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JSI Research & Training Institute Inc.

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Annual Report

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Acronyms

AO	Agreement Officer
AOR	Agreement Officer Representative
AS	Additional Secretary
BHUs	Basic Health Units
CA	Cooperative Agreement
CADD	Capital Administrative and Development Division
CCM	Country Coordination Mechanism
CEO	Chief Executive Officer
COP	Chief of Party
CT	Core Team
DG	Director General
DFID	Department For International Development
DHIS	District Health Information System
DoH	Department of Health
EDO	Executive District Officer
EPI	Expanded Programme on Immunization
FALAH	Family Advancement for Life and Health
FBS	Federal Bureau of Statistics
FP	Family Planning
GAVI	The Global Alliance for Vaccines and Immunization
GOP	Government of Pakistan
HIS	Health Information System
HSA	Health Services Academy
HO	Home Office
HSRU	Health Services Reform Unit
HSSPU	Health Systems Strengthening & Policy Unit
ICT	Islamabad Capital Territory
IPC	Inter-Provincial Coordination
IT	Information Technology
JSI	JSI Research & Training Institute, Inc.
KPK	Khyber Pakhtunkhwa
LHW	Lady Health Worker
M & E	Monitoring and Evaluation
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MOIPC	Ministry of Inter-provincial Coordination
MRRP	Malakand Reconstruction and Rehabilitation Program
NIDs	National Immunization Days
NHIRC	National Health Information Resource Centre
PAIMAN	Pakistan Initiative for Mothers and Newborns
PAK	Pakistan
PaRRSA	Provincial Rehabilitation and Reconstruction Settlement Authority
PC – 1	Planning Commission – 1
PD	Project Director
P&D	Planning and Development
PHC	Primary Health Care
PHDs	Provincial Health Departments
PHSRP	Punjab Health Sector Reforms Program
PMRC	Pakistan Medical Research Council

PO	Purchase Order
QA	Question and Answer
RH	Reproductive Health
SAPM	Special Assistant to Prime Minister
SF	Standard Form
SO	Strategic Objective
SNIDs	Special National Immunization Days
TA	Technical Assistance
TACMIL	Technical Assistance for Capacity Building in Midwifery, Information and Logistics
TAUH	Technical Assistance Unit for Health
ToTs	Training of Trainers
ToR	Terms of Reference
TRF	Technical Resource Facility
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Fund for Population Assistance
UNICEF	United Nations International Children's Emergency Fund
US	United States
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

1. Executive Summary

The purpose of USAID Technical Assistance Unit for Health (USAID TAUH) is to provide technical assistance to the health and population sectors at the federal, provincial and district levels, but particularly at the provincial level, to reform and strengthen the health system in Pakistan in a post-devolution operating environment. USAID TAUH is a two-year, USAID-funded project managed by JSI Research & Training Institute, Inc.

2012 was a challenging year for USAID TAUH. The deteriorating situation in Sindh, especially Karachi, took most of the attention of the policy-makers. The coalition government in Sindh and the political rift between bureaucracy and political parties hampered progress in Sindh as did the floods in the province.

At the federal level, USAID TAUH provided support to Health Services Academy (HSA), Islamabad, to make it a center of excellence. In this regard, USAID TAUH submitted a report on “Pay/Remuneration System, Financial Feasibility and Sustainability Analysis of Health Services Academy’s Proposed Strategic Plan” to the Executive Director of HSA. A five year strategic plan envisioning where HSA wants to be by 2015 was also developed and has been accepted by HSA Board of Governors. USAID TAUH also provided technical support to HSA to prepare a request for No Cost Extension to USAID.

In September, USAID TAUH was a member of the WHO mission to Punjab and Sindh on “Making Devolution Work in Pakistan’s Health Sector”. The purpose of the mission was to have a policy dialogue with the Provincial Health Departments, federal entities and other stakeholders on key issues related to health system strengthening in Pakistan in the context of devolution.

USAID TAUH’s technical assistance to the Government of KPK DoH ended in the first quarter of 2012 with the preparation and finalization of district health profiles of Swat, Buner, Lower Dir, Upper Dir, Shangla, and Malakand. These profiles were to serve as a planning tool in the implementation of the Health Activity Plan, approved by Secretary Health KPK and Health Sector Reforms Unit (HSRU) KPK.

USAID TAUH’s work with the DoH Government of Sindh gained momentum in the first quarter of the year as its technical assistance came to an end in KPK. One of the most significant achievements of USAID TAUH in 2012 was the establishment and operationalization of HSRU in Karachi. HSRU was formally inaugurated by the Health Minister, Government of Sindh, in May and has a Project Director (who is also Additional Secretary [Dev]) and four Coordinators.

USAID TAUH continued providing technical assistance to the DoH Government of Sindh in areas that were identified in 2011 in consultation with the Secretary of Health Sindh and his team. In 2012, USAID TAUH developed communication and human resource strategies for Sindh DoH and provided support to strengthening the community midwifery initiative in Sindh. The reports of these TAs were prepared and finalized in 2012. The Communication Strategy was formally approved by the Steering Committee of HSRU in September. As recommended in the Communication Strategy, DoH Sindh has established Provincial Communication Advisory Group which will provide overall direction and implementation of health education communication and coordination in Sindh. USAID TAUH held meetings

with Project Director HSRU and its Coordinators to discuss implementation of Health Sector Strategy Sindh. As part of preparing operations plans, a donor conference was planned to look at inputs of development partners. The conference is planned for January 2013. USAID TAUH provided technical assistance to Provincial HIV/AIDS, Tuberculosis and Malaria Control Programs to conduct a situation and response analysis along with a needs requirement at the structural, programmatic and financial levels to help the respective programs identify the gaps and prepare a case for soliciting programmatic and financial support for future implementation.

As part of its technical assistance to the Sindh DoH, USAID TAUH prepared a background report on “Sindh Reproductive, Maternal, Newborn and Child Health: Current Status, Opportunities and Impact of Integrated Primary Health Care Delivery”. The USAID TAUH Chief of Party (COP) published a paper on “Devolution and Health Challenges and Opportunities: A Year Later” in the Pakistan Journal of Public Health which is published by Health Services Academy. The COP USAID TAUH was invited by The Training Pakistan (TRP), a USAID funded project, to attend eight days training organized by World Bank Institute. The training was in Washington, D.C. from December 6-14 2012.

USAID TAUH has provided technical assistance to the USAID Mission in Pakistan as and when requested. Some of the significant support activities included organizing a coordination meeting of donor agencies providing support in KPK, conducting an assessment to explore management options for establishing civil hospital in Jacobabad, and starting a pre-election dialogue (in the run up to the expected general elections in 2013) on critical health and governance issues with the five main political parties, print and broadcast media, and provincial stakeholders, especially Provincial Health Departments. Pre-election dialogue activities started in October 2012 and will end in January 2013.

The challenges faced by USAID TAUH were numerous and were related to the absence of a federal coordination unit or structure in the post-devolution scenario, to the rift between bureaucracy and political leadership, to competing donor interests, to the security situation grabbing the attention of policy-makers, and to difficulties in finding local consultants who understand the broader scope of the assignment.

USAID TAUH was given a three-month No Cost Extension in October 2012. The new project end date is April 14, 2013.

2. Background

2.1 Introduction

In 2009, USAID Pakistan adopted a new business model for funding its development objectives which focused on utilizing local government, institutions and NGOs as the implementing partners. Key to the success of this new business model is the necessary technical expertise in the Government of Pakistan (GOP) to move forward. However, the GOP lacks technical capacity in many areas to effectively bring about change and strengthen public primary health care service delivery to the people of Pakistan.

To ensure the United States Government (USG) resources for health and population sector will effectively enable the GOP to meet the objectives for which they are intended, USAID developed a technical assistance unit to provide strategic, targeted technical assistance to the GOP in key health areas. As a result, the USAID Technical Assistance Unit for Health (USAID TAUH) Project was awarded to JSI Research & Training Institute, Inc. on January 14, 2011. USAID TAUH is a two-year project to provide technical support to respond to the GOP needs for assistance and to help ensure that direct financial support to GOP is used effectively and efficiently.

After signing the cooperative agreement, JSI Research & Training Institute, Inc. established the head office for USAID TAUH project in Islamabad. Provincial office in Punjab was established within the premises of Punjab Health Sector Reforms Unit at Lahore during the first quarter of the project. However, USAID TAUH had to close its Punjab office in August 2011 after USAID received the directions from Government of the Punjab to stop operations in Punjab. Provincial office for Sindh was established in the premises of National MNCH Program office in Karachi in December 2011.

2.2 USAID TAUH Project's Vision of Success

At the end of the project, the public health sector has the technical and fiduciary capacity to manage integrated PHC services, including family planning, within a devolved health system where roles and responsibilities between the various administrative levels have been well-defined and where structured partnerships with the private sector have been established.

2.3 Purpose

The purpose of USAID TAUH project is to provide technical assistance to the health and population sectors at the federal, provincial and district levels, but particularly at the provincial level, to reform and strengthen the health system in Pakistan in a post-devolution operating environment.

Technical assistance provided by the project will focus on policy development, strategic reform, and on capacity building of the public health sector to improve health planning, budgeting, coordination, programming and other support systems, with an ultimate goal to improve the quality, equity and access to primary health care services.

USAID TAUH project will also provide technical assistance and in-depth analysis to the USAID/Pakistan Health Office in mapping out the post-devolution operating framework and in identifying critical health sector gaps, problems and issues for which both short and longer-term coordinated donor action is required.

2.4 USAID TAUH Intermediate Results

The results of USAID TAUH will follow USAID Results Framework. Most of the USAID TAUH activities will fall under IR 3. There are few activities which do not fall under any of the IRs of the USAID Results Framework. For that purpose an additional IR 4 has been added.

IR 3 Improved governance of provincial health departments

IR 3.1: The management of the primary health care (PHC) services has been devolved to the provinces through clarified roles and responsibilities between federal and provincial governments

IR 3.2: The management capacity at provincial and district levels within the health department allows provinces to assume the newly devolved functions

IR 3.3: Public sector leaders have greatly enhanced their knowledge of and ability to program and manage evidence-based maternal and child health, family planning, immunizations and nutrition.

IR 4: The donor response to public health sector in Pakistan has been adapted to the newly created devolved structure.

2.5 Principles

Throughout the implementation of the project, the USAID TAUH team will strictly adhere to and promote the following principles with its partners:

Involvement of all relevant stakeholders, including the Federal Ministry of Health (MOH) and the Provincial Health Departments (PHD), USAID/Islamabad, and various governmental and non-governmental institutions in support of the health system in Pakistan

Increased transparency and accountability in the public sector environment related to the management of the inputs and processes of the health services through internal control systems as well as through increased community involvement

A results oriented approach in managing the health services with well-defined and measurable outcomes and benchmarks

Building on lessons learned by introducing wherever appropriate approaches and interventions proven to be successful in PHC projects in Pakistan and in other countries

Use of local expertise whenever available and based on merit criteria

Towards sustainable solutions within the socio-cultural and resource context of Pakistan

Minimum disruption in present program initiatives, always starting from existing initiatives and then incrementally reform them towards improved performance

Compliance with USAID Rules and Regulations including the use of the USAID branding and marking guidelines

3. USAID TAUH Interventions: Achieving Intermediate Results

3.1 Post-devolution: Improving Governance at Federal and Provincial Levels

The devolution of the health system in Pakistan has been both a challenge and opportunity at the same time. It has given the provinces the opportunity to plan and implement health services to address their unique requirements. During 2012, USAID TAUH worked closely with all relevant stakeholders, including the federal and provincial authorities, USAID Health Office and various governmental and non-governmental institutions to provide technical support in critical areas.

At the federal level, USAID TAUH prepared a report on “Pay/Remuneration System, Financial Feasibility and Sustainability Analysis of Health Services Academy’s Proposed Strategic Plan” for Health Services Academy (HSA). The plan was accepted by its Board of Management. The plan maps the future of HSA for the next three to five years and provides a business plan addressing salary structure and remuneration of the permanent faculty, contract staff and adjunct faculty of the HSA. It also provides costing of new programs which HSA is planning to start and the various financing mechanisms for HSA. As a result of technical assistance from USAID TAUH, HSA is now in a better position to access donor funding. USAID TAUH also provided technical assistance to the Health Services Academy (HSA), Islamabad, in submitting a No Cost Extension for its grant with USAID.

