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MCHIP Pakistan End-of-Project Report

February 1, 2012–December 31, 2012



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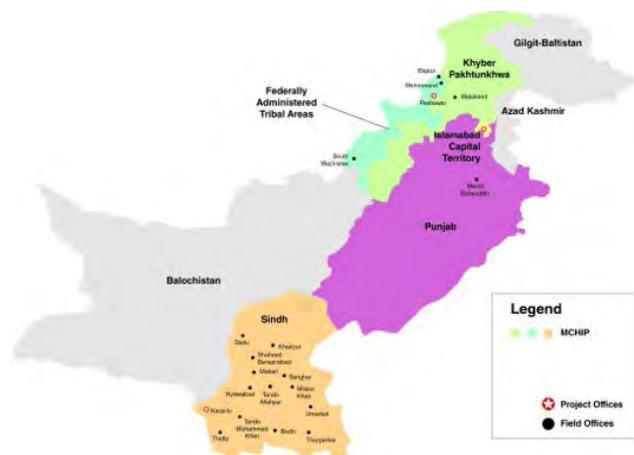
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The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

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Country Summary: Pakistan



Selected Health and Demographic Data for Pakistan

Total population	184,500,000
Maternal mortality ratio (deaths/100,000 live births)	276
Skilled birth attendant coverage	52.1
Infant mortality rate (deaths/1,000 live births)	74
Neonatal mortality rate (deaths/1,000 births)	55
Under-five mortality (deaths/1,000 live births)	89
Modern contraceptive prevalence rate	35.4
Total fertility rate	3.9

Sources: National Institute of Population Studies (NIPS) [Pakistan] and ICF International. 2013. *Pakistan Demographic and Health Survey 2012-13*. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.

Major Activities

- MNCH Services Project:
 - Deliver high-quality FP and MNCH services
 - Improve quality and coverage of those services
 - Strengthen public-private partnerships



Program Dates	February 1, 2012–December 31, 2012
2012 Core Budget	\$1,000,000
Geographic Focus	Sindh District
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Acronyms and Abbreviations

AZIMS	Abu Zafar Institute of Medical Sciences
FP	Family Planning
HANDS	Health and Nutrition Development Society
IHS	Integrated Health Services
JSI	John Snow, Inc.
MCHIP	Maternal and Child Health Integrated Program
MLBC	Midwife-Led Birthing Center
MNCH	Maternal, Newborn, and Child Health
PPH	Postpartum Hemorrhage
TAG	Technical Advisory Group
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development

Acknowledgments

MCHIP would like to acknowledge the close collaboration and contributions of the Ministry of Health of Pakistan, USAID, and our MCHIP staff for their help and support during our startup phase in Pakistan.

Staff	Title	Length of Service
Shahida Azfar	Chief of Party	3 months
Nasir Muhammad	Director Finance and Grants	3 months
Ali Sohail	Program Officer	3 months
Zaib Dahar	Technical Advisor	3 months
Farida Shah	Midwifery Advisor	2 months
Sohail Agha	Director of Monitoring Evaluation and Research	2 months
Zeeshan Ahmed	Admin and Logistic Officer	1 month
M. Ashraf-ul-Haq	Security Officer	1 month

Executive Summary

MCHIP in Pakistan, aligned with the U.S. Agency for International Development (USAID) as a part of a larger USAID-funded consortium, operated from February 1, 2012 until December 31, 2012 with \$1 million dollars in field funding. This Project was the startup phase prior to being awarded an Associate Award. MCHIP's work during this time focused on building a foundation for scaling up evidence-based integrated maternal, newborn, and child health (MNCH) and family planning services in Pakistan's Sindh Province. Though the majority of activities accomplished in this time frame were not quantifiable, the Project was able to establish pivotal relationships by collaborating with public and private partners, conducting technical assessments, and supporting national partners in designing integrated packages of services. These relationships, in turn, were essential to work planned under the Associate Award.

During this startup phase, the MNCH Services Project worked in concert with Save the Children, PSI, Marie Stopes International, and the DELIVER Project. Though each partner in the portfolio was responsible for specific activities and deliverables, all partners worked in close coordination to achieve the same goal: improved health outcomes for newborns, children, and women. The overall program goal is to build Pakistani capacity to deliver high-quality MNCH and reproductive health services via the public sector in underserved rural and urban areas, primarily in Sindh Province.

