inter-sectoral coordination and collaboration, by bringing together district officials from various government departments who can contribute to the improvement of health in the district. PAIMAN gave special attention to the operationalization of the DHMTs. Emphasis was put on the regularity of the meetings, participation by the designated chairperson and members, review of performance data and decision making. Technical assistance on how to set meeting agendas and meeting minutes' format further helped the DHMTs. Various project activities at the district level, including those of PAIMAN, are also discussed during the DHMT. Thus, the forum helps to monitor progress and coordination of various district-level projects.

A scoring matrix was developed to monitor how effectively the DHMTs are functioning, and the findings are shared with members for their self-assessment. After three years of institutional and individual capacity building, PAIMAN conducted an internal evaluation of the progress made by the DHMTs in the ten districts towards achieving these objectives.

The evaluation found the DHMTs had achieved a broad-based membership. In nine districts, the chairperson of the DHMT is the DCO and in one it is the District Nazim. In the nine districts where the Nazim is not the chair, he is represented by the Chairman of the District Health Committee or a member of the Zila Council. In most of the PAIMAN districts, the EDO (Finance & Planning), EDO (Community Development) and District Population Welfare Officer are also the members of DHMT. NGOs are represented in nine out of ten DHMTs and private practitioners/Pakistan Medical Association (PMA) in six DHMTs.

A review of changes in the districts' health budgets in the ten districts shows an overall 16% increase in the 2007-2008 health budget as compared to the 2006-2007 health budget. It appears DHMT influenced this change by providing a forum where district decision makers were sensitized on the health needs that the district governments had power to address.



Indeed, during focus group discussions the DHMT members expressed their views on DHMT as an excellent forum for identifying a district's health problems. They discussed the usefulness of DHMT for identifying problems and solutions related to health services in the district, for preparing and monitoring District Health Plans, and for presenting performance reports to the District Assembly for budgeting and coordinating among stakeholders.

Given its success, PAIMAN will replicate the model in its new districts under the Project expansion, continue providing technical assistance to all DHMTs, and promote the sustainability of the forum within the district government setup.

## 5.2. The Health Management Information System (HMIS)

With regard to HMIS development, PAIMAN had earlier supported a pilot test of the District Health Information System (DHIS). DHIS is a district-centered information system that integrates primary and secondary care level information and information from various vertical programs as well as information on public health sector human resources, logistics and finance. DHIS has a software application that helps the district managers to set targets for specific indicators and generate analyzed reports on those specific indicators comparing the performance with previous months or among the health facilities/tehsils. In other words, DHIS is distinctively designed to support evidence-based decision making.

From PAIMAN's perspective, DHIS is of particular interest as it captures important data on MNCH from both the primary and secondary care health facilities. During Project Year Four, PAIMAN continued to provide technical support to DHIS in one pilot district. PAIMAN also extended its support at the provincial level and organized trainings for provincial Master Trainers from NWFP on DHIS software application, and advocated for a wider implementation of DHIS at the national policy making level.

In order to improve management practices, PAIMAN introduced an innovative rapid assessment methodology. District health managers were trained on community-based and facility-based assessments utilizing the Lot Quality Assurance Sampling (LQAS) technique. This is a simple technique where 19 randomly selected samples within a supervisory area are studied to get a fairly accurate assessment of the situation. The intervention was introduced in Project Year Three and continued during Project Year Four. Using this LQAS technique, the district managers carried out PRISM assessment of the HMIS. This helped them to identify areas for the improvement of HMIS.

### **5.3. Public Private Partnerships**

Greenstar took the initiative to establish a viable and sustainable model of public private partnerships (PPP). Establishing blood bank services at the 60-bed THQ Hospital in Mian Chunnu, Khanewal is an example of one such model. Despite conducting thousands of surgeries and seeing many emergency cases, there was no blood bank in the hospital nor in the private sector in the vicinity, resulting in unnecessary delays in the provision of emergency services and the loss of precious life.

Greenstar partnered with a local NGO, Welfare Association for Altruism (WAFA) and the Medical Superintendent (MS) of THQ Hospital, with the support of the District Government, to establish a fully equipped and functional blood bank at the THQ Hospital with availability of round the clock blood transfusion services. Four advocacy campaigns were conducted and 194 potential donors were registered. Approximately 30 to 40 bags of blood are now available in the blood bank at all times. To-date, 41 blood bags were given to patients in the Hospital and 29 blood bags were provided in emergencies. All donors are screened for Hepatitis B and C and also for HIV. The Institute of Blood Transfusion Services of Punjab is also providing technical assistance to the blood bank.

### **5.4 Constraints and Challenges**

While there is clearly district ownership for the DHMT, there is still the need for facilitation from PAIMAN. With the changing political scenario, there is uncertainty about the decentralization process and how much authority the DCO/EDOH will have to take or influence decisions at the district level.

DHIS provides an excellent opportunity for reporting MNH indicators. However, due to a lack of effective coordination and collaboration between the MOH and provincial health departments, its country-wide implementation is losing momentum. Pending DHIS implementation, PAIMAN has to maintain a separate data reporting system, RMOI, for capturing maternal and newborn service data from the secondary hospitals.

## **2. Grants Management**

Since the beginning of the project JSI has awarded grants to 37 local NGOs. In total, 32 out of 37 sub-grantee NGOs selected during the Project Years Two and Three have completed two years of project implementation. These sub-grantee NGOs have reached 1,250,515 beneficiaries through their community mobilization activities and service delivery interventions.

## 2.1. Activities

In the Fourth Project Year many NGOs have focused on tetanus-toxoid (TT) vaccination of pregnant mothers. In total, 232,381 pregnant women have been vaccinated against TT. The NGOs are also organizing free medical camps at the more remote areas of the districts, in coordination with the district health departments. Through 238 free medical camps, these NGOs have reached 41,034 beneficiaries.

The NGOs also have oriented 1,519 TBAs on clean delivery practices and recognition of danger signs. All TBAs have been provided referral slips with counter foils. Part of the referral slips accompany the emergency cases which is retained at the referral health facility. These referral slips are pictorial and easy to use by the TBAs. Creating linkages between these TBAs, the LHWs and nearby health facilities is a challenging task, but PAIMAN sub-grantee NGOs succeeded in establishing the linkages between 205 TBAs as of September 2008.

Nine birthing centers were established to improve access to MNH services in remote areas, via public-private partnerships. These birthing centers were established by the sub-grantee NGOs in collaboration with the concerned district health departments at redundant and non-functional health facilities. One LHV, one TBA and one security guard were provided for each birthing center, with these staff residing at the birthing center for round-the-clock services. District health departments are responsible for the supplies, utilities and repair/maintenance of the buildings. These birthing centers provide ANC, PNC, neonatal care services and TT vaccination. Some of the results achieved during the year 2007-2008 are overview in Table 6.