USAID TAUH, along with the Aga Khan University (AKU), has been organizing health political advocacy meetings at the provincial level. The purpose of this activity was to share the national and relevant provincial analyses, develop awareness around desired outcomes to address population issues, family planning and nutrition



in Pakistan, in addition to the longstanding governance issues. As part of this activity, three provincial meetings and one federal meeting were envisaged with focus, in particular, on family planning, maternal health and nutrition and, in general, on governance issues related to health. In the regard, the first meeting was held in Peshawar on October 15, the second in Karachi on October 16, and the third in Lahore on November 12. The federal health advocacy meeting, the fourth and the final meeting of this activity, is scheduled to be held in Islamabad on January 10,

2013. The outcome of these provincial and federal level workshops will be collated and published in the form of a book in 2013.

The meetings served as forum to share the relevant provincial analyses, develop awareness around desired outcomes to address population issues, family planning and nutrition in Pakistan in addition to the longstanding governance issues. The meetings highlighted programmatic challenges (issues of coverage, poor access to health services, non-availability of adequate human resource, population growth, low allocations for health, and weak inter-sectoral interventions), service and performance challenges (financial instability, no accountability for poor performance, political interference, issues of equity, skilled HR), insufficient health expenditures, and public and private health sectors.

The meetings also addressed the broader governance challenges such as political expediency; leadership, merit, and accountability; strategic guidance; services and partnerships; and institutional strengthening. Background papers on the current status and opportunities for reproductive, maternal, newborn and child health in Khyber Pakhtunkhwa, Sindh, and Punjab were presented in meetings held in Peshawar, Karachi and Lahore respectively. USAID TAUH COP led panel discussions in these meetings, focusing on the challenges of population growth and its effects on stability and creation of mega cities such as Karachi. She highlighted how various service and performance challenges such as political interference, lack of accountability, pilferages and lack of female education further complicate the access and quality of health care across Pakistan

These political health advocacy meetings were attended by a large number of provincial stakeholders, including officials of relevant Department of Health (who were involved in the organization of these meetings), public health professionals, civil society organizations, members of the media and political parties. The senior health officials who attended these meetings included Secretary Health, DoH KPK, Chief HSRU Peshawar; Special Secretary Sindh, Additional Secretary (Dev) and Chief HSRU Karachi, DGHS Sindh, Provincial Program Director MNCH Program Sindh; Health Advisor to the Chief Minister Punjab Mr. Khawaja Salman Rafique, Secretary Health, Provincial Coordinator National Program for Family Planning and Primary Health Care and other senior officials of DoH, Government of Punjab.

USAID TAUH's technical assistance to DoH Sindh in areas that were identified in 2011 in consultation with the Secretary Health Sindh and his team gained momentum as 2012 rolled on. The establishment of Health Sector Reforms Unit (HSRU) in Sindh was one of the major achievements of USAID TAUH in 2012. HSRU is meant to serve as a think tank and play a leading role in preparing health policy and strategy for Sindh.

The Sindh Minister for Health inaugurated HSRU on May 18. HSRU is headed by a Project Director, who is also Additional Secretary (Dev), and has four Coordinators on its staff. Throughout the year, USAID TAUH worked closely with Project Director HSRU and Coordinators and kept them involved in the preparation and finalization of communication and human resource strategies and community midwives initiative. USAID TAUH has also been supporting HSRU in its efforts to pursue donor funding. (Details about HSRU, communication strategy, HR strategy and community midwives initiative are given under Section 3.3 below.)

In September 2012, USAID TAUH was part of the joint WHO-WB-DFID-USAID TAUH-Harvard Review mission to Punjab and Sindh on “Making Devolution Work in Pakistan’s Health Sector”. The objectives of the mission were to:

- Review the opportunities and challenges as a result of devolution in Pakistan’s health sector;
- Propose strategies and options that capitalize on opportunities and address challenges arising as a result of devolution; and
- Engage in a dialogue with national stakeholders to agree on key recommendations for action.

The review process of the mission included agreeing on terms and scope of mission with the Government of Pakistan (GoP) and Planning Commission, reviewing documents related to devolution in Pakistan, and holding discussions with stakeholders in federal and provincial governments.

After the 18th Amendment to the Constitution of Pakistan, a true advocate for health at the federal level is absent and the federal functions have fragmented among several entities which lack coherence and coordination. New entities have not developed required capabilities to undertake assigned functions. There are ambiguities about the federal role in national planning and coordination in health.

At the provincial level, on the other hand, there is a lack of preparedness for devolution. There is inadequate clarity in roles and responsibilities of the different structures such as the Secretariat, Directorate and reforms units. In the absence of federal oversight, variation in capacity across provinces can further increase disparities.

Federal-Provincial Relationship after 18th Constitutional Amendment

- Flow of finances
 - Provinces demand additional funds for vertical programs, mostly salary funds [LHW program]
 - Provinces lack capacity to utilize additional funds
 - No federal instrument to monitor rational allocation of funds to health under NFC Award
 - Enhanced capacity of provinces to mobilize funds for health
- Information flow
 - Where will information flow from provinces to federal level?
 - How will it be reported internationally?
- International Health Regulations
 - Shared federal – provincial responsibility, requires strong federal oversight

The Review Mission made a number of recommendations. Some of them were as follows:

- Establish a “Health Secretariat” (HS) responsive to the “federation” rather than to the “federal government”. The HS should be placed in ministry of health Inter-Province Coordination (M/O IPC), the secretariat for Council of Common Interests (CCI), to serve as support CCI secretariat for high level policy decisions in CCI and as a ministerial committee on health comprising IPC and

provincial health ministers. The technical capacity of HS should be built to support provincial health program implementation, regulate, collate information, monitor/evaluate, coordinate among partners and undertake annual/operational planning.

- Rethink and clarify roles and capacity issues of other federal ministries/bodies.
- Provincial Health Department (PHD) should assess administrative and managerial skills, prioritize key gaps to develop capacity with development partners' support.
- Build incentive systems tied to skills and new recruitment to fill gaps, replace unskilled staff with skilled ones especially in analysis and management.
- Strengthen district administrative capacity through a concerted process of “deconcentration” to district administrations; or “devolution” for Sindh which apparently is devising a new Local Government Ordinance.

USAID TAUH COP published a paper on “Devolution and Health Challenges and Opportunities: A Year Later” in the *Pakistan Journal of Public Health*, journal of Health Services Academy.

During the year USAID TAUH prepared a concept paper for Sindh AIDS Control Program. The paper states that Sindh has the biggest share of injecting drug users (IDUs) in in Pakistan and that in Dadu, Karachi, Larkana and Sukkur it is in the state of concentrated epidemic and that the trends show that epidemic has not reached saturation. The burden of HIV also is almost 50% among the reported cases of HIV among IDUs so far. If additional funding is made available and the depth of services, i.e., the proportion of IDUs sharing used needles and syringes are halved and further reduced by 75%, the probability of new infections is likely to reduce in the same proportion. Financing by GFATM will greatly enhance the preventive activities.

For DoH Sindh USAID TAUH prepared a background paper on “Sindh Reproductive, Maternal, Newborn and Child Health: Current Status, Opportunities and Impact of Integrated primary Health Care Delivery”. The paper will be used to advocate for integrating programs in Sindh and to improve equity and coverage of services to minimize urban/rural disparities. The main recommendations of the report are given on the next page.

Report on RMNCH in Sindh Recommendations

1. There is an urgent need for a thorough review of all existing programs and interventions at primary care level in rural and urban Sindh by targeted populations and service providers. This analysis should provide the basis for assessment of congruency and opportunity for potential integration and coordination of services. The development of a *core services package* should be a priority and will depend upon an objective determination of a prioritized minimal evidence-based set of interventions.
2. The feasibility of “clubbing” key interventions into packages of services should be matched with existing services at district or sub-district levels and a matrix developed of best opportunities for utilizing existing human resources.
3. Since catching up on coverage is such a key issue, attention should be given to the utilization of innovative delivery platforms for scaling up evidence-based interventions across various programs and care providers. This could be achieved through platforms such as community support groups, especially women’s groups (for advocacy and education), child and family health days or weeks to scale up key interventions and approaches to address financial barriers such as cash transfers and voucher schemes.
4. The issue of targeting evidence-based interventions to those in maximal need is a priority and critical to reducing the equity gap in Sindh. It is not sufficient to merely target rural and urban populations and it is recommended that district maps be drawn to indicate populations at-risk or not covered.
5. Finally, none of the above will work without robust monitoring and evaluation and it is

3.2 Policy Development and Strategic Reform

3.2.1 Punjab

USAID TAUH had established an office in Lahore to provide technical assistance to the Government of Punjab. USAID TAUH office in Lahore was closed in August 2011 and the staff relocated to Islamabad office after the Government of Punjab’s refusal to accept USAID grants for the province.

3.2.2 Malakand Division, Khyber Pakhtunkhwa

USAID TAUH provided technical support to Provincial Reconstruction, Rehabilitation and Settlement Authority (PaRRSA) in the preparation of an activity plan for the revitalization of health services in Malakand Division as part of the Malakand Reconstruction and Rehabilitation Program (MRRP). The health activity plan was approved by Secretary DoH KPK and HSRU KPK. This shows the buy in of the Government of KPK and its commitment to USAID support. The plan itself is sustainable as it is part of the overall health sector strategy for KPK.

USAID TAUH collected data from the six districts (Swat, Buner, Lower Dir, Upper Dir, Shangla and Malakand) of Malakand Division to prepare district profiles. These profiles were finalized in 2012 and shared with stakeholders. These profiles were to serve as a planning tool in the implementation of the health activity plan for the Malakand Division. USAID TAUH’s technical assistance in Malakand Division ended in February 2012.

As part of the ongoing efforts to improve health of the people in KPK and FATA and plan for integrated health programming, USAID TAUH organized a coordination meeting of donor agencies providing support in KPK and health officials from the Department of Health KPK and Federally Administered Tribal Areas (FATA). The meeting was attended by representatives of USAID, GIZ, DFID, HSRU KPK, HSRU FATA, PaRRSA, and UNICEF.

3.2.3 Sindh

During 2012, USAID TAUH worked closely with the Department of Health (DoH) Sindh to bring out sustained policy, institutional and systems changes in Sindh. USAID TAUH's major achievement of 2012 was the establishment and operationalization of Health Sector Reforms Unit (HSRU) in Sindh. Other achievements in Sindh included development and approval of communication strategy, development of human resource strategy and report on strengthening community midwives initiative.

Health Sector Reforms Unit

The establishment of Health Sector Reforms Unit (HSRU) is a significant achievement of USAID TAUH in 2012. USAID TAUH prepared the PC-1 for the establishment of HSRU and got it approved in 2011. In March 2012, the Government of Sindh DoH notified the appointment of project director (PD) HSRU which was followed by the hiring of four HSRU Coordinators. The Sindh Health Minister formally inaugurated HSRU on May 18. The inauguration was attended by the officials of Government of Sindh DoH, representatives of USAID, WHO, the World Bank, implementing partners, and diplomats. Both the broadcast and print media covered the inauguration extensively.