The overall objectives of the five-year MNCH Services Project are:

1. To decrease maternal and neonatal mortality
2. To decrease morbidity rates of childhood illness

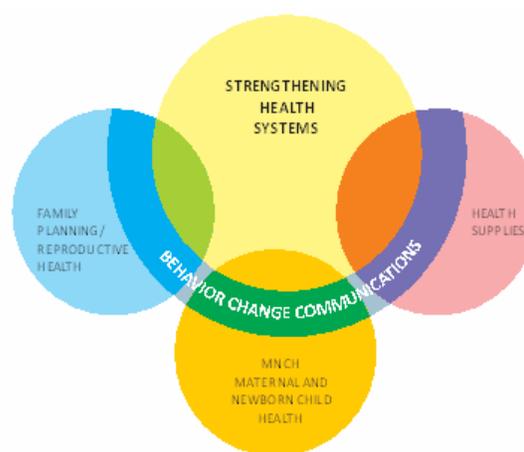
Over 11 months, the field-funded MNCH Services Project collaborated with various partners as well as the Department of Health and government of Sindh to develop a plan for achieving the following program goals under the Associate Award:

- Increase contraceptive prevalence (modern and traditional methods)
- Increase the percentage of facility births
- Increase the percentage of births with a skilled provider
- Increase the quality and availability of emergency obstetric care
- Increase the quality and availability of essential newborn care
- Increase exclusive breastfeeding rates through the first six months of life

The MNCH Services Project followed a rapid startup plan that achieved the following major accomplishments in a short period:

- Advocated for the inclusion of misoprostol on the Essential Drug List in Punjab as part of the Postpartum Hemorrhage Prevention and Management Plan.

Figure 1. USAID/Pakistan's Maternal and Child Health Program



- Finalized midwifery-led birthing clinic (MLBC) standards and established MLBC technical advisory groups.
- Organized meetings with several public and private sector organizations such as DKT International (a nonprofit social marketing organization), Health and Nutrition Development Society (HANDS), and PSI/Greenstar to identify the priorities for Year 1 activities under the Associate Award.
- Liaised with business advisory firms to gauge their interest and capacity in conducting a household survey in Sindh and Punjab provinces.
- Collaborated with DELIVER, PSI/Greenstar, and Marie Stopes International to complete mapping of the five focus districts in Sindh Province.
- Established office space in Karachi, hired key staff members, and set up operational systems.

Introduction

MCHIP in Pakistan has been implemented in two phases. In Phase I, which ran from February 1, 2012 to December 31 2012, MCHIP established and completed program activities including hiring staff, setting up an office, and conducting technical assessments. Also during this phase, MCHIP provided support to provincial leadership, collaborated with national partners, and held various strategic design meetings with the goal of assessing community midwifery and expanding the use of misoprostol for the prevention of postpartum hemorrhage (PPH).

These Phase I activities led into the development of a more comprehensive set of strategies and activities for improving the maternal, newborn, and child health/family planning (MNCH/FP) situation in Pakistan, and laid the foundation for Phase II, which began in 2013 and will run through 2017.



Additionally, the activities in Phase I of MCHIP helped create a foundation for workplan development. Through outcomes from the local implementing partner meetings, information from the startup activities, and continuous consultation and support from the USAID Pakistan Mission, the MNCH Services Project developed the Year 1 workplan for the MCHIP Associate Award program launched in January 2013.

Based on Year 1 workplan development, the overarching strategies for the five-year project are:

- Helping families receive care from home to hospital.
- Focusing on pregnancy, childbirth, and newborn care.
- Supporting high-impact activities that save lives such as the inclusion of misoprostol on the Essential Drugs List.
- Engaging communities to help families keep pregnant women, mothers, and newborns healthy.
- Supporting midwives to establish their practices in the community through midwife-led birthing centers (MLBCs).
- Setting up transport and telecommunication systems.
- Strengthening maternal and newborn health services at public and private health care facilities.
- Mobilizing women's and men's support groups in communities to increase demand for and timely use of midwifery services.
- Reducing PPH by promoting community-based use of misoprostol.
- Reducing birth asphyxia by providing Helping Babies Breathe® training to skilled birth attendants.

Major Accomplishments

MCHIP in Pakistan, aligned with USAID, laid integral groundwork during February 1, 2012 to December 31, 2012, while simultaneously working on the Request for Application for USAID. During this startup phase to the Associate Award, the Project:

- Successfully advocated for adding misoprostol to the Essential Drug List in Punjab as part of the implementation of a detailed action plan for PPH prevention and management in Sindh. This was done in collaboration with Program Component #4: Health Commodities (implemented by USAID-funded JSI's DELIVER Project). Sindh has already included misoprostol in the Planning Commission Form (PC-1) for procurement.
- Initiated implementation of the MLBC component of the MNCH Services Project via a consultative meeting in September 2012 with key stakeholders from Sindh Province. In close collaboration with key stakeholders, finalized operational standards for MLBCs. Began mapping all five focus districts, established the MLBC Technical Advisory Group (TAG) for Sindh Province, and held two meetings. To date, the TAG has endorsed guidelines/specifications for MLBC infrastructure, as well as lists of essential supplies and equipment.
- Organized several meetings with both public and private organizations between February and December 2012 to build relationships prior to receiving the Associate Award and prior to the implementation of activities.
 - The Project met with DKT International, a nonprofit social marketing organization, to coordinate community midwifery collaboration in selected districts. Developed concept papers on MLBC including an equipment and supply list for MLBC and draft budget for establishing one MLBC. In addition, the Project met with Aman Foundation to develop a plan to strengthen and utilize the existing tele-health facilities and the best way forward to promote tele-health activities which are not currently provided by any other facility in Pakistan.
 - Held meetings with potential partner organizations such as Health and Nutrition Development Society (HANDS), Integrated Health Services (IHS), Abu Zafar Institute of Medical Sciences (AZIMS), and Aga Khan University School of Nursing and Midwifery to discuss collaboration on supportive supervision mechanisms and training.
 - The Project also met with UNICEF, the Department of Health (Director General for Health, Provincial Project Director Sindh), and PSI/Greenstar to work on the priority MNCH areas for the behavior change communication campaign; areas were identified and sent to PSI, as well as feedback on logo options.
- Completed terms of reference for a business advisory firm, issued a request for proposal, and received 13 proposals. In May 2013, the Project selected AC Nielsen to conduct a household survey to provide a population-based estimate of the level of knowledge, utilization, practice, and coverage of MNCH services in Sindh and Punjab provinces. The first round of surveys was conducted outside of our field funding and took place from May to July 2013.
- In liaison with USAID-supported MCH partners (DELIVER, PSI/Greenstar, and MSS), the MNCH Services Project completed the mapping of Sindh province to document which organization were working where and doing what in order to outline opportunities for collaboration.
- MCHIP established an office space in Karachi, hired key staff, and set up operational systems.