**Table 6: Birthing Station RMOI Summary by Health Facility**

Indicator	Dadu	Rawa Ipindi	Buner	Buner	Khane wal	Jaffar abad	Lasb ella	Upper Dir	Upper Dir	Total
OPD attendance	2595	4056	233	309	2310	2254	1912	317	148	<b>14,134</b>
ANC checkups	459	295	41	47	1031	181	360	80	35	<b>2,529</b>
Total deliveries	25	59	11	10	108	40	54	34	9	<b>350</b>
Total referrals	57	16	4	0	17	10	38	1	2	<b>145</b>
PNC checkups	16	74	10	9	357	38	129	17	20	<b>670</b>
TT vaccination	206	174	0	16	360	179	85	119	0	<b>1139</b>

## 2.2. Evaluation

In Project Year Four, the PAIMAN Program and Finance Teams undertook an internal evaluation of performance of these NGOs, based on financial audit reports, midterm evaluations and Field Office Manager monitoring reports. Out of 32 sub-

grantee NGOs, 22 were selected and awarded a six-month extension with a specific SOW. New contracts were issued in September 2008.

The evaluation of the NGO sub-grantees also provided the basis for planning and organizing a series of capacity building workshops for the NGOs. During Year Four, three workshops were held on financial management and preparing for financial audits. Three additional workshops were held on participatory monitoring and evaluation and report writing skills.

A process evaluation of sub-grantee NGOs activities was carried out by Population Council in Project Year Four. Five out of ten districts were randomly selected, and an LQAS methodology was used to assess the process of the sub-grantee NGOs community mobilization activities and if community knowledge had improved. The results of the evaluation were highly positive.

### **2.3. Financial Audit**

A financial audit of 30 NGOs from Baluchistan, Sind and Punjab (Northern) was completed during Project Year Four. In May 2008, the NGOs were informed of the audit and the steps involved to complete the audit process. Meetings were organized with the NGO representatives and the auditors to discuss the observations and responses of the NGOs. A NGO sub-grant close-out sheet was drafted to formally close the grant with mutual understanding and with the signatures of both parties. This close out sheet along with the final audit report was provided to the NGOs. At the end of this reporting period, audit reports of 16 NGOs had been finalized, and the remaining reports are in the process of finalization.

### **2.4. Constraints and Challenges**

Capacity of the local NGOs in terms of financial management and monitoring was a big challenge for PAIMAN. The Project, however, worked diligently to build the capacity of these NGOs in financial management, which ultimately led to a smooth execution of these projects. As noted elsewhere in this report, the unstable security situation in many PAIMAN districts made work highly challenging and at times impossible for the NGO partners.

## **3. Monitoring and Evaluation**

PAIMAN is a results-oriented project with the primary goal of improving maternal, newborn and child health. In the initial period of project implementation, emphasis was on getting PAIMAN up and running. Thus, the project monitoring system was primarily focused on monitoring inputs and processes of individual interventions. As the project progressed, the emphasis shifted to monitoring project results in addition to project inputs and processes. Specific indicators for measuring the PAIMAN's performance are clearly laid out in the PAIMAN Monitoring and Evaluation Plan. Data for these indicators are collected routinely and/or through surveys.

### **3.1 Routine Monitoring of Project Performance**

Service data from the districts, upgraded public hospitals and franchised private providers is used to monitor PAIMAN's performance towards achieving its objectives. However, the Health Management Information Systems (HMIS) in the

government sector does not capture data from the hospital In-Patient Department and there is no formal recordkeeping and reporting system among the private health providers/facilities.

The Ministry of Health (MOH), through a JICA funded study, has supported an improved version of the health information system called the District Health Information System (DHIS), but its implementation is still in its initial stages as discussed under Strategic Objective 5. Thus, pending the country-wide implementation of DHIS, the PAIMAN project deemed it necessary to establish a system of routine collection of relevant intermediate output/outcome Project data from the upgraded/franchised health facilities, in addition to utilizing relevant data from the district's routine health information systems such as the HMIS, LHW-MIS and EPI-MIS.

In early 2007 PAIMAN operationalized a system of Routine Monitoring of Output Indicators (RMOI). An MS Access-based data entry and analysis program was developed whereby data from the upgraded public health facilities are entered and reports generated. Data from these upgraded facilities are collected monthly by the Field Operations Managers (FOMs) through the corresponding hospital authorities, using a simple format designed for this purpose. Similarly, HMIS/LHW-MIS/EPI-MIS based data is collected by PAIMAN partner Contech International and entered into an MS Excel-based database.

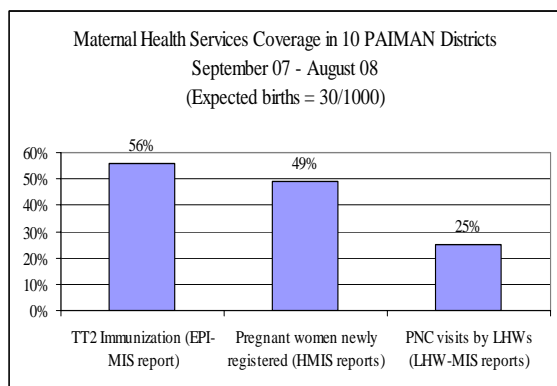
### 3.2 Monitoring Public Sector TT2, Antenatal and Postnatal Care Services

The following charts are based on September 2007 to August 2008 data from HMIS, LHW-MIS and EPI-MIS, which report on services provided by the government health sector in the districts. For the purpose of calculating the coverage, the denominator was estimated from the population data interpolated from NIPS data sheet.

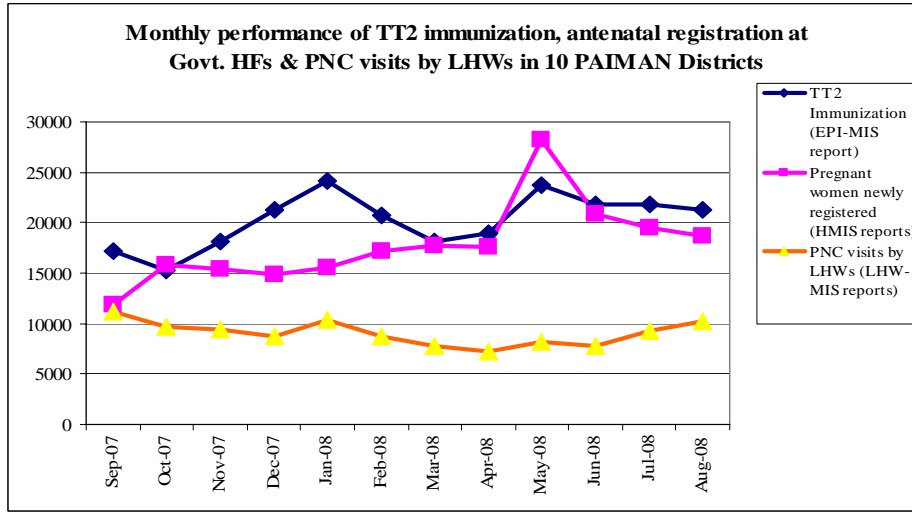
On average, about 56% of pregnant women are reported to have received TT2 immunization through the government service outlets (i.e. health facilities and outreach) in the ten PAIMAN districts.