The HSRU is meant to act as a think tank and will help address core issues in the health sector in terms of policies and strategies. To learn how such institutions function in Khyber Pakhtunkhwa and Punjab, USAID TAUH organized a study tour for the PD and Coordinators of HSRU, Special Secretary (Health) Sindh, Project Director EPI Sindh, and Project Coordinator National Program for FP&PHC Sindh to HSRU in Peshawar and Punjab Health Sector Reforms Program (PHSRP) in Lahore. USAID TAUH, along with WHO, provided support for the operationalization of HSRU during 2012. In addition USAID TAUH provided technical support to HSRU. This included review of HSRU Annual Work Plan (AWP), technical direction and guidance to HSRU Coordinators, designing HSRU logo and advertising tagline, and preparation for donors' conference to be held in January 2013. USAID TAUH also provided technical assistance to Provincial HIV/AIDS, Tuberculosis and Malaria Control Programs to conduct a situation and response analysis along with a needs requirement at the structural, programmatic and financial levels to help the respective programs identify the gaps and prepare a case for soliciting programmatic and financial support for future implementation. USAID TAUH consultant prepared a concept paper for the Country Coordination Mechanism Secretariat for the Provincial

AIDS Control Program, in addition to the situation and response analysis and needs assessment. Situation and response analysis and needs assessment were also done for Provincial TB and Malaria control programs and submitted to HSRU.

Following the 18th Amendment to the Constitution of Pakistan, the national HIV/AIDS, Tuberculosis and Malaria Control Programs were closed and the responsibility of all planning, programmatic and implementation was passed on to the provinces. However, all of the three national programs were the Principal Recipients of the GFATM grants. To ensure the continuity of the grants, the national programs were reinstated. However, since the provincial health departments and their respective AIDS, TB and Malaria Programs were delegated the responsibilities to ensure implementation, the provinces have raised issue of being the principal recipients. However, due to current implementation agreements of the national programs with the GFATM, this will not be possible under the current grants agreement, till the time GFATM calls for new proposals. The provincial programs for AIDS, TB and Malaria under the current GFATM grants can apply and compete to become sub recipients, which will allow them not only to build their capacity to dealing with GFATM systems but also to monitor the implementation proactively.

During the quarter USAID TAUH received a TA request from HSRU to assess the role of the Provincial AIDS, TB, and Malaria Control Programs in the post-devolution scenario for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funding as a sub recipient and to conduct situation and response analysis and needs assessment of these programs. A USAID TAUH consultant prepared a concept paper for the Country Coordination Mechanism Secretariat for the Provincial AIDS Control Program, in addition to the situation and response analysis and needs assessment. Situation and response analysis and needs assessment were also done for Provincial TB and Malaria control programs and submitted to HSRU.

Communication Strategy

A communication strategy with unified health education messages for all the vertical programs in Sindh along with behavior change communication can help in improving the utilization of health facilities. During 2012, USAID TAUH provided technical assistance to Sindh DoH in the preparation of Health Communication, Social Mobilization and Advocacy Strategy. The strategy was formally approved by the Steering Committee of HSRU in September in a meeting chaired by the Health Minister, Government of Sindh.

USAID TAUH started the consultative process for the preparation of communication strategy in December 2011. Consultative meetings were held with stakeholders in both Hyderabad and Karachi with Director General Health Services (DGHS) Sindh, representatives of all the vertical programs in Sindh, health education cell and health managers, USAID, UNICEF, and other organizations and draft of the strategy were shared with them for comments and feedback. In April, a draft of the communication strategy was presented in a meeting which was attended by the Secretary Health Sindh, DGHS Sindh, Project Director HSRU, program managers, representatives of USAID, UNICEF and other organizations. The strategy was finalized in May and submitted to DoH Sindh.

USAID TAUH provided technical assistance to HSRU in developing, as recommended in the communication strategy, communication operational plans for the vertical programs in Sindh. Realizing the importance of unified and standardized health education messages, a



a Provincial Communication Advisory Group (PCAG) was constituted with Director General Health Services Sindh as its chairperson. The PCAG was notified in October and will provide overall direction for the implementation of health education and communication messages in Sindh. The first meeting of PCAG will be held in January 2013. The notification of PCAG, which comes soon after the approval of the communication strategy, shows the commitment of DoH Sindh and the leadership of HSRU. The PCAG will be responsible for the following:

- (i) Providing guidance and support to various Program Communication Groups on Health Education social mobilization.
- (ii) Members will be encouraged to share research findings and other important information at the PCAG forum.
- (iii) Common areas of interest will be identified upon which projects and activities would be focused.
- (iv) The PCAG Secretariat will be set up at the Provincial Health Education Cell, Directorate of Health Services, Hyderabad.
- (v) All health education interventions, including press releases, health education materials will be approved by the Director General Health Services Sindh (DGHSS) upon the recommendations of the PCAG.
- (vi) All the relevant programs will get approval letter from Provincial Health Education Cell before they place the messages in the media.

Human Resource Strategy

USAID TAUH started providing technical assistance to develop human resource (HR) strategy in January 2012 after the TORs had been approved by USAID and the Government of Sindh. USAID TAUH hired two consultants, a public health specialist and a HR specialist. As part of preparing HR strategy, USAID TAUH consultants held individual meetings with Special Secretary Health, Additional Secretary (Admin),



DGHS, program managers of the vertical programs and representatives of various development partners, including WHO, UNICEF, UNFPA and Technical Resource Facility (TRF). This was followed by a consultative meeting of the stakeholders in March to identify major HR issues and challenges that had arisen as a result of the devolution and to explore ways to meet these challenges. USAID TAUH also contracted with Aga Khan University (AKU) to conduct HR situation analysis in

Sindh. AKU finalized data collection tools which were used to collect primary data from health care providers, teaching/training institutions and health facilities in 23 districts of Sindh.

USAID TAUH worked closely with HSRU to review drafts of both the reports. USAID TAUH consultants, including AKU, presented drafts of the reports in a meeting held in Karachi in September. The meeting was attended by officials of DoH from Karachi and Sindh, representatives of vertical programs and other stakeholders, including WHO, UNFPA, and AKU. WHO is working on Human Resource Planning and Forecasting component of the HR Strategy which is expected to be ready in the January 2013. To prepare a comprehensive HRH strategy for DoH Sindh, WHO will incorporate the human resource management and situation analysis components developed by USAID TAUH to prepare a comprehensive HRH strategy for DoH Sindh. Collaboration of USAID TAUH, HSRU and WHO on HRH strategy is an excellent example of coordination between development partners.

Salient Features of Situation Analysis for HR Strategy

- Services utilization assessment showed that the number of outpatient visits per capita per year was only 1.3 in all facilities which is less than the acceptable minimum criteria of two.
- Overall, 83% HCPs showed satisfaction with their jobs. Frequent transfers of health care providers (HCPs) were seen as a factor hindering smooth functioning of health facilities.
- 22% respondents had attended any training during the last year. Fifty three percent said that no training needs assessment had been done since they had joined the service.
- Half of the HCPs felt that there are no clear systems of supervision, lines of authority are unclear and staff is not recognized for their achievements.
- Most HCPs worked 36 hours per week or less and majority (49%) had a workload of 40 patients per day.
- Most of the teaching and training institutions did not have any continuing medical education (CME) programs.
- Lady Health Workers were concerned about the lack of a clear system of supervision, unclear lines of authority and lack of staff recognition.

Strengthening Community Midwifery Initiative in Sindh

In 2012, USAID TAUH's technical assistance to DoH Sindh included providing support to strengthen the community midwifery initiative in Sindh. In this regard, USAID TAUH prepared TORs in consultation with the DoH Sindh and after the approval of TORs from USAID, conducted a review of the literature on community midwives (CMWs) and held meetings with stakeholders, including principals and tutors of (CMWs) institutions in Karachi and representatives of UNFPA and Technical Resource Facility (TRF), to identify major issues and challenges related to the work of CMWs in Sindh. To avoid duplication of efforts and work done by other partners in Sindh on CMWs, USAID TAUH consultant met with the Project Director Maternal, Newborn and Child Health (MNCH) Program in Sindh to review the work plan. After doing situation analysis of current trainings, including classroom & practical trainings, capacity of training institutions and deployment status of graduated CMWs in 20 districts of Sindh, the consultant submitted draft of her report on "Strengthening Community Midwifery in Sindh through Sustainable Initiative of Community Midwives" to USAID TAUH. The final draft of the report was presented to the DoH and other stakeholders in a dissemination meeting on September 27 at the MNCH Program Office. During the meeting DoH Sindh agreed to take up the

recommendations of the report and start the process for preparing an operational plan for implementation. During the reporting period, a survey of 24 community midwifery teaching schools was conducted to prepare action plans by the MNCH Directorate for implementing recommendations to improve quality of trainings in these schools. The key recommendations of the report as are follows.

Report on the Community Midwifery Initiative
Recommendations

A. For improving midwifery training, the Pakistan Nursing Council will be responsible to:

1. Redesign the Midwifery Curriculum for *all* categories of midwives.
2. Clearly define the parameters of midwifery practice in Pakistan.
3. Strengthen the inspection and examination systems.

B. For mobilizing midwifery personnel, the Provincial Health Department will be responsible to:

1. Develop a five year plan for training midwives.
2. Establish a District Management System for selection, training, deployment and supervision of midwives.
3. Design strategy to be widely disseminated and implemented by the relevant authorities for replacing TBAs and Dais with trained CMWs.
4. Make CMW a part of the health system or let her be self-employed and regulate her practice.
5. Develop a career structure for the midwives to allow for continuous professional growth.
6. Develop a diploma program for preparing midwifery teachers.
7. Develop CMW's Work Place into a Birthing Station to offer women a choice of place for delivery.

C. To improve midwifery training, MNCH will be responsible to:

1. Select few schools of midwifery and develop into Centers of Excellence.
2. Strengthen monitoring of midwifery trainings.
3. Select maternity homes in the private sector to provide practical experience to CMW trainees.

3.3 Building Capacity of the Public Sector Leaders

Through several consultative and individual meetings USAID TAUH has kept the program managers of vertical programs and HSRU involved in the work on developing and finalizing reports on communication and human resource and community midwives initiative. It also worked closely with the Directorate of Health Education to develop communication operational plans for the vertical programs. The programs managers have also been involved in the three provincial and one federal political health advocacy meetings to prioritize health issues.

A background paper on the progress and prospects of family planning in Pakistan was shared with the Health Minister Government of Sindh. The paper examines the factors associated with family planning, assesses the post-18th Amendment scenario with regard to family planning and makes the following observations and recommendations. USAID TAUH also shared a background paper on "Technical Support and Backstopping for the District Level: Post-Devolution". The paper was

shared with the Director General Health Services, Special Secretary Public Health, Deputy Director (Development) and Program Coordinator MNCH.

Child Survival Call to Action

Two important global health summits were held in 2012. The first one was the Child Survival Call to Action (CSC2A) meeting held in Washington, D.C., in June; the second was the London Family Planning Summit held in July. In this regard, USAID TAUH organized a preparatory meeting for CSC2A to bring together members of the delegation representing Pakistan. These included government officials and representatives of the civil society and private sector. USAID TAUH shared background material and helped lay down a plan on how to attend the meeting as a delegation and represent Pakistan. USAID TAUH also organized a follow up meeting upon the return of the participants from the two global summits. The follow up meeting laid down steps and follow up actions in Pakistan and determined the roles and responsibilities of federal and provincial health authorities in the development of Provincial Action Plans.

The participants of the meeting proposed that the provincial governments assume the leadership role in addressing child survival and family planning issues in Pakistan. The meeting recommended that provincial action plans to address



under-5 mortality and critical family planning need to be specific to each province. It was proposed that the Provincial Planning and Development Departments should play the coordinating role between provincial health, population and financing departments to formulate a provincial Action Plan which can, in turn, be rolled up at the national level. The proposed Action Plan will be a tool to carry forward the agenda of the Child Survival Call to Action and the Family Planning Summit. It was proposed in the meeting that a core technical group should provide support each province in the formulation of a provincial roadmap and the importance of investing in family planning and maternal and child health.

3.4 Supporting Donor Response to the Public Health Sector

USAID TAUH has been providing technical assistance and in-depth analysis to the USAID/Pakistan Health Office in mapping out the post-devolution operating framework and in identifying critical health sector gaps, problems and issues for which both short and longer-term coordinated donor action is required. During 2012, USAID TAUH provided technical assistance to USAID/ Pakistan Health Office in the following areas:

Management Options for Civil Hospital Jacobabad

In March 2012, on request from USAID, USAID TAUH started to explore management options, including a discussion of the legal requirements and constraints, for Civil Hospital Jacobabad in Sindh. This was aimed at improving primary and tertiary health care services for the poorest of Jacobabad district, including surrounding areas and the neighboring districts of Balochistan. After reviewing relevant literature on public and private sector hospital management, developing tools and questionnaires that kept the context of the assignment in mind, a list of potential partners was developed. This list included foundations, private sector institutions, local community organizations, autonomous organizations. USAID TAUH submitted its report on management options to USAID in April 2012.