Recommendations and Way Forward

During the startup phase, the Project team concentrated on developing the necessary infrastructure and partnerships to sustain and support the remaining phases of the project. During this period, MCHIP secured and opened a functional office space in Karachi, hired key staff, and set up operational systems. To further solidify partnerships and ensure a cohesive Project strategy, the MNCH Services Project held a work planning meeting in January 2013 with representatives of partnering organizations, USAID, and the Sindh MNCH Program.



The Project will focus on the following for Year 1:

- Following the mapping completed with MCH partners in 2012, the Project will define the geographic areas of focus for Year 1 activities.
- Outline partnerships with DKT, Aman Foundation, and HANDS to formalize these relationships through Memoranda of Understanding.
- Project staff will prepare an MLBC Implementation Guide and supply, equipment, and drug lists, and well as MLBC space specifications for the TAG's imminent review and endorsement.
- The MNCH Services Project will begin working at the district level to map and track trained and deployed community midwives. In Year 1, 60 community midwives will be engaged to develop MLBCs and 40 MLBCs will be established.
- Moving forward, the Project will begin critical work with two midwifery training institutions: AZIMS (Koohi Goth Hospital) and HANDS Midwifery School of Jam Kanda. Both institutions will be upgraded to Midwifery Centers of Excellence in Year 1.

Annex 1: Field Funding Matrix

The MNCH Services Project developed a field funding Matrix for the period of February 1, 2012–December 31, 2012. During this period, there were no activities to report against, as the team was in the process of locating an office space, building the staff in Karachi, establishing a relationship with the Ministry of Health, partners and organizations as well as developing the Year 1 workplan. Please see below the MNCH Services Project field funding matrix:

KEY TASKS		FEBRUARY 1, 2012 TO DECEMBER 31, 2012											RESPONSIBLE	
		2	3	4	5	6	7	8	9	10	11	12		
Objective 1 Ensure provincial support for leadership and strategic coordination in MNCH/FP														
1.1	Conduct initial Technical Design Team Trip	X												Nabeel Akram, Cat McKaig, Jeff Smith
1.2.	Initiate provincial level MNCH/FP coordination committees				X	X	X	X	X	X	X	X	X	Jhpiego DC, Maternal Health Advisor
1.3	Sponsor team of participants to regional MNCH meeting in Dhaka for technical update and regional engagement				X									MCHIP
1.4	Hold Strategic Design Meeting for expansion and use of misoprostol for the prevention of PPH								X					MCHIP Maternal Health Team Leader and Maternal Health Advisor
1.5	Open office in Islamabad						X							Jhpiego CD and Regional Team Leader
1.6	Hire staff to coordinate project activities with provincial officials				X	X	X							MCHIP Team Islamabad
Objective 2 Establish a Program Framework for an integrated package of services; engagement of implementing partners both public and private sector														
2.1	Conduct enhanced assessments in the areas of newborn health, child health, nutrition and FP					X	X							MCHIP Technical Advisors
2.2	Conduct technical assistance and coordination meetings with provincial health department along with Technical Resource Unit and Technical Resource Facility for the development of minimum/integrated package of services and finalize an integrated package of MNCH/FP for both facility and community-based services.							X	X	X	X	X		MCHIP Technical Advisors and Staff

KEY TASKS		FEBRUARY 1, 2012 TO DECEMBER 31, 2012										RESPONSIBLE	
		2	3	4	5	6	7	8	9	10	11		12
2.3	Conduct gender analysis and incorporate the recommendations in the design of the MCHIP Pakistan Program						X	X	X	X			Pakistan-based Gender Consultant
Objective 3 Establish functional systems for Community Midwifery education and deployment.													
3.1	Review current tutor training approaches and incorporate recommendations in the action plan for establishing functional system for community midwifery education and deployment										X	X	Senior Maternal Health Advisor

Annex 2: List of Materials and Tools Developed or Adapted by the Program

- Sindh Province Postpartum Hemorrhage Prevention and Management Situational Analysis
- Punjab Province Postpartum Hemorrhage Prevention and Management Situational Analysis