Pregnant women coming for their first antenatal checkup at government health facilities are registered at the facility for future follow-up. The number of such pregnant women registered every month is reported through the HMIS. In the ten PAIMAN districts, about 49% of the pregnant women were registered during Sept 07-Aug 08.

The reported average coverage by LHWs for postnatal visits is approximately 25%. However, it should be noted that LHWs are not fully covering (100%) any district and, hence, lower coverage is expected.



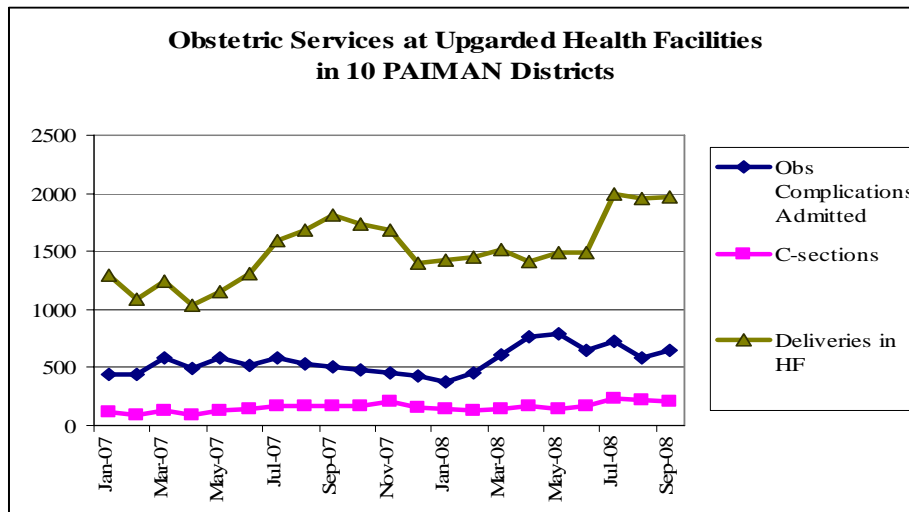
Overall, as evident from the graph below, there is a monthly upward trend in reaching pregnant women for maternal health services.



### 3.3 Obstetric Care in Upgraded Health Facilities

RMOI data on deliveries, obstetric cases admitted and cesarean sections was regularly collected from the upgraded public health facilities, and the Access-based RMOI program was used to generate analytic charts for each facility. In addition to monitoring the performance of these health facilities, PAIMAN encouraged facility managers to examine the reports and improve their performance through a problem solving approach. One example is with a THQH where low turnover of delivery cases was identified via the RMOI system. When this finding was shared with hospital authorities, the medical superintendent in consultations with the gynecologist and nurses assigned rotation duty to labor room nurses to assist normal deliveries, and instructed them to call the WMO/gynecologist for difficult cases. In another hospital, PAIMAN appointed a WMO on contract.

A review of RMOI data from the upgraded health facilities shows steadily improved performance (with some expected fluctuations), as illustrated in the graph below.





When comparing data from between Jan-Sep 2007 and Jan-Sep 2008, the performance of the upgraded health facilities in the ten PAIMAN districts show a 17% increase in deliveries, a 16% increase in obstetric complication cases admitted to the hospitals and a 23% increase in caesarian sections (most of which are emergency caesarians).

### 3.4 Performance of Franchised Private Providers

Collecting data from private franchised health providers/facilities has been a challenge. Traditionally, the private sector is unregulated, with the exception of large hospitals run by specific organizations. A well-structured health information system has never taken hold in the private sector.

Greenstar, the consortium partner working in the private sector, has established an innovative information system for franchised private health providers/facilities in order to capture relevant RMOI data. Cell phones have been provided to the franchised providers, who send short text reports using their cell phones. Out of 510 franchised providers, 340 private providers have been captured under this system. During the fourth quarter of Project Year Four, 138 providers responded with their reports. While PAIMAN is encouraged by the response to this pilot activity, it remains a challenge to engage all providers.

**Table 4: RMOI from Private Sectors (July-Sept 2008)**

District	Providers listed in Green Star MIS	Providers entered in the system	Providers responded	ANC Visits	Births at clinic	Women with obstetric complications	Emer. C-sections	Elective C-sections
Dadu	43	37	27	1,084	154	153	25	18
Sukkur	69	63	31	5,116	700	475	110	147
D G Khan	61	36	23	3,588	407	334	104	81
Jhelum	47	30	14	1,152	178	91	10	5
Khanewal	63	57	14	1,784	208	141	79	79
Rawalpindi	183	93	21	3,514	243	643	28	26
Jaffarabad	1	1	-	-	-	-	-	-
Lasbella	16	7	7	3,152	442	202	-	7
Upper Dir	9	5	1	23	-	-	-	-
Buner	15	10	-	-	-	-	-	-
<b>Total</b>	<b>510</b>	<b>340</b>	<b>138</b>	<b>19,413</b>	<b>2,332</b>	<b>2,039</b>	<b>356</b>	<b>363</b>

### 3.5 Mid-line Evaluation

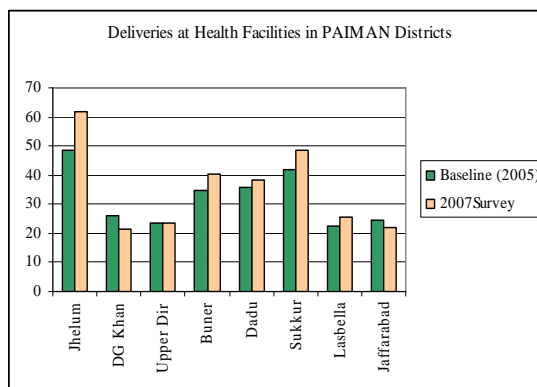
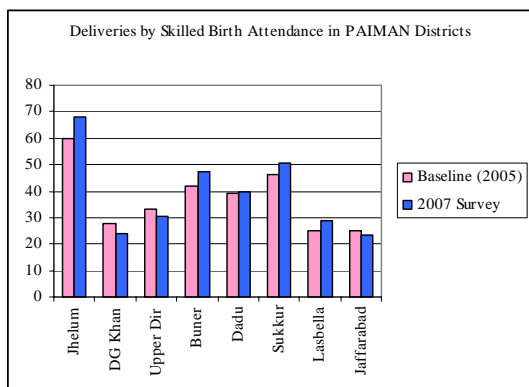
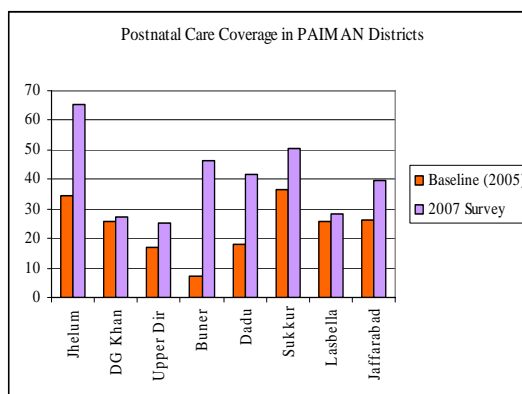
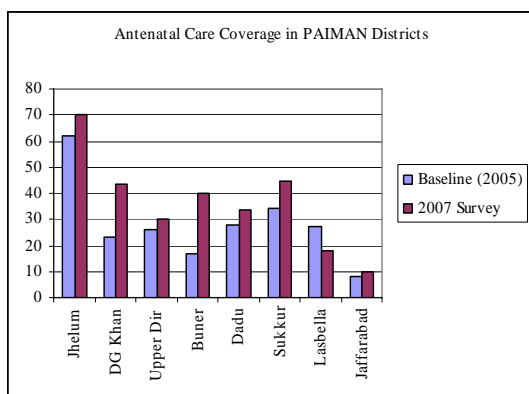
PAIMAN conducted its baseline survey in 2005, during which data on MNH knowledge and practices was collected. In Project Year Four, the Population Council, one of the PAIMAN consortium partners and implementers of the USAID-funded FALAH project carried out a baseline survey for their FALAH project. PAIMAN and FALAH have eight common districts, and the survey incorporated