Pre-Election Dialogue

In the run up to expected national elections in 2013 in Pakistan, USAID TAUH is organizing pre-election dialogue with the main Pakistani political parties and the members of the Pakistani media. The objective of the dialogue is to raise the profile of critical health issues—prioritizing current crisis in population/family planning, maternal health and nutrition—and the systemic governance problems that undermine the delivery of equitable health care and the lack of rational public funding for evidence-based, cost-effective health interventions which would move Pakistan towards MDG 4 and 5 targets. The pre-election dialogue involves a variety of advocacy and awareness-raising activities to highlight the importance of health issues and engage local leaders, Parliamentarians, political parties, and the media in addressing and investing in the health sector.

Roundtable on Governance and Health

As part of the pre-election dialogue, USAID TAUH organized a round table on “Governance and Health” on June 19. The objectives of the meeting were to highlight governance issues; address performance, coverage, equity, accountability, measurable impact and fiscal allocations in provincial health strategies; and how to dialogue with the political parties before the elections to get health issues on their political manifestos. The meeting was attended by government officials, representatives of political parties, judiciary, donors, media, public health professionals and religious scholars.

Health Political Advocacy Meetings

As part of the pre-election dialogue process, USAID TAUH signed an agreement with AKU to lead the organization and management of three provincial level health political advocacy meetings and one federal level seminar. For details on these meetings, please see Section 3.1 above.

Advocacy Meetings: Engaging the Media

This segment of the pre-election dialogue comprises two round table seminars with the media that aim to increase the awareness and understanding of critical health issues in Pakistan among the electronic and print media leaders. USAID TAUH signed an agreement with Dr. Moeed Pirzada, Content Head English Channel & Director World Affairs PTV, to lead the organization of two meetings with leading print and broadcast media journalists and anchors.

The first roundtable with the media was held on November 3 in Islamabad and the second roundtable was held on November 27 in Karachi. It was attended by a select group of senior editors, key national columnists, prominent current affairs anchors, morning show hosts and health reporters from Islamabad, Lahore, Multan and Peshawar. The second roundtable was attended by representatives of the media from Karachi and Hyderabad and included hosts of morning shows telecast on different TV networks, anchors of current affairs programs, health reporters, editors of regional media, columnists and social activists.



Both the meetings began with the question "Will the media support the cause of public health in Pakistan?" USAID TAUH COP led the discussion by making a presentation on governance and health, highlighting critical health issues, programmatic and performance challenges (coverage, access to health services, non-availability of adequate human resource, low allocations for health, weak inter-sectoral interventions, no accountability for poor performance, political interference, pilferages and inefficiencies, and corruption) and non-health critical issues and how they all badly affected the health status of Pakistanis, especially poor Pakistanis. They discussions made it clear that the media had assumed that health as an issue was not related to governance at all. However, by the end of the meetings it was clear that they had come to see that public health policy was essentially a political issue and related to the overall governance and allocation of resources. The participants pledged that to hold programs on health issues and write about them in newspapers before the elections next year.

Advocacy Meetings: Engaging the Political Parties

This component of pre-election dialogue focuses on engaging with the five main political parties to raise the profile of key public health and governance issues and advocate with them to prioritize health funding and governance and advocate with the top tier leadership of Tehreek e Insaf (PTI), Pakistan People's Party (PPP), Awami National Party (ANP), Pakistan Muslim League (N) (PML [N]), and Muttahida Qaumi Movement (MQM) to incorporate public health sector priorities in the manifestoes of their respective parties in the run-up to the 2013 general elections in Pakistan. Three meetings have been held so far: the first meeting was held PTI on October 17; the second with PPP on November 13; and the third with ANP on November 20. In addition to the leadership of these political parties, including

Senators and Members of National and Provincial Assemblies, the meetings were attended by representatives of USAID, DFID, GIZ and Heartfile.



These meetings focused on the issues of governance and health, devolution (how it has created four very large and powerful provinces, almost sovereign systems, within which there is a centralization of power at the provincial level with no federal oversight), Pakistan losing its voice on the international stage with regard to health issues., the worsening situation in the health sector and that all political parties should develop a broad consensus on public health issues. It was emphasized in these meetings that political will, leadership and reform prioritization was critical as was fiscal space to enact and support on-going reform and the long-term technical capacity to sustain reforms. The leadership of the political parties recognized that the health sector needed greater investment than it had been hitherto getting. The parties welcomed the initiative of pre-election dialogue and the opportunity to interact with donors and international organizations was a valuable opportunity to exchange ideas and learn. Donor representatives welcomed the chance to meet senior political leadership and discuss with it face-to-face concerns that they usually are only able to share with the bureaucracy. The meetings with the PML (N) and MQM will be held in January 2013.

MNCH Bill

Pakistan's commitment to achieve Millennium Development Goals 4 and 5 is not track. The child and infant mortality rates of 94 and 78 per 1000 live births respectively are far from the targets of under five mortality rate of 52 per 1000 live births and infant mortality rate of 40 per 1000 live births as outlined in the MDG targets for Pakistan. Likewise the maternal mortality ratio is 276 per 100,000 live births in 2007 against the MDG target of 140 per 100,000 live births. Over the years, regional countries including India, Bangladesh, Sri Lanka and Philippines have instituted programs based on legislations through their respective parliaments, and are on track to meet MDGs 4 and 5. Currently there is no legislation to address issues related to MNCH in particular. The Government of Pakistan has sought to tackle some of the broader Gender, Social Exclusion, and Poverty issues that may indirectly affect MNH, particularly those relating to women's rights and empowerment.

USAID TAUH has drafted and shared the draft MNCH and Family Planning Bill with the members of the Pakistan's legislative assembly to assure that health takes a priority for all planning, programmatic and implementation purposes. The provincial governments will be advocated to follow the suit to do the same.

3.5 Success Story

In the run-up to national elections in Pakistan, USAID TAUH engages political parties and media to get critical health issues on political agenda

In the run up to the expected national elections in Pakistan in 2013, USAID Technical Assistance Unit for Health (USAID TAUH) has been conducting “Pre-election Dialogue” with the main political parties, the print and broadcast media and stakeholders at provincial and federal levels. The objective of the USAID-facilitated Pre-election Dialogue is to raise the profile of critical public health issues—prioritizing current crisis in population/family planning, maternal and child health and nutrition—and the systemic governance problems that undermine the delivery of equitable health care and the lack of rational public funding for evidence-based, cost-effective health interventions which would move Pakistan towards MDG 4 and 5 targets.

USAID TAUH is simultaneously advocating with the top leadership of the five main political parties, prominent and influential print and broadcast media journalists and anchors, and provincial stakeholders (such as provincial health departments and public health professionals) to focus on critical health issues of Pakistan.

To engage main political parties to raise profile of key public and governance issues to engage them to prioritize health funding and governance and to advocate with them to incorporate public health sector priorities in the manifestos of their respective parties in the run-up to the 2013 general elections, USAID TAUH is working closely with Pakistan Television anchor Dr. Moeed Pirzada. During October and November, USAID TAUH held meetings with the top tier leadership of Tehreek e Insaf (PTI), Pakistan People’s Party, Awami National Party. Representatives of USAID, DFID, AUSAID, and GIZ also attended these meetings.



A group photo of the participants of the October 17 round table with PTI.

In the words of Jahangir Tareen, Head of Policy PTI, such “meetings were a welcome opportunity to interact with the international community and to learn from their experiences as well as sharing” party’s vision with them. The leadership of ANP said that the “new manifesto ANP will be issued as soon as the elections are announced and many issues being discussed in this meeting, including raising public

expenditures will be part of the manifesto”. Meetings with Pakistan Muslim League (N) and Muttahida Qaumi Movement (MQM) will be held in January 2013.

USAID TAUH is, at the same time, engaging editors and columnists of newspapers and anchor persons in the broadcast media to increase awareness and understanding of critical health issues in the media and to push the public debate for greater leadership in health. During November, two meetings with the media were organized; first in Islamabad and the second in Karachi. In both the meetings, the media representatives agreed that the meeting had helped them “understand the public health issues in a way they had never been able to do before”. Many of them “pledged to highlight the issues” by writing columns or doing TV programs in the next few weeks and before the elections “to raise awareness about the nexus of health and politics” or “devote resources inside their publications to develop a greater focus” on health and governance.

While advocating with the political parties and the media, USAID TAUH is also engaging provincial stakeholders (such as provincial health departments and public health professionals) by organizing three provincial level health political advocacy seminars on reproductive, maternal, newborn and child health (RMNCH). Being organized in partnership with the Aga Khan University, these meetings aimed at sharing national and relevant provincial analyses, develop awareness around desired outcomes to address population issues, family planning and nutrition in Pakistan and the longstanding governance issues. The three provincial meetings were held in Peshawar on October 15, in Karachi on October 16 and in Lahore on November 12. This activity will culminate in a federal-level meeting in Islamabad, scheduled for January 10, 2013. The provincial analysis and proceedings of the meetings will be published as a monograph in early 2013.

4. Tracking and reviewing Project Progress: Learning from Experience

The results of USAID TAUH follow USAID Results Framework. Most of the USAID TAUH activities fall under IR 3. Since some of the activities did not fall under any of the IRs of the USAID Results Framework, an additional IR (IR 4) was added to the USAID TAUH results framework. IR 4 is “The donor response to public sector in Pakistan has been adapted to the newly created devolved structure.

During the year, USAID TAUH continued to submit weekly activity reports and quarterly progress reports to USAID. USAID TAUH uses a Consultant Quality Assurance Questionnaire to evaluate the quality of the technical assistance it provides through its consultants. It also maintains a database of consultants developed in Microsoft Access Database.

Table 1, Summary of Results for 2012, given on page 28, gives a summary of Intermediate Results for 2012. During 2012, USAID TAUH attended two Pak Info training sessions, one in February and the second in August, organized by USAID for its implementing partners in Pakistan. As a result of the training, USAID TAUH posted information about its locations, activities and spending on Pak Info website. USAID TAUH continued to submit weekly activity reports and quarterly reports to USAID.

USAID TAUH uses a Consultant Quality Assurance Questionnaire to evaluate the quality of the technical assistance it provides through its consultants. It also maintains a database of consultants developed in Microsoft Access Database. The pie-chart below gives a breakdown of 181 CVs that USAID TAUH has in its database.

