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JSI Research & Training Institute Inc.

# **USAID Technical Assistance Unit for Health**

**End of the  
Project Report**

Cooperative Agreement No. 391-A-00-11-01214-00

# **End of the Project Report**



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## Acronyms

AIDS	Acquired-Immuno Deficiency Syndrome
AO	Agreement Officer
AOR	Agreement Officer Representative
AKU	Aga Khan University
ANP	Awami National Party
AS	Additional Secretary
BHUs	Basic Health Units
CA	Cooperative Agreement
CADD	Capital Administrative and Development Division
CCI	Council of Common Interests
CCM	Country Coordination Mechanism
CEO	Chief Executive Officer
CME	Continuing Medical Education
CMWs	Community Midwives
COP	Chief of Party
CSC2A	Child Survival Call to Action
CT	Core Team
DG	Director General
DFID	Department For International Development
DGHS	Director General Health Services
DDGHS	Deputy