relevant maternal health indicators. The findings of that survey serve as a midline survey of PAIMAN. The table below provides the results of pertinent maternal health indicators from this midline survey.

**Table 5: PAIMAN/FALAH Midline Survey Results (8 Districts)**

Districts	ANC Coverage		TT Shots		SBA		Deliveries at Health Facility		PNC Coverage	
	2005 Base line	2007 Survey	2005 Base Line	2007 Survey	2005 Base Line	2007 Survey	2005 Base line	2007 Survey	2005 Base line	2007 Survey
Jhelum	62	70	65	77	60	68	49	62	35	65
DG Khan	23	44	51	48	28	24	26	22	26	27
Upper Dir	26	30	36	39	33	30	24	24	17	25
Buner	17	40	45	57	42	47	35	41	7	46
Dadu	28	33	35	46	39	40	36	38	18	41
Sukkur	34	44	29	37	46	50	42	48	36	51
Lasbella	27	18	36	21	25	29	23	26	26	28
Jaffarabad	8	10	27	25	25	23	25	22	26	40

Examining the midline survey results in comparison to the 2005 Baseline shows improvement in all major indicators in nearly all PAIMAN districts.



## 4. PAIMAN Management and Organization

The PAIMAN project works across all levels of the health system in Pakistan, from the federal level, through to the provincial, district, and tehsil levels, and down to the grassroots level. JSI, as the lead agency, has set up extensive management and organizational mechanisms to coordinate the activities across each of these levels, in collaboration with its seven consortium partners.

### 4.1 Program Planning

#### ***Coordination and Management at the Program Level***

The following meetings are held on a regular basis to ensure efficient and effective program management and supervision:

- Provincial Coordination meetings
- District Coordination meetings
- Strategic Planning meetings
- Thematic Group meetings
- Performance Review meetings
- Annual Work Plan meetings

#### ***Coordination and Management with Stakeholders***

*Technical Advisory Group (TAG):* The TAG is an annual meeting in which international experts who are on a TAG panel come together along with senior Pakistani policy health planners at the federal, provincial and district levels. At these meetings, Project progress is shared and technical inputs are solicited.

*Meetings with the Ministry of Health:* These regular meetings are intended to keep the MOH informed about Project progress. The meetings also serve as an opportunity for MNH policy advocacy to government.

#### ***Coordination with USAID/Pakistan***

*Meetings:* PAIMAN maintains a very cordial and productive working relationship with USAID, through its nominated CTO. The CTO is briefed in regular meetings held in PAIMAN offices.

*Information Sharing:* Regularly, PAIMAN regularly shares the following information with the CTO:

- Weekly calendar of events
- Planning meetings and schedules
- Any other significant event

**Annual Work Plan:** The annual work plan is shared with the CTO for review and approval. The activities are reviewed in detail and any observations and or comments from the USAID are adopted before being finalized.

#### ***PAIMAN/JSI Internal Management Meetings***

Regular meetings are held internally to ensure program and financial activities are running smoothly. These regular meetings include:

- Senior Management meetings (SMT)
- Field Office Managers (FOM) meetings
- Conference calls/meetings with Home Office (JSI/Boston)

## **4.2 Administration**

### ***Staffing***

Over the past four years, PAIMAN has continuously assessed the requirements of staff to efficiently carry out Project objectives. Throughout the Project, several new positions were created and a number of positions were upgraded, in order to enhance the quality and quantity of the work.

Since the PAIMAN start date of November 15, 2004, the Project has expanded significantly. Whereas PAIMAN began with 20 staff members (including three JHU-CCP staff), the current count is 51 staff members. The staffing list as of November 15, 2004 and as of September 30, 2008 are attached in **Annex A** for comparison.

The addition of the FATA Agencies and Frontier Regions to the PAIMAN Cooperative Agreement necessitated the establishment of a new office with additional staff. A Program Coordination Officer and a Finance Officer have since been hired. With the addition of another Swat district, a new position of District Program Coordinator has been created. This position has already been filled and two additional staff members (a Finance Officer and Driver) will be recruited in the near future. With the addition of 12 districts in the provinces and Azad Jammu and Kashmir (AJK), a recruitment process for additional Islamabad and district-based staff will soon commence.

Staff turnover has been low, and the majority of staff have been with the Project three to four years. In Project Year Four, four staff members left PAIMAN and 13 new staff members were hired. This year ten interns were also engaged. The PAIMAN intern program has been beneficial to both the interns, who have the opportunity to learn from the PAIMAN project, and to the Project who gains the assistance of bright energetic interns.

### ***Security and Safety***

The increasingly precarious security situation in Pakistan over the past year has necessitated a revision of PAIMAN's security protocols and evacuation plans, staff orientation, and an overall reinforcement of the existing security measures. Security alerts are communicated thorough a phonogram which will be revised on monthly basis going forward.

### ***Provincial/District Offices***

PAIMAN has provincial offices in capitals of all four provinces. In Baluchistan, it was determined that given the distance of the two Baluchistan districts (Jaffarabad and Lasbela) it made sense to move the Field Office Manager of Baluchistan from Quetta to Karachi, since the two districts were closer to Karachi.

With the inclusion of two Agencies from FATA (Kurram and Khyber) and two Frontier Regions (Peshawar and Kohat) it became necessary to establish an independent office for the FATA Government Program. An office has since been established and partially equipped and furnished. With the addition of Swat district and the hiring of a District Program Coordinator it is now necessary to establish an office in the district.

Space has been arranged in the EDO (H) office in Swat. The office is being equipped and will be furnished shortly. There will also be a need to establish offices in all the 12 new districts in the beginning of Project Year Five. Efforts will be made to acquire office space in the respective offices of the Executive District Officer-Health (EDO-H).

### **Procurement**

With the addition of Swat District, the two Agencies from FATA and two Frontier Regions, the procurement teams have been busy with the procurement process. Six contracts have been awarded for procurement of equipment for FATA, but the delivery will only be made after the security situation improves.