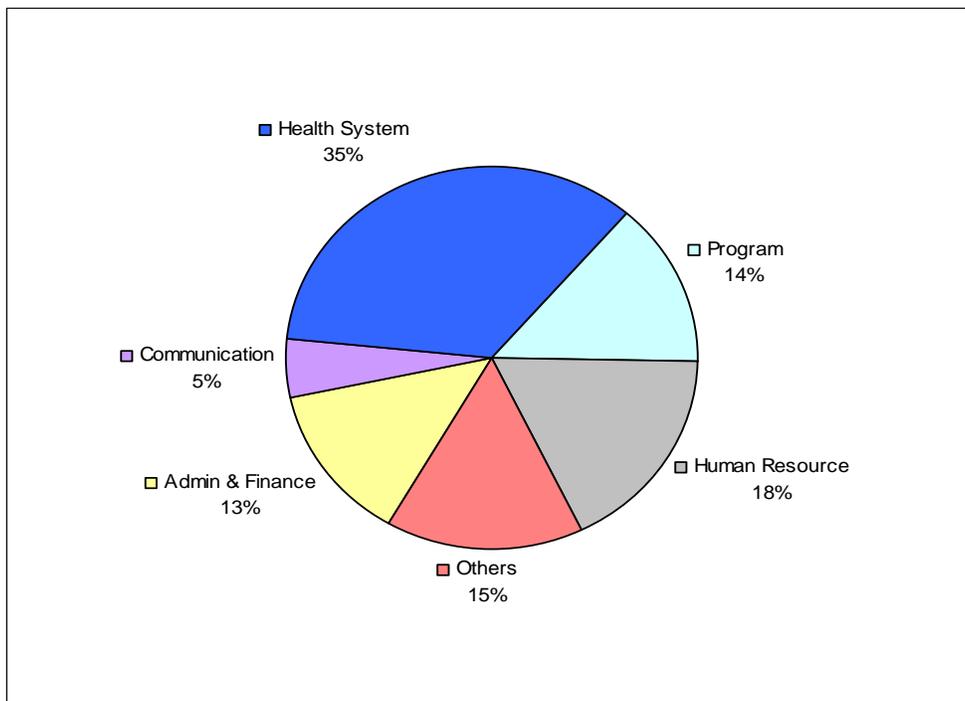


Table 1: Summary of Intermediate Results for 2012

Level	Indicators	PYO1 2011				PYO2 2012				Total	Remarks	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Purpose	1	Number of consolidated TA days utilized at Federal, Provincial and District levels in a year	131	528	304	403	513	368	286	179	2712	Includes consultants' and TAUH staff's TA days at all levels under all IRs
	2	Family Planning/ Birth Spacing services integrated in MNCH Health Plan	Punjab prepared for integration of FP & MNCH				1				1	Background paper on family planning by Dr. Farid Midhat to be used for advocacy
	3	Technical reports on TAs provided to federal and provincial governments in various areas.	0	9	2	4	3	1	4	0	24	QII: Reports by Ms. Syeda Rabia Khalid, Ms. Maaida Asmat Awan, Ms. Saadiya Razzaq, Mr. Anees Jillani, Dr. Moazzam Khalil, Dr. Rashid Jooma, Dr. Zulfiqar A. Bhutta, Mr. Nasim Ahmad Khan, and Mr. Tanvir Baig; QIII: Adnan Ahmad Khan & Dr. Nasir Idrees; QIV: Dr. Zareef Uddin Khan, Imran-ul-Haq, Miss Shabnum Sarfraz, Dr. Mahmood Iqbal Memon; QI PYO2: TA Report on MRRP (Mr. Abdul Hameed Afridi, Mr. Tahir Ijaz, Dr. Rafi Ullah Khan), "Pay/Remuneration System, Financial Feasibility and Sustainability Analysis of Health Services Academy's Proposed Strategic Plan" (Ms. Shabnum Sarfraz, Mr. Imran-ul-Haq), Communication Strategy for Sindh (Mr. Qamar Siddiqui), Sindh Reproductive, Maternal, Newborn and Child Health: current status, opportunities and impact of integrated primary care delivery (Dr. Zulfiqar Bhutta), Strengthening Community Midwifery in Sindh through sustainable initiative (Mrs. Imtiaz Kamal), Report on Human Resource Management (Mr. Hassan Jafferi and Dr. Riaz Solangi), Human Resource Survey (AKU)
	4	Number of technical documents developed on policies and reform strategies: post-devolution	4	2	4	1	3	1	0	8	23	Health activity plan for PaRRSA; background paper on family planning, "Technical Support and Backstopping for the District Level: Post-Devolution"
	5	Technical reports on assistance provided to USAID/Pakistan Health Office: post-devolution	0	0	1	2	18	Completed			21	QIII: visit to Nepal QIV: 1) Meeting of implementing partners and 2) Meeting of donors on Malakand support; QIPY02: screening of "Bol", Dr Marilyn Wyatt's visit to RHC Gujar Khan, meeting on governance, coordination meeting of donor agencies

Level		Indicators	PYO1 2011				PYO2 2012				Total	Remarks
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
Intermediate Result 3.1	3.1.1	Devolution plan is prepared and presented with consensus among MoH, Provincial DoH and other stakeholders	Prepared & presented									Task completed
	3.1.2	No. of areas identified where the need for technical support to implement devolution plan is required at various levels	4	1	3	1	2	On-going	On-going	GFATM Donor Conference	11	QI: Background papers on Nutrition, EPI, drug regulation, health policy QII: TA to HSA including paper on laws and regulations QIII: Policy briefs on FP, health sector Reform, DHIS QIV: Business plan for HSA; QIPY02: human resource strategy, communication strategy, CMWs, integration
	3.1.3	No. of TA days utilized for the implementation of the Devolution Plan at federal and provincial level	40	32	9	40	45	50	60	93	369	Includes only TAUH staff's TA days
	3.1.4	Technical reports on TA provided at federal level	4	1	3	1	1			8	18	Please see under 3.1.2
Intermediate Result 3.2	3.2.1	No. of TA days utilized for integration of DHIS system with other MIS and use of data for decision making									0	This TA valid after the finalization of health sector strategy.
	3.2.2	No of TA days utilized for integration of various PHC Programs	0	27	0	0	25	31	4	0	87	For preparing RH PC-I for Government of Punjab Health Department; QIPY02: Dr Zulfiqar Bhutta's report on integration of programs in Sindh
	3.2.3	Technical reports of TA provided for integration of vertical PHC programs at provincial and district levels	0	1	0	0	0	0	1	0	2	RH PC-I for Government of Punjab Health Department; QIPY02: see 3.2.2
	3.2.4	Technical reports of TA provided for integration of FP into health care delivery system at all levels	0	1	0	0	1	0	1	0	3	RH PC-I for Government of Punjab Health Department; QIPY02: report on integration of family planning by Dr. Farid Midhat.

Level	Indicators	PYO1 2011				PYO2 2012				Total	Remarks	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Intermediate Result 3.3	3.3.1	No of TA days utilized to prepare various strategies (HR, communication, procurement etc.) for evidence based implementation of PHC programs	4	16	22	30	97	126	122	53	470	For preparing HSRU Sindh PC-1, establishment of HSRU and ongoing TA, communication strategy, HR strategy, CMW initiative; Ongoing, includes USAID TAUH staff TA days only
	3.3.2	Integrated PHC Program implementation plan is available at provincial level									0	Linked to Health Sector Strategy DoH, Government of Sindh
	3.3.3	Provincial M&E framework ready and approved									0	
	3.3.4	Technical reports of TA provided for use of information by health managers and policy makers									0	
	3.3.5	Technical reports of TA provided for need assessment for capacity building of the policy makers and managers									0	
	3.3.6	Technical reports of TA provided for reviewing various training manual/ curriculum for enhancing capacity of health managers and policy makers	0	0	1	0	1	0	0	0	1	
Intermediate Result 4	4.1	No of TA days utilized to provide technical support directly to USAID/Pakistan Health Office	0	4	7	8	18	37	45	49	168	Includes consultant and TAUH staff TA days at all levels under IR 4, Pre-election dialogue
	4.2	Technical reports of TA provided to USAID/Pakistan Health Office	0	0	1	2	1	2	1	8	15	QIII: visit to Nepal; QIV: Meeting of implementing partners; Meeting of donors on Malakand support, Pre-election dialogue
	4.3	No. of coordination meeting with other donors and stakeholders	12	10	13	12	13	8	12	7	87	Meetings with MoH, Provincial DoH, UNICEF, UNFPA, WHO, DFID, etc.
	4.4	No. of review meetings with TRF	0	1	1	1	2	1	2	1	9	USAID TAUH Public Health Specialist attended a presentation on the "Inception Report on Health Sector Strategy Balochistan".

5. Project Management

5.1 Administrative Management

- ***Establishment of Provincial Office Sindh Karachi***

USAID TAUH established its Provincial office – Sindh in Karachi during January, 2012 within the office premises of The Nursing Directorate, located at Opposite Naval Flat, Near Kala Pul, Saddar Town, Karachi. The office is furnished with essential furniture and equipment.

- ***Establishment of Health Sector Reforms Unit (HSRU), Sindh Karachi***

JSI established the HSRU Sindh in Karachi on the request of Government of Sindh Health Department within the office premises of The Nursing Directorate, located at Opposite Naval Flat, Near Kala Pul, Saddar Town, Karachi. The office is furnished with essential furniture and equipment.

- ***Hiring of Staff***

The following staff members were hired on the position mentioned against each during the reporting period.

S. No	Name	Designation	Date of Joining	Location
1	Dr. Iftikhar Mallah	Public Health Specialist	January 01, 2012	Karachi
2	Sheeba David	Finance & Administrative Officer	December 28, 2012	Karachi
3	Fazal Rehman	Chauffeur	January 10, 2012	Karachi
4	Aamir Mallah	Office Attendant	January 20, 2012	Karachi
5	Ejaz Ahmad	Chauffeur	January 26, 2012	Islamabad
6	Shahid Kamal	Monitoring & Communication Specialist	February 08, 2012	Islamabad
7	Hina Aziz	Finance Officer	June 13, 2012	Islamabad
8	Shiraz Waggan	Program and Administrative Officer	June 15, 2012	Islamabad
9	Sadia Ashraf	Receptionist	July 13, 2012	Islamabad

- ***Resigned during the year***

The following staff members resigned from their positions during the reporting period.

S. No	Name	Designation	Date of Leaving	Location
1	Malik Masood	Chauffeur	January 12, 2012	Islamabad
2	Dr. Shuaib Khan	Director Health Systems	May 14, 2012	Islamabad
3	Zameer Haider	Admin & Program Officer	May 25, 2012	Islamabad
4	Khudaija Arshad	Finance Officer	June 20, 2012	Islamabad
5	Sheeba David	Finance & Administrative Officer	June 28, 2012	Karachi
6	Farzana Kathreen	Receptionist	July 31, 2012	Islamabad

- **Safety & Security**

To address the current unstable security in Pakistan, USAID approved a security enhancement plan/ budget for JSI office. Security enhancements included, among others: Strengthening of guard post, establishment of security pathway for visitors, Hiring additional armed guards, improved office access control system, and installation of additional CCTV cameras with DVR system for better recording purposes.

- **International Travel**

Four international travels were utilized during the reporting period. The detail of international travel completed during the reporting period is attached as Annex 7.5

Global Flagship Course: Health Systems Strengthening and Sustainable Financing: The Challenge of Universal Coverage

The COP USAID TAUH was invited by The Training Pakistan (TRP) a USAID funded project to attend eight days training organized by World Bank Institute. The training was in Washington, D.C. from December 6-14 2012. The flagship course was targeted to improve health systems and outcomes to help improve lives and reduce poverty. The course applied the flagship analytic framework to engage participants in structured and strategic thinking about what it takes to move health systems towards universal health coverage. The Pakistan country team included the D G health Sindh, PD HSRU Sindh, PM MNCH Sindh, Acting Director HSRU Punjab, PM National Program for FP & PHC Punjab, Additional Secretary Health Development Punjab, Health Advisor of World Bank, DFID and Chief Health USAID Mission Islamabad. The Pakistan country team prepared a country action plan to improve the EPI coverage and to reduce child mortality.

- **Contracts/Purchase Orders**

Fifty four contracts and purchase orders for supply of goods and services amounting to Rs.46,086,337.00 were issued during the reporting period. The list of Contracts/POs issued is attached as annexure B.

USAID TAUH submitted a request to USAID for No Cost Extension (NCE) for three months in October 2012. The NCE request was approved in November 2012. The official date for the end of the project is now April 14, 2012.

5.2 Financial Management

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

QuickBooks to respond positively to the project requirements in a timely manner and efficiently. The bank accounts in rupee and US dollars are being reconciled on monthly basis and there is not even a single discrepancy observed in the reconciliation statements since the opening of bank accounts.

During the reporting period from January 01, 2012 through December 31, 2012, the following tasks were accomplished:

- The Financial system of both Islamabad and provincial offices were managed in accordance with the project operations manual, JSI policies and USAID rules and regulations. These instruments provide adequacy in terms of supportive documentation, processing and financial flows. All transactions are clearly documented, reviewed and approved before disbursement. The field office maintained close liaison with the JSI head office in Boston and USAID for timely and efficiently financial reporting.
- The Finance team of field office and head office worked closely on the budget modifications submissions as advised by the Mission. The detail of modifications to the cooperative agreement during the reporting period is as under;

Modification # 04: This modification was made effective on January 19, 2012 to decrease the budget of the project, change the project completion date from January 13, 2014 to January 13, 2013 and revise the project budget.

Modification # 05: This modification was made effective on September 26, 2012 to revise the geographic code from 935 to 937.

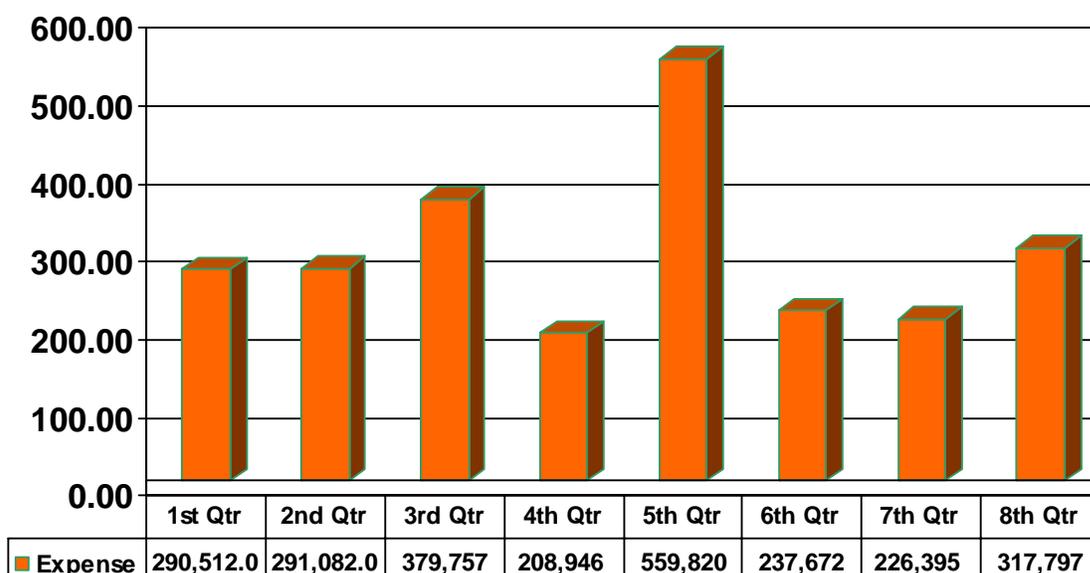
Modification # 06: This modification was made effective on November 11, 2012 to extend the contract completion date from January 13, 2013 to April 14, 2013.

- A total of 868 vouchers were reviewed, processed and reported to head office in Boston on monthly basis through the accounting software designed in QuickBooks.
- The financial data for accruals was submitted to Mission in a timely manner.

Project Spending

The total expense reported as of December 31, 2012 through SF 425 report is \$ 2,511,980.06. The remaining balance as of December 31, 2012, is \$ 488,019.94 out of the total ceiling amount of \$ 3 million. The project disbursement is showed on a quarter-wise basis. The disbursement trend is reflective of the project activities which mainly include establishment of project offices and the technical assistance provided. The average monthly burn rate during the reporting period was \$ 111,807.00. The average quarterly burn rate during the last two quarters was \$ 272,096.00.

Quarterly Disbursement Trend



Note: The above graph shows quarterly expenses in thousands (US\$)

The average burn rate for the last two quarters of the reporting period was \$ 272,096.00.

The exchange rate for US dollar to Pak rupee has increased from 86.70 to approximately 95.15 during the reporting period.

6. Coordination

During 2012, USAID TAUH continued to work closely with the Cabinet Division, Planning and Development, and Health Services Academy at Federal level.

Government of Sindh, Department of Health

USAID TAUH coordinated with the Office of Secretary Health Sindh, Director General Health Services Sindh and Project Director (who is also Additional Secretary [Dev]) Health Sector Reforms Unit on an ongoing basis.

USAID

USAID TAUH held regular meetings with AOR and kept close coordination with the Health Office. USAID TAUH also liaised with donors, including UN agencies, bilateral and multi-lateral donor agencies.

Coordination with DFID funded Technical Resource Facility

USAID TAUH maintained a coordination mechanism with Technical Resource Facility (TRF) by holding review meetings.

7. Annexures

7.1: Summary of consolidated TA days (consultants + TAUH staff) utilized at various levels under each IR

Summary of Consolidated TA Days																												
IRs	Level	Consultants TA Days									TAUH Staff TA Days									Consolidated TA Days								
		PYO1				PYO2				Total	PYO1				PYO2				Total	PYO1				PYO2				Total
		QI	QII	QIII	QIV	QI	QII	QIII	QIV		QI	QII	QIII	QIV	QI	QII	QIII	QIV		QI	QII	QIII	QIV	QI	QII	QIII	QIV	
IR 3.1	Federal	68	263	81	46	0	0	0	0	458	40	46	14	16	2	2	3	7	130	108	309	95	62	2	2	3	7	588
IR 3.2	Punjab	0	57	0	0	0	0	0	0	57	13	82	17	0	0	0	0	0	112	13	139	17	0	0	0	0	0	169
	KP	0	0	84	212	160	0	0	0	456	2	7	26	40	22	0	0	0	97	2	7	110	252	182	0	0	0	553
	Sindh	0	28	11	11	201	195	111	33	590	4	16	22	30	97	126	122	53	470	4	44	33	41	298	321	233	86	1060
	Sub-total	0	85	95	223	361	195	111	33	1103	19	105	65	70	119	126	122	53	679	19	190	160	293	480	321	233	86	1782
IR 3.3	Punjab	0	6	0	0	0	0	0	0	6	4	6	5	0	0	0	0	0	15	4	12	5	0	0	0	0	0	21
	KP	0	0	6	11	0	0	0	0	17	0	3	16	17	0	0	0	0	36	0	3	22	28	0	0	0	0	53
	Sindh	0	5	5	0	0	0	0	0	10	0	5	10	10	8	4	5	0	42	0	10	15	10	8	4	5	0	52
	Sub-total	0	11	11	11	0	0	0	0	33	4	14	31	27	8	4	5	0	93	4	25	42	38	8	4	5	0	126
IR 4	Federal	0	0	0	0	0	0	0	45	45	0	4	7	10	23	41	45	41	171	0	4	7	10	23	41	45	86	216
Total		68	359	187	280	361	195	111	78	1639	63	169	117	123	152	173	175	101	1073	131	528	304	403	513	368	286	179	2712

7.2: Summary of USAID TAUH consultant TA days at various levels under each IR

IRs	Level	Name of the consultants	PYO1				PYO2				Total
			QI	QII	QIII	QIV	QI	QII	QIII	QIV	
IR 3.1	Federal	Mr. Adnan Ahmad Khan	15	55	39	Work completed					109
		Miss Syeda Rabia Khalid	14	43	Work completed					57	
		Miss Maaida Asmat Awan	14	65	Work completed					79	
		Miss Saadiya Razzaq	14	43	Work completed					57	
		Mr. Anees Jillani		22	Work completed					22	
		Dr. Rashid Jooma	5	Work completed					5		
		Dr. Zulfqar A. Bhutta	6	Work completed					6		
		Miss Shabnum Sarfraz		20	20	23					63
		Imran-ul-Haq		15	22	23					60
IR 3.2	Punjab	Dr. Moazzam Khalil		24	Work completed					24	
		Dr. Zareef Uddin Khan		8	Work completed					8	
		Mr. Nasim Ahmad Khan		18	Work completed					18	
		Mr. Tanvir Baig		7	Work completed					7	
	KP	Mr. Abdul Hameed Afridi			15	70	65				150
		Tahir Ijaz			47	70	33				150
		Dr. Rafi Ullah Khan			22	72	62				156
	Sindh	Mr. Nasim Ahmad Khan		6	Work completed					6	
		Dr. Nasir Idrees		22	5	Work completed					27
		Dr. Mahmood Iqbal Memon			6	6	Work completed				12
		Dr. Farid Midhat					5				5
		Mr. Qamar-ul-Islam Siddiqui				5	20	6	5		36
		Mr. Hassan Jafferri					53	17	7	3	80
		Dr. Riaz Solangi					41	16	16		73
		DR-SIR (Pvt.) Ltd.					21	19			40
		Imtiaz Taj Kamal					26	25	9		60
		Dr. Zulfqar Bhutta					25	31			56
		Aga Khan University					10	10			20
		Dr. Nisar Ahmad Solangi						71	74	30	175
		IR 3.3	Punjab	Dr. Moazzam Khalil		3	Work completed				
Dr. Zareef Uddin Khan				1	Work completed					1	
Mr. Nasim Ahmad Khan				2	Work completed					2	
Mr. Tanvir Baig				0	Work completed					0	
KP	Mr. Abdul Hameed Afridi				2	4					6
	Tahir Ijaz				3	5					8
	Dr. Rafi Ullah Khan				1	2					3
Sindh	Mr. Nasim Ahmad Khan			2	Work completed					2	
	Dr. Nasir Idrees			3	5	Work completed					8
	Dr. Mahmood Iqbal Memon				0	0	Work completed				0
	Dr. Farid Midhat										0
	Mr. Qamar-ul-Islam Siddiqui										0
IR 4	Federal		Aga Khan University-II								12
		Dr. Zulfqar Bhutta								10	10
		Dr. Moeed Hassan Pirzada								5	5
		Dr. Mohsin Saeed Khan								18	18
											0
		Total	68	359	187	280	361	195	111	78	1639

Total Individual consultants	PYO1				PYO2				Total
	QI	QII	QIII	QIV	QI	QII	QIII	QIV	
Mr. Adnan Ahmad Khan	15	55	39	Work completed					109
Miss Syeda Rabia Khalid	14	43	Work completed						57
Miss Maaida Asmat Awan	14	65	Work completed						79
Miss Saadiya Razaq	14	43	Work completed						57
Mr. Anees Jillani	0	22	Work completed						22
Dr. Rashid Jooma	5	Work completed							5
Dr. Zulfiqar A. Bhutta	6	Work completed							6
Miss Shabnum Sarfraz	0	20	20	23					63
Imran-ul-Haq	0	15	22	23					60
Dr. Moazzam Khalil	0	27	Work completed						27
Dr. Zareef Uddin Khan	0	9	Work completed						9
Mr. Nasim Ahmad Khan	0	20	Work completed						20
Mr. Tanvir Baig	0	7	Work completed						7
Mr. Abdul Hameed Afridi	0	0	17	74	65				156
Tahir Ijaz	0	0	50	75	33				158
Dr. Rafi Ullah Khan	0	0	23	74	62				159
Mr. Nasim Ahmad Khan	0	8	Work completed						8
Dr. Nasir Idrees	0	25	10	Work completed					35
Dr. Mahmood Iqbal Memon	0	0	6	6	Work completed				12
Dr. Farid Midhat	Work not yet started				5				5
Mr. Qamar-ul-Islam Siddiqui				5	20	6	5		36
Mr. Hassan Jafferie					53	17	7	3	80
Dr. Riaz Hussain Solangi					41	16	16		73
DR-SIR (Pvt.) Ltd.					21	19			40
Imtiaz Taj Kamal					26	25	9		60
Dr. Zulfiqar A. Bhutta					25	31			56
Aga Khan University					10	10			20
Dr. Nisar Ahmad Solangi						71	74	30	175
Aga Khan University-II								12	12
Dr. Zulfiqar Bhutta								10	10
Dr. Moeed Hassan Pirzada								5	5
Dr. Mohsin Saeed Khan								18	18
Total	68	359	187	280	361	195	111	78	1639