**Table 7: Summary of Procurement Budgeted/Expended Amounts**

<b>PAIMAN Districts FATA SWAT</b>	<b>Budgeted Amount</b>	<b>Procurement Completed/Contracts Issued (as of Sep 30, 2008)</b>
Ten PAIMAN Districts	US\$ 5.61 million	US\$ 4.14 million
FATA	US\$ 0.82 million	US\$ 0.32 million
Swat	US\$ 0.96 million	-
Total	US\$ 7.39 million	US\$ 4.46 million

**Annex B** presents a summary of the delivery and installation status of equipment to selected health facilities of the ten districts. The cost of equipment, ambulances and furniture provided to the selected health facilities during the reported period is US\$ 3.5 million. PAIMAN has in place strict evaluation criteria and quality standards to ensure that state-of-the art equipment is supplied to the health facilities.

### **Civil Works**

Twenty-seven health facilities were identified for carrying out civil works, including renovating women's wards, waiting areas, labor rooms, operation theatres, nurseries and in some cases staff residences and water/sanitation systems. This proved an uphill task since most of the health facilities were located in remote areas, especially in the provinces of Sindh and Baluchistan. It is a matter of great satisfaction that civil works at 27 health facilities, four Provincial Health Development Centers (PHDCs) and ten District Health Development Centers (DHDCs) have been completed, due to the joint concerted efforts of PAIMAN and partner Contech. The high quality of the upgrades and renovations has been well appreciated by clients and providers.

Going forward, the challenge is getting civil works activities done in the FATA region and Swat District. The security situation is such that any movement to and from these areas is almost impossible. Innovative methods are being adopted to get the work started.

**Table 8: Summary of Civil Works Budgeted/Expended Amounts**

<b>PAIMAN Districts FATA, SWAT</b>	<b>Budgeted Amount</b>	<b>Works Completed (as of Sep 30, 2008)</b>
Ten PAIMAN Districts	US\$ 850,000	US\$ 853,000
FATA	US\$ 219,904	US\$ 76,500*
Swat	US\$ 107,000	-
Total	US\$ 1,176,904	US\$ 929,500

\*Contract issued for AHQH Landikotal, Khyber Agency

A list of health facilities and training centers where the civil works have been completed is attached in **Annex C**

### ***Information Communication Technology (ICT)***

The following ICT tasks have been completed this year:

- Security audit of server internet traffic
- Installation of new Security Enhanced Linux firewall with 100 GB shared server space
- Updates of all individual computers and exchange server
- Quarterly backup of email and user data
- Completion of upload of Workplan 2007-08 on M&R system.
- Established bandwidth balancing between two internet connections on server
- Dedicated bandwidth for email server
- Updating of IT inventory
- New vendors added to IT vendors list
- New spam email control implemented
- Networking in NWFP/FATA office new building

### **International Travel**

The details of international travel are attached in **Annex E**

### **4.3 Financial Management**

This reporting period was a challenging one for the PAIMAN Financial Management Team. They prepared and submitted three financial proposals for FATA, Swat district and the PAIMAN Expansion under tight deadlines. The submission of these proposals was effectively and efficiently coordinated and supported by the JSI/Boston office. The following three financial proposals were prepared and submitted for a total of US \$42.8 million:

- FATA: **US \$4 million**
- Swat District: **US \$2.3 million**
- PAIMAN Expansion: **US \$36.5 million**

At the same time, the Finance section continued to disburse Community Midwives (CMW) stipends to an average of over 500 CMW students each month, on designated schedules at the respective training premises/sites.

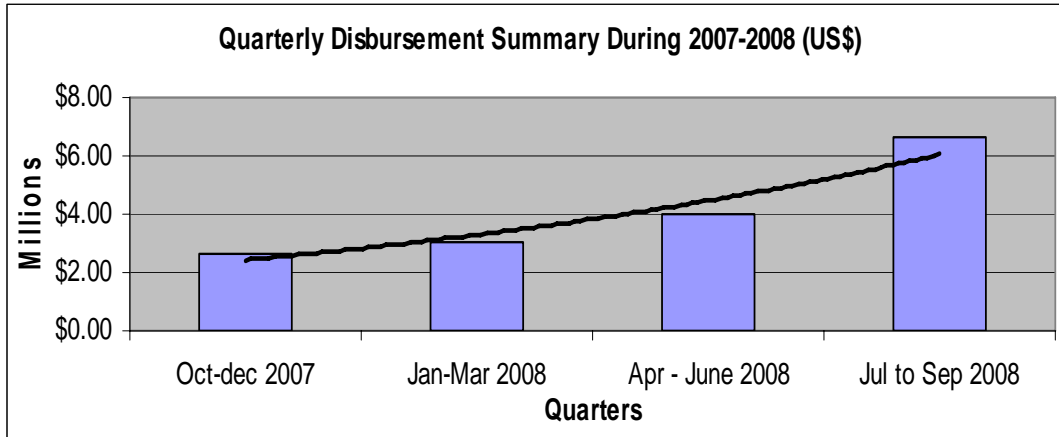
The monthly and quarterly disbursements increased significantly this year as compared to the previous year. Through an effective cash flow management strategy, the Project was able to ensure the availability of adequate funds to support the timely implementation of activities. To date, there has been no resource availability constraints which caused any program implementation delays in the districts.

The quarterly financial reports to USAID and the monthly financial accounts to JSI/Boston have also been submitted in a timely manner. The Finance section continues to maintain and track the disbursement/expenditure trends, monitoring the cash flow requirements with projected expenditures and accrued expenditures. This

information is synthesized with the Project’s internal data and information base to ensure the upmost efficiency in the PAIMAN financial systems.

**Quarterly Expenditure Trend**

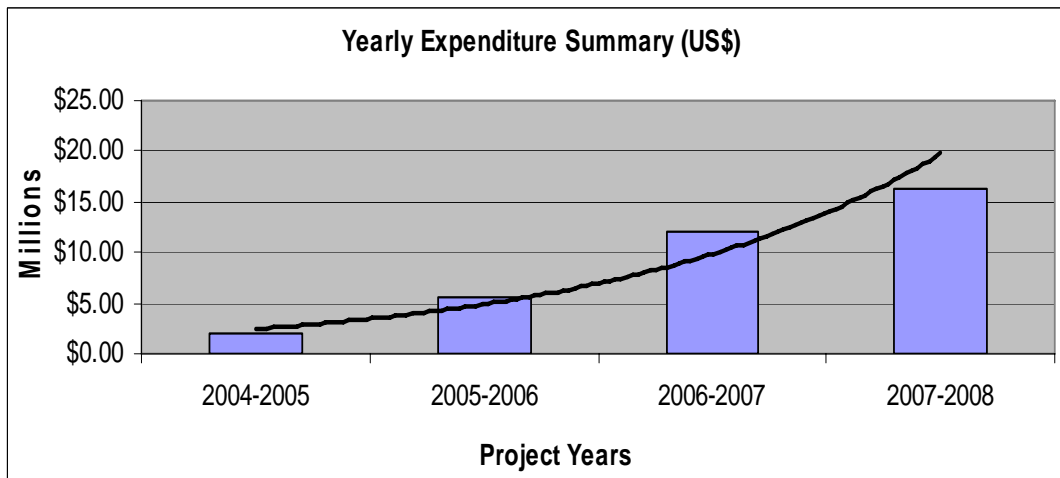
The following table reflects the Quarterly Expenditure trend:



The above table reflects the gradual increase in the quarterly expenditures for Year Four. It demonstrates the efficiency in the availability and flow of resources to support field activities, and the effective coordination between JSI/Islamabad and JSI/Boston.