7.3: Summary of TAUH staff TA days utilized at various levels under each IR

IRs	Level	Name of the consultants	PYO1				PYO2				Total
			QI	QII	QIII	QIV	QI	QII	QIII	QIV	
IR 3.1	Federal	Dr. Nabeela Ali	22	14	6	4	2	2	3	3	56
		Dr. Shuaib Khan	18	18	3	6	0				45
		Ms Patrice White		14	2						16
		Dr. Fazal Mahmood Khan	0	0	3	4	0	0	0	4	11
		Shahid Kamal					0	0	0	0	0
		Zameer Haider	0	0	0	2					2
IR 3.2	Punjab	Dr. Nabeela Ali	4	10	2	Office closed in Punjab				16	
		Dr. Shuaib Khan	3	14	2					19	
		Ms Patrice White		2	2					4	
		Dr. Fazal Mahmood Khan	3	32	9					44	
		Mr. Zameer Haider	3	24	2					29	
	KP	Dr. Nabeela Ali	2	4	6	9	2				23
		Dr. Shuaib Khan	0	3	8	5	4				20
		Ms Patrice White		0	2	0					2
		Dr. Fazal Mahmood Khan	0	0	6	18	10				34
		Shahid Kamal					1				1
		Zameer Haider	0	0	4	8	5				17
	Sindh	Dr. Nabeela Ali	2	8	12	13	20	18	25	18	116
		Dr. Shuaib Khan	2	6	10	15	24	4			61
		Ms Patrice White	0	2	0	0					2
		Dr. Fazal Mahmood Khan	0	0	0	2	15	39	42	15	113
		Dr. Iftikhar Mallah					25	45	40	10	120
		Mr. Shahid Kamal					13	20	15	10	58
IR 3.3	Punjab	Dr. Nabeela Ali	2	2	2	Office closed in Punjab				6	
		Dr. Shuaib Khan	2	2	2					6	
		Ms Patrice White	0	0	1					1	
		Dr. Fazal Mahmood Khan	0	2	0					2	
		Mr. Zameer	0	0	0					0	
	KP	Dr. Nabeela Ali	0	2	4	4					10
		Dr. Shuaib Khan	0	0	6	5					11
		Ms Patrice White	0	1	0	0					1
		Dr. Fazal Mahmood Khan	0	0	6	8					14
		Shahid Kamal									0
		Zameer Haider	0	0	0	0					0
	Sindh	Dr. Nabeela Ali	0	3	5	6	3	3	5		25
		Dr. Shuaib Khan	0	2	5	4	5	1			17
		Ms Patrice White									0
		Dr. Fazal Mahmood Khan	0	0	0	0					0
Dr. Iftikhar Mallah										0	
Mr. Shahid Kamal							0			0	
IR 4	Federal	Dr. Nabeela Ali	0	2	4	6	7	16	20	22	77
		Dr. Shuaib Khan	0	1	1	2	5	4			13
		Ms Patrice White		1	1						2
		Dr. Fazal Mahmood Khan	0	0	1	2	6	5	5	1	20
		Shahid Kamal					5	16	20	18	59
		Zameer Haider	0	0							0
Total			63	169	117	123	152	173	175	101	1073

Shaded boxes indicate that the individual was not employed by JSI Research & Training Institute, Inc. at the time.

Total Individual staff	PYO1				PYO2				Total
	QI	QII	QIII	QIV	QI	QII	QIII	QIV	
Dr. Nabeela Ali	32	45	41	42	34	39	53	43	329
Dr. Shuaib Khan	25	46	37	37	38	9			192
Ms Patrice White		20	8						28
Dr. Fazal Mahmood Khan	3	34	25	34	31	44	47	20	238
Mr. Zameer Haider	3	24	6	10	5				48
Dr. Iftikhar Mallah					25	45	40	10	120
Mr. Shahid Kamal					19	36	35	28	118
Total	63	169	117	123	152	173	175	101	1073

Shaded boxes indicate that the individual was not employed by JSI Research & Training Institute, Inc. at the time.

7.4: Consultant Tracking Sheet as of December 31, 2012

Sr. #	Name of the consultant	Area of TA	TA Provided To:	IR	Start Date	Expected end date	LOE (Days)	Primary Task	Status
1.	Mr. Adnan Ahmad Khan	Federal	Health System Strengthening and Policy Unit MoH	IR 3.1	11-Mar-11	31-Aug-11	110	Health Policy Advisor for Health System and Policy Unit, Federal Health Department, Govt. of Pakistan	Completed
2.	Miss Syeda Rabia Khalid	Federal	Health System Strengthening and Policy Unit MoH	IR 3.1	11-Mar-11	31-May-11	110	Consultant for Health System and Policy Unit to review all PC-I of MoH.	Completed
3.	Miss Maaida Asmat Awan	Federal	Health System Strengthening and Policy Unit MoH	IR 3.1	11-Mar-11	30-Jun-11	110	Legal Advisor for Health System and Policy Unit, Federal Health Department, Govt. of Pakistan	Completed
4.	Miss Saadiya Razaq	Federal	Health System Strengthening and Policy Unit MoH	IR 3.1	11-Mar-11	31-May-11	110	Human Resource Consultant for Health System and Policy Unit to undertake following tasks: <ul style="list-style-type: none"> • Assist Health Policy Advisor in human resource management • Review the human resource requirement of the Federal Health Unit which will be established after devolution 	Completed
5.	Mr. Anees Jillani	Federal	Health System Strengthening and Policy Unit MoH	IR 3.1	1-Apr-11	15-May-11	22	Senior Legal Advisor for Health System and Policy Unit to undertake the following tasks: <ol style="list-style-type: none"> 1. Review all Federal and Provincial Govt laws related to health 2. Identify the laws which have no relevance after the devolution of Ministry of Health to the provinces 3. Identify and advice how provinces will adopt certain federal laws 4. Identify laws requiring repeal if required 5. Advice federal government for new laws if required 	Completed
6.	Dr. Moazzam Khalil	Punjab	Department of Health Govt of Punjab	IR 3.1	7-Apr-11	15-May-11	27	Consultant for Technical Assistance to the Government of Punjab Health Department for the preparation of technical component of the PC-I for Integrated Reproductive Health Program of Health Department	Completed
7.	Dr. Rashid Jooma	Federal	Ministry of Health	IR 3.1	1-Feb-11	31-Mar-11	5	Consultant to write the background paper on the Drug Regulation Authority	Completed

Sr. #	Name of the consultant	Area of TA	TA Provided To:	IR	Start Date	Expected end date	LOE (Days)	Primary Task	Status
8.	Dr. Zulfiqar A. Bhutta	Federal	Ministry of Health	IR 3.1	1-Feb-11	31-Mar-11	6	Consultant to write the three background papers on the following areas: <ul style="list-style-type: none"> • Health and Nutrition Situation in Pakistan & Issues following 18th amendment and the recent Floods • Immunization strategies for Pakistan and the post 18th amendment scenario • Maternal, newborn and child health in Pakistan and issues of relevance post 18th amendment. 	Completed
9.	Dr. Zareef Uddin Khan	Punjab	Department of Health Govt of Punjab	IR 3.1	7-Apr-11	30-Sep-11	45	Child Health and Nutrition Advisor to Health Department, Government of Punjab to prepare Child Health and Nutrition component of the Punjab health plan keeping in view the post 18th amendment scenarios.	Completed
10	Mr. Nasim Ahmad Khan	Punjab	Department of Health Govt of Punjab	IR 3.1	22-Apr-11	21-May-11	36	Consultant for Technical Assistance to the Government of Punjab Health Department for the preparation of technical component of the PC-I for EPI Program of Health Department	Completed
11.	Dr. Nasir Idrees	Sindh	Department of Health Govt of Sindh	IR 3.1	25-Apr-11	10-Jun-11	30	Lead Consultant for Technical Assistance to the Government of Sindh for the preparation of technical part of the PC-I for the establishment of Health Policy and Reforms Unit (HPRU) Department of Health Sindh.	Completed
12	Mr. Tanvir Baig	Punjab	Department of Health Govt of Punjab	IR 3.1	2-May-11	8-May-11	7	Technical Expert for costing and financial management component of EPI PC-I	Completed
13	Miss Shabnum Sarfraz	Federal	Health System Strengthening and Policy Unit MoH	IR 3.2	3-Jun-11	15-Mar-12	90	Health Human Resource Expert for Technical Assistance to HSA for Pay/Remuneration System, Financial Feasibility and Sustainability Analysis of Health Services Academy's Proposed Strategic Plan	Completed
14	Imran-ul-Haq	Federal	Health System Strengthening and Policy Unit MoH	IR 3.2	11-Jul-11	30-Oct-11	60	Financial Expert for Technical Assistance to HSA for Pay/Remuneration System, Financial Feasibility and Sustainability Analysis of Health Services Academy's Proposed Strategic Plan	Completed

Sr. #	Name of the consultant	Area of TA	TA Provided To:	IR	Start Date	Expected end date	LOE (Days)	Primary Task	Status
15	Mr. Abdul Hameed Afridi	KPK	PaRSA KPK	IR 3.2	12-Sep-11	28-Feb-12	156	Health System Specialist (Team Leader) for Revitalization and Strengthening of Health Systems in Malakand Division	Completed
16	Tahir Ijaz	KPK	PaRSA KPK	IR 3.2	1-Aug-11	10-Feb-12	156	IT Specialist for Revitalization and Strengthening of Health Systems in Malakand Division	Completed
17	Dr. Mahmood Iqbal Memon	Sindh	Department of Health Govt of Sindh	IR 3.2	15-Sep-11	30-Oct-11	20	Technical expert to collect data on budget, DHIS, EPI MIS and LHW MIS from Sindh for USAID-TAUH	Completed
18	Dr. Rafi Ullah Khan	KPK	PaRSA KPK	IR 3.2	5-Sep-11	28-Feb-12	156	District Program Coordinator for Revitalization and Strengthening of Health Systems in Malakand Division	Completed
19	Dr. Farid Midhet	Sindh	Department of Health, Sindh	IR 3.2	21-Nov-11	31-Dec-11	5	Background paper on improving Family Planning Services in Pakistan in Post-Devolution Scenario	Completed
20	Qamar-ul-Islam Siddiqui	Sindh	Department of Health, Sindh	IR 3.2	22-Dec-11	20-Apr-12	36	Technical Advisor to Draft a Communication Strategy for the Health Department, Government of Sindh	Completed
21	Hassan Jafferie	Sindh	Department of Health, Sindh	IR 3.2	17-Jan-12	30-Sep-12	80	Senior Human Resource Development Expert for developing HR Strategy of Health Department, Government of Sindh	Completed
22	Dr. Riaz Hussain Solangi	Sindh	Department of Health, Sindh	IR 3.2	17-Jan-12	30-Sep-12	60	Public Health Expert for developing HR Strategy of Health Department, Government of Sindh	Completed
23	DR-SIR (Pvt) Ltd	Sindh	Department of Health, Sindh	IR 3.2	3-Feb-12	26-Mar-12	30	Technical assistance to prepare feasibility assessment for the management of Jacobabad Civil Hospital	Terminated
24	Imtiaz Taj Kamal	Sindh	Department of Health, Sindh	IR 3.2	10-Feb-12	31-May-12	60	Technical Assistance for strengthening of Community Midwives through sustainable initiatives	Completed

Sr. #	Name of the consultant	Area of TA	TA Provided To:	IR	Start Date	Expected end date	LOE (Days)	Primary Task	Status
25	Dr. Zulfiqar A. Bhutta	Sindh	Department of Health, Sindh	IR 3.2	15-Feb-12	30-Jul-12	60	Technical Assistance for post devolution integration of National Program for FP & PHC, MNCH and EPI for government of Sindh, Health Department	Completed
26	Aga Khan University	Sindh	Department of Health, Sindh	IR 3.2	15-Mar-12	30-Apr-12	30	Situation Analysis of Public Health Facilities for Human Resource Strategy for the Government of Sindh	Completed
27	Dr. Nisar Ahmad Solangi	Sindh	Department of Health, Sindh	IR 3.2	9-Apr-12	8-Nov-12	175	Coordinator HSRU, Sindh	Completed
28	Shaikh Muhammad Saif ud din	Sindh	Department of Health, Sindh	IR 3.2	16-May-12	22-Jun-12	26	Coordination among Donors, Stakeholders and development partners, and to provide day to day assistance to HSRU and hiring of coordinators of HSRU	Completed
29	Aga Khan University-II	Sindh	Providing support to USAID	IR 4	15-Jul-12	30-Nov-12		Identify governance issue and devise strategy, Increase awareness among policy makers and influencers to prioritize health, Organize meetings to share evidences, Strengthen and upgrade on-going intervention by integrating all services related to RMNCH	In Progress
30	Dr Zulfiqar Bhutta	Sindh	Providing support to USAID	IR 4	15-Aug-12	20-Dec-12	90	To undertake the relevant national and provincial analysis in a systematic manner and develop specific chapter for compilation publication	In Progress
31	Moeed Hassan Pirzada		Providing support to USAID	IR 4	11-Oct-12	20-Dec-12	7	Pre-election dialogue, Conduct two round table seminars with key media leaders, arrange & conduct 5 workshop with major political parties.	In Progress
32	Mohsin Saeed Khan	Sindh	Department of Health, Sindh	IR 3.2	19-Oct-12	7-Dec-12	18	Literate review related to (HIV, AIDS, TB and Malaria. Review PC1, Meeting with program Managers, HIV Concept paper for GFATM	Completed

7.5: International Travel

Following international trips were planned, approved and executed as of December 31, 2012.