**Annual Expenditure Trend**

The following table reflects the Annual Expenditure trend:



Project Year One began the mobilization and start up of PAIMAN, while in Project Year Two program activities picked up momentum. In Project Years Three and Four, activities entered the full-out implementation phase, in accordance with the Workplan. The above trend clearly reflects a significant increase in Project Year Four’s annual expenditure compared to previous years. This increase is reflective of the quickened implementation of project activities in the field during Project Year Four. Overall, the annual increase is typical of such large projects. Based on these

trends, PAIMAN is well poised to achieve its objectives in terms of disbursements throughout the life of the project.

**Cost Share**

JSI along with its partners are progressively contributing to the stipulated cost share requirement under the Cooperative Agreement. As of September 30, 2008, the total cost share recovered and reported to JSI/Boston amounts to approximately US \$672,057 against a total of US \$3 million. The project is fully positioned to meet its cost share targets.



**LIST OF ANNEXURES:**

Annex A: Staff Strength Comparison

Annex B: Status of Equipment provided to Selected Health Facilities in ten districts

Annex C: List of Health Facilities and Training Centers Upgraded

Annex D: International Travel Status

Annex E: PAIMAN Organization Chart

Annex F: List of Reports and Documents

## Annexure A:

## Pakistan Initiative for Mothers and Newborns (PAIMAN)

## STAFF STRENGTH COMPARISON

JSI STAFF LIST NOV-2004		JSI STAFF LIST SEP-2008	
S. #	DESIGNATION	S. #	DESIGNATION
<b>JSI Islamabad Office</b>		<b>JSI Islamabad Office</b>	
1	Chief of Party	1	Chief of Party
2	Deputy Chief of Party	2	Deputy Chief of Party
		3	Technical Advisor Program and M&E
<b>Administration Section</b>		<b>Administration Section</b>	
3	Administrative & Finance Manager	4	Director Administration
4	Grants Manager	5	Deputy Director Admin/Logistics
5	Accountant	6	Manager HR & Administration
6	Logistics Officer	7	IT Specialist
7	Administrative Assistant (2)	8	Logistics Officer
8	Receptionist/Secretary (2)	9	Procurement Officer
9	Cleaner	10	Administration Assistant
10	Chauffeur (6)	11	Executive Secretary
		12	Administration Assistant
		13	Receptionist/Secretary
		14	Transport Supervisor
		15	Chauffeur
		16	Chauffeur
		17	Chauffeur
		18	Chauffeur
		19	Chauffeur
		20	Office Support Staff
		21	Office Attendant
<b>JHU-CCP</b>		<b>JHU-CCP</b>	
	Team Leader JHU-BCC	22	Team Leader JHU-BCC
	Deputy Team Leader JHU-BCC	23	Deputy Team Leader JHU-BCC
	Team Associate JHU-BCC	24	Team Associates JHU-BCC
		25	Senior Program Officer-BCC
<b>Finance Section</b>		<b>Finance Section</b>	
		26	Director Finance

## Pakistan Initiative for Mothers and Newborns (PAIMAN)

## STAFF STRENGTH COMPARISON

JSI STAFF LIST NOV-2004		JSI STAFF LIST SEP-2008	
S. #	DESIGNATION	S. #	DESIGNATION
		27	Deputy Director Finance
		28	Finance Officer
		29	Finance Officer
		30	Finance Officer
		31	Finance Assistant
		32	Finance Assistant
<b>Program &amp; Grants Section</b>		<b>Program &amp; Grants Section</b>	
		33	Director Program & Grants
		34	Manager Program & Grants
		35	Program & Grants Officer ( <b>Fixed Term</b> )
		36	Program Assistant
		<b>JSI NWFP Office</b>	
		37	Field Operations Manager
		38	Admin & Finance Assistant
		39	Chauffeur
<b>JSI Baluchistan Office</b>		<b>JSI Baluchistan Office</b>	
		40	Field Operations Manager
		41	Admin & Finance Assistant
		42	Chauffeur
<b>JSI Punjab Office</b>		<b>JSI Punjab Office</b>	
		43	Field Operations Manager N – Punjab
		44	Field Operations Manager S- Punjab
		45	Program & Admin Assistant
		46	Admin & Finance Assistant
		47	Chauffeur N.Punjab Office
		48	Chauffeur S.Punjab Office
<b>JSI Sindh Office</b>		<b>JSI Sindh Office</b>	
		49	Field Operations Manager
		50	Admin & Finance Assistant
		51	Chauffeur
<b>FATA Government Program</b>		<b>FATA Government Program</b>	
		52	Program Coordination Officer

**Pakistan Initiative for Mothers and Newborns (PAIMAN)**

**STAFF STRENGTH COMPARISON**

JSI STAFF LIST NOV-2004		JSI STAFF LIST SEP-2008	
S. #	DESIGNATION	S. #	DESIGNATION
		53	Finance Officer
<b>SWAT</b>		<b>SWAT</b>	
		54	District Program Coordinator

**Annexure B:****Pakistan Initiative for Mothers and Newborns (PAIMAN)****Status of Equipment provided to Selected Health Facilities in ten districts  
(during Oct 07 to Sep 08)****30-Sep-08**

<b>Sr. #</b>	<b>Name of equipment</b>	<b>Quantity Procured</b>	<b>Distributed to Health Facilities</b>	<b>Notes</b>
<b>Lab Equipment</b>				
1	Centrifuge, blood-bank, for in vitro diagnosis	31	31	
2	Chemistry Analyzer (photometric discrete)	11	11	Installation in progress
3	Differential Blood Cell Counter, (hand-tally)	22	22	
4	Hemocytometer (Neubauer), manual blood cell counting devices	47	47	
5	Dropping pipette	56	56	
6	Sahli Pipette Hemoglobinometer	44	44	
7	Sterilizer, dry heat (tabletop)	20	20	
8	Laboratory Incubator	18	18	
9	Laboratory Timer	39	39	
10	Microscope (binocular)	31	31	
11	Pipette (0.05 ml)	82	82	
12	Pipette, Volumetric: 1 ml	18	18	
13	Pipette, Volumetric: 2 ml	17	17	
14	Pipette, Volumetric: 3 ml	14	14	
15	Pipette, Volumetric: 5 ml	16	16	
16	Slide Drying Bench	54	54	
17	Test-Tube Holder	104	104	
18	Hematocrit Measuring Device	17	17	
19	Staining Tank/Sink	49	49	
20	Spirit Lamp	62	62	
21	Test-Tube Rack	35	35	
22	Water Bath (Laboratory)	14	14	
23	Pipette Stand (Westergren ESR System)	5	5	
24	Tubes/Pipettes (Westergren ESR System)	27	27	
<b>Medical Equipment &amp; furniture</b>				
1	Hospital Bed (Fowler type)	200		Delivery in progress
2	Foam Mattress	200	200	

## Pakistan Initiative for Mothers and Newborns (PAIMAN)

Status of Equipment provided to Selected Health Facilities in ten districts (during Oct 07 to Sep 08)				
30-Sep-08				
Sr. #	Name of equipment	Quantity Procured	Distributed to Health Facilities	Notes
3	Delivery Table	35	35	
4	Obstetric Operation Table, Hydraulic	10		Shipment clearance in progress
5	Hospital Bassinet, tiltable, rolling / Baby Cot	100		Delivery in progress
6	Bedside Locker	200		Distribution in progress
7	Desk/Worktable	39		Distribution in progress
8	Drip/Infusion Stand	148		Distribution in progress
9	Over-bed table (for serving meals to the patient on bed)	100		Distribution in progress
10	Privacy Screen (4-sections, folding) / Screen Folding Complete	60		Distribution in progress
11	Waiting Room Patient Bench	400	400	
12	Vacuum Syringe/D&C Set (single or double valve)	24	24	
13	X-ray Illuminator/Viewbox (tabletop)	31		Distribution in progress
14	Dispensing Table	18		Delivery in progress
15	Dressing Cart/Trolley	60		Delivery in progress
16	Medication Cart	20		Distribution in progress
17	Ventilator, Neonate/Infant, Manual, Self-inflating (Ambu Bag or equivalent)	112		Distribution in progress
18	Instrument Cabinet (wall hanging)	40	40	
19	P.V. Examination Light (Floor model, mobile)	59	59	
20	Fetal Stethoscope (Pinard)	102	102	
21	Scale, adult	61		Shipment clearance in progress
22	Scale, infant (mechanical)	60		Shipment clearance in progress
23	Hospital Stretcher / Patient Shifting Trolley	70		Distribution in progress
24	Wheelchair, Manual (folding)	100		Distribution in progress

## Pakistan Initiative for Mothers and Newborns (PAIMAN)

Status of Equipment provided to Selected Health Facilities in ten districts (during Oct 07 to Sep 08)				
30-Sep-08				
Sr. #	Name of equipment	Quantity Procured	Distributed to Health Facilities	Notes
25	Anesthesia/Ventilator Unit (Adult and Pediatric)	12	12	Installation in progress
26	Aspirator, Surgical (mobile, on casters) / Suction Apparatus	40	40	
27	Autoclave, electric (horizontal)	48		Shipment clearance in progress
28	Fetal Monitor, Cardiotocographic (C.T.G.)	11	11	Installation in progress
29	Surgical Light (Ceiling)	10	10	Installation in progress
30	Operating Lamp, Portable, Floor model. (AC with battery back-up)	31	31	Installation in progress
31	Fetal Doppler, Handheld/Pocket Type	10	10	
32	Fetal Doppler, Desktop (portable)	57	57	
33	Infusion Pump (General Purpose)	13	13	
34	Phototherapy Unit, overhead (free-standing, mobile)	31		Shipment clearance in progress
35	Ultrasound Machine, Portable	22	22	Installation completed
37	Vacuum Extractor	20	20	Installation in progress
<b>Hospital Supplies</b>				
1	Oxygen Cylinders	80	80	
<b>Training Equipment</b>				
1	Public Address System	13	13	
<b>Vehicles</b>				
1	Ambulances (Purpose-built 4x4)	4	4	
2	Ambulances (Purpose-built 4x2)	15	15	
<b>Furniture</b>				
1	Steel Almirah	181	181	
2	Office Chair	608	608	
3	Office Chair Armless	322	322	
4	Office Table with Drawer	115	115	

**Pakistan Initiative for Mothers and Newborns (PAIMAN)**

<b>Status of Equipment provided to Selected Health Facilities in ten districts (during Oct 07 to Sep 08)</b>				
<b>30-Sep-08</b>				
<b>Sr. #</b>	<b>Name of equipment</b>	<b>Quantity Procured</b>	<b>Distributed to Health Facilities</b>	<b>Notes</b>
5	Table for Lecture Hall	88	88	
6	Wooden cupboard	20	20	
<b>Power Generating Sets</b>				
1	Diesel Generator Sets	9	9	
<b>Air Conditioners</b>				
1	Air Conditioners	76	76	



**Annexure C:**

**Pakistan Initiative for Mothers and Newborns (PAIMAN)**  
**List of Health Facilities and Training Centers (Civil Works completed)**

30-Sep-08

Province	District	Health Facility
NWFP	Upper Dir	DHQH & Training Area (DHDC)
		THQH, Warri
		RHC, Barawal
	Buner	DHQH, Daggar & Training Area (DHDC)
		THQH, Chamla
		RHC, Jower
	Peshawar	PHSA
PUNJAB	Rawalpindi	THQH, Gujjar Khan
		THQH, Murree
		RHC, Mandra
		DHDC
	Jhelum	DHQH
		THQ, Sohawa
		RHC, Domeli
		DHDC
	Khanewal	DHQH
		THQH, Mian Channu
		DHDC
	D.G. Khan	DHQH
		DHDC
	Lahore	PHDC
	BALOCHISTAN	Lasbella
THQH, Hub		
RHC, Bela		
Jaffarabad		DHQH Dera Allah Yar & Training Area (DHDC)
		THQH, Usta Muhammad
		RHC, Rohjan Jamali
Quetta		PHDC
SINDH	Sukkur	DHQH
		THQH, Rohri

**Pakistan Initiative for Mothers and Newborns (PAIMAN)**  
**List of Health Facilities and Training Centers (Civil Works completed)**

30-Sep-08

Province	District	Health Facility
		RHC, Kandra
		DHDC
	Dadu	DHQH
		RHC, Sita Road
		BHU, Wahi Pandi
		DHDC
	Jamshoro	PHDC

<b>Selected Health Facilities Rennovated:</b>	<b>27</b>
<b>District &amp; Provincial Training Centers Rennovated:</b>	<b>14</b>
<b>Total Health Facilities and Training Centers:</b>	<b>41</b>

#### **Annex D: Reports and Documents**

- Hospital Based Protocols for Newborns prepared by AKU were printed in January – February, 2008
- Contech completed the study of "Revisit Roles and Responsibilities of Various DHMT Members" on March 24, 2008
- Contech completed Situation Analysis on existing system of district health performance target setting, on December 28, 2007
- PAIMAN quarterly Newsletter by the name of "News Roundup" published by Population Council
- Population Council prepared the Knowledge Management workshop report on March 31, 2008
- Concept note - Process Evaluation of Supportive Supervision Training was presented by Population Council in July, 2008
- Concept note - Process Evaluation of 'Clinic Sahulat' was finalized by Population Council in September, 2008
- Concept note – CMWs was finalized by Population Council in September, 2008
- Third PAIMAN Technical Advisory Group (TAG) Meeting report was prepared in March, 2008
- PAIMAN Talk Shows Evaluation Report was prepared in February, 2008 by JHU
- Seventh Pakistan Leadership in Strategic Health Communication Workshop Report by JHU prepared in September, 2008.