Sr.#	Name of Traveler	Arrival Date	Departure Date	Sector Traveled	Organization	Designation	Purpose of Travel	Reference CA (Year/Sr. #)	No. of Travel Completed	Balance
1	Dr. Theo Lippeveld	31-Jan-11	12-Feb-11	USA-PAK-USA	JSI-Boston	Vice President	Project Start-up, Work plan, Additional technical assistance.	1/1	1	11
2	Nicole Tiano	11-Feb-11	18-Feb-11	USA-PAK-USA	JSI-Boston	Finance Director	Project Start-up and establishment of project financial systems.	1/2	1	10
3	Patrice M. White	27-Apr-11	27-Apr-11	USA-Pakistan	JSI-Boston	Director Program	To join the duty station for TAUH Project	1/3	0.50	9.50
4	Dr. Nabeela Ali	14-Jun-11	27-Jun-11	PAK-USA-PAK	JSI-Boston	Chief of Party	To attend Pacific Summit in Seattle and meeting with Washington/ Boston	Nil	1.00	9.50
5	Patrice M. White	20-Jul-11	20-Jul-11	PAK-USA-PAK	JSI-Boston	Director Program	To stamp the work visa from Washington, USA	1/4	1.00	8.50
6	Dr. Nabeela Ali	13-Sep-11	17-Sep-11	PAK-NEP-PAK	JSI-Boston	Chief of Party	To attend the Chlorhexidine for Umbilical Cord Care. "Evidence base and the way forward" - Regional Dissemination Meeting in Nepalgunj	1/6	1.00	7.50
7	Dr. Haleema Yasmin	12-Sep-11	17-Sep-11	PAK-NEP-PAK	JPMC	Assistant Professor	To attend the Chlorhexidine for Umbilical Cord Care. "Evidence base and the way forward" - Regional Dissemination Meeting in Nepalgunj	1/6	1.00	6.50
8	Dr. Iqbal Memon	14-Sep-11	17-Sep-11	PAK-NEP-PAK	Pakistan Pediatric Association	President	To attend the Chlorhexidine for Umbilical Cord Care. "Evidence base and the way forward" - Regional Dissemination Meeting in Nepalgunj	1/6	1.00	5.50
9	Dr. Theo Lippeveld	31-Dec-11	7-Jan-12	US-PAK-US	JSI-Boston	Vice President	To Supervise the field program, Meeting with TAUH Team, USAID and Pakistani Government Representatives.	1/2	1.00	4.50
10	Dr. Nabeela Ali	21-Feb-12	1-Mar-12	PAK-USA-PAK	JSI-Boston	Chief of Party	To Review progress of the project. Meeting with JSI Boston senior management after the modification of strategic and M&E plan	1/5	1.00	3.50
11	Dr. Abdul Bari Khan	13-Jun-12	18-Jun-12	PAK-USA-PAK	JSI-Boston	Govt. Official	To participate in the Child Survival Call to Action Meeting in Washington	5/2	1.00	2.50
12	Dr. Nabeela Ali	1-Jul-12	21-Jul-12	PAK-USA-PAK	JSI-Boston	Chief of Party	JSI International Division meeting from July 16 till July 18, 2012 in Washington DC and to prepare Close Out Plan.	3/2	1.00	1.50

Note:

The travel on serial number 04 is not reduced from the number of available international travel as it was mainly funded by The National Bureau of Asian Research (NBR) to participate in the 2011 Pacific Health Summit.

7.6: Contracts and Purchase Orders

List of Contracts from January 2012 — December 2012

Sr.	Contract No.	Effective Date	Vendor	Item(s)	Total Cost (PR)
1	030-12-JSI-CA-HJ-(02)	17-Jan-12	Hassan Jafferie	Consultant Agreement	2,400,000.00
2	031-12-JSI-CA-RHS-(02)	17-Jan-12	Dr. Riaz Hussain Solangi	Consultant Agreement	2,100,000.00
3	032-12-JSI-UBLI-(02)	20-Jan-12	M/s. UBL Insurance Pvt. Ltd.	Comprehensive Insurance of three JSI Vehicles	249,073.00
4	033-12-JSI-NHIC-(02)	20-Jan-12	M/s. New Hampshire Company	Comprehensive Insurance of three JSI Vehicles	81,248.00
5	034-12-JSI-CA-DRSIR-(02)	6-Feb-12	M/s. Dr-Sir	Consultant Agreement	4,657,500.00
6	035-12-JSI-CA-ITK-(02)	10-Feb-12	Imtiaz Taj Kamal	Consultant Agreement	2,100,000.00
7	036-12-JSI-CA-ZAB-(02)	15-Feb-12	Dr. Zulfiqar Ahmed Bhutta	Consultant Agreement	2,100,000.00
8	037-12-JSI-AG-(02)	1-Feb-12	M/s. Askari Guards Pvt. Ltd.	Guard Services for JSI Office Islamabad	2,400,000.00
9	038-12-JSI-FC-(02)	1-Feb-12	M/s. Friends Co.	Janitorial Services for JSI office Islamabad	348,480.00
10	039-12-JSI-CA-AKU-(02)	15-Mar-12	M/s. Agha Khan University	Consultant Agreement	4,259,888.00
11	041-12-JSI-CA-NAS-(02)	9-Apr-12	Dr. Nisar Ahmed Solangi	Consultant Agreement	1,610,000.00
12	042-12-JSI-CA-SMSD-(02)	16-May-12	Shaikh Muhammad Said ud Din	Consultant Agreement	104,000.00
13	043-12-JSI-AEFU-(02)	1-May-12	M/s. Allianz EFU	Group Health Insurance JSI Staff	801,671.00
14	044-12-JSI-EFUL-(02)	1-Jun-12	M/s. EFU Life Assurance	Group Life Insurance for JSI Staff	179,113.00
15	045-12-JSI-CA-AKU-(02)	15-Jul-12	M/s. Agha Khan University	Consultant Agreement	8,527,066.00
16	046-12-JSI-CA-ZAB-(02)	15-Aug-12	Dr. Zulfiqar Ahmed Bhutta	Consultant Agreement	4,800,000.00
17	047-12-JSI-CA-MHP-(02)	5-Oct-12	Dr. Moeed Hassan Pirzada	Consultant Agreement	5,632,000.00
18	048-12-JSI-CA-MSK-(02)	19-Oct-12	Mohsin Saeed Khan	Consultant Agreement	684,000.00
TOTAL					43,034,039.00

List of purchase Orders January 2012 — December 2012

Sr. #	PO #	Date	Vendor	Item(s)	Amount (PKR)
1	028-2012	3-Jan-12	M/s. Jamal & Brothers	Procurement of Toners for Printers	162,429
2	029-2011	10-Jan-12	M/s. Raza Khan Tours	Car rental services for JSI-Karachi Office	292,000
3	030-2011	12-Jan-12	M/s. MH9 Solutions	Security Trainings and Civil Works	258,900
4	031-2012	26-Jan-12	M/s. Thuraya IMTCL	Docker FDU-3500 (for indoor use) with slim battery	64,249
5	032-2012	26-Jan-12	M/s. Business Plus	Paper Rim	27,960
6	033-2012	1-Feb-12	M/s. Laeeq Brothers Furnishers	Office Furniture for JSI Karachi office and HSRU Sindh	146,800
7	034-2012	21-Feb-12	M/s. Nayatel	Internet services for JSI office & Residence of COP	396,200
8	035-2012	21-Feb-12	M/s. Comsats	Internet Services for JSI office (Backup)	22,600
9	036-2012	21-Feb-12	M/s. Greaves Pakistan Pvt. Ltd.	Repair and Maintenance Services for JSI's Power Generating Set.	48,000
10	037-2012	21-Feb-12	M/s. Greaves Pakistan Pvt. Ltd.	Generator Service, Oil and Oil Filter	26,484
11	038-2012	1-Mar-12	M/s. Sunrise Digital	Printing of Folders 500	25,000
12	039-2012	8-Mar-12	M/s. Electroline	Repair of UPS APC 5KVA	38,900
13	040-2012	15-Mar-12	M/s. Riz Printers	Glass signs for JSI Karachi office and RHSU	34,000
14	041-2012	29-Mar-12	M/s. United Tyres	Tyres for JSI Vehicles JJ195	29,000
15	042-2012	14-May-12	M/s. Athar Car A/C	Repair and Maintenance of Car AC	38,500
16	043-2012	30-May-12	M/s. Bell North	Mobile phone sets for staff	30,800
17	044-2012	1-Jun-12	M/d. M/s. RAR Builders & Real Estate Consultants	Installation of Razor Wire at residence of COP	39,600
18	045-2012	18-May-12	M/s. Riz Printers	Glass signs for RHSU Sindh	20,000
19	046-2012	1-Jun-12	M/s. Pakistan Mobile Communications Ltd.	Blackberry phone set for COP	39,500
20	047-2012	1-Jun-12	M/s. Electroline	Laptop Computer Del Vostro 3350 for COP	89,400
21	048-2012	22-Jun-12	M/s. Makki Electric Sore	Installation of electric generator set at residence of COP	64,000
22	049-2012	31-May-12	M/s. Raza Khan Tours	Car rental services for JHSRU Sindh	618,000
23	050-2012	22-Jun-12	M/s. Business Plus	Paper Rim	27,900
24	051-2012	2-Jul-12	M/s. Spectrum Y&R	Designing of Logo & Slogan	25,000
25	052-2012	2-Jul-12	M/s. Brass Enterprises	Printing of Letterheads and Envelops	15,750
26	053-2012	20-Jul-12	M/s. Greaves Pakistan Pvt. Ltd.	Generator Service, Oil and Oil Filter	39,253
27	054-2012	10-Jul-12	M/s. Toyota Islamabad Motors	Repair of Toyota Parado Jeep JJ-452	152,530
28	055-2012	30-Jul-12	M/s. Jamal & Brothers	Procurement of Toners for Printers	23,838
29	056-2012	12-Sep-12	M/s. Nazir Automobiles & Electric House	Repair of JSI Vehicle Toyota Corolla JJ-196	85,787

Sr. #	PO #	Date	Vendor	Item(s)	Amount (PKR)
30	057-2012	12-Sep-12	M/s. Toyota Islamabad Motors	Air bag cable change of JSI vehicle JJ-452	23,840
31	058-2012	24-Sep-12	M/s. Toyota Islamabad Motors	Replacement of clutch disc assembly of Hiace Van	38,305
32	059-2012	24-Sep-12	M/s. Allied Stationers	Procurement of stationery	28,635
33	060-2012	31-Oct-12	M/s. Sunrise Digital	Printing of standees and backdrop	27,400
34	061-2012	12-Nov-12	M/s. Info Trackers	Procurement of Security Camera	13,000
35	062-2012	21-Nov-12	M/s. Jamal & Brothers	Toners for HP Printer	23,838
36	063-2012	19-Nov-12	M/s. Toyota Islamabad Motors	Fuel Injector for JSI vehicle JJ-196	14,900
			Total		3,052,298