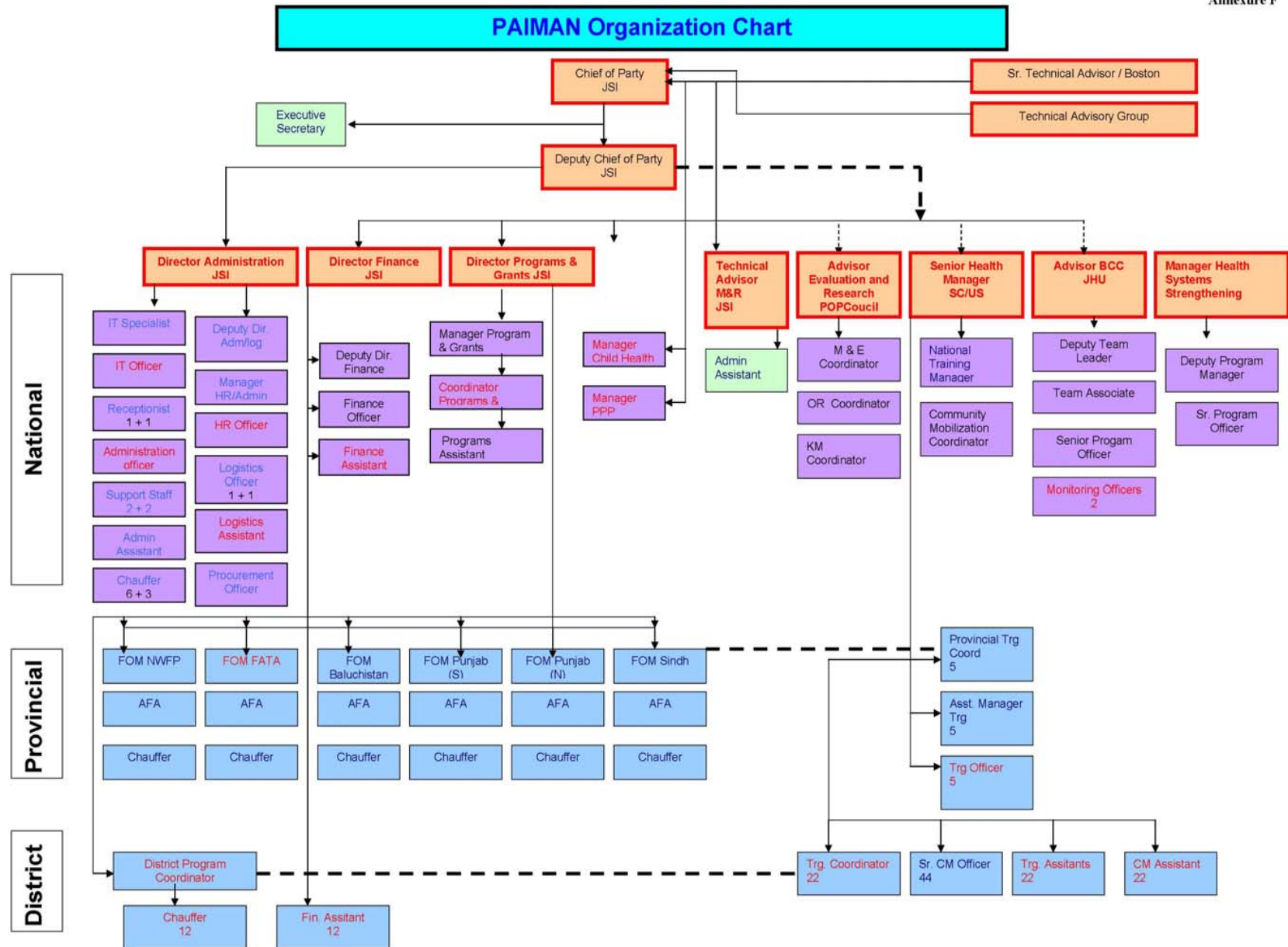
## Annexure E:

## Pakistan Initiative for Mothers and Newborns (PAIMAN)

International Travel Status from October 2007 to September 2008							
Sr.#	Name of Traveler	Arrival Date	Departure Date	Sector Traveled	Name of Organization	Designation	Purpose of Travel
1	Dr. Theo Lippeveld	26-Jan-08	7-Feb-08	USA-PAK	JSI-Boston	Vice President JSI	3rd TAG Meeting in Serena
2	Mr. Neil H.McKee	31-Jan-08	8-Feb-08	USA-PAK	JHU-CCP, Maryland USA	Regional Director, Asia	3rd TAG Meeting in Serena
3	Mr. Abdul Ghaffar	2-Feb-08	8-Feb-08	Geneva-Pak	Global Forum for Health Research	Health Policy & Systems Specialists	3rd TAG Meeting in Serena
4	Dr. Margorie Koblinsky	3-Feb-08	6-Feb-08	Dhaka-PAK	ICDDR,B, Dhaka, Bangladesh	Director Public Health Sciences Division	3rd TAG Meeting in Serena
5	Dr. Nabeela Ali	21-May-08	7-Jun-08	PAK-USA	JSI-Pakistan	Chief of Party (PAIMAN)	Global Health Conference
6	Dr. Shuaib Khan	13-Jul-08	26-Jul-08	PAK-USA	JSI-Pakistan	Director Program & Grants JSI-Pakistan	APVOFM Training
7	Mr. Jamal Afridi	12-Jul-08	19-Jul-08	PAK-USA	JSI-Pakistan	Field Operations Manager - JSI NWFP	APVOFM Training
8	Dr. Nuzhat Rafique	13-Jul-08	31-Jul-08	PAK-USA	JSI-Pakistan	Field Operations Manager - JSI (N.Punjab)	APVOFM Training
9	Dr. Theo Lippeveld	5-Jul-08	18-Jul-08	USA-PAK	JSI-Boston	Vice President JSI	Visit for MTE
10	Dr. Benjimin Lozare	9-Aug-08	27-Aug-08	USA-PAK	JHU-CCP, Baltimore USA	Associate Director	to facilitate leadership workshop
11	Dr. Theo Lippeveld	24-Aug-08	30-Aug-08	USA-PAK	JSI-Boston	Vice President JSI	Technical support for proposal submission for expansion
12	Ms. Marcy Levy	17-Sep-08	22-Sep-08	IND-PAK	JSI-Indonesia	Monitoring and Evaluation Advisor	to provide program support

Pakistan Initiative for Mothers and Newborns (PAIMAN)

Annexure F





JSI Research & Training Institute, Inc.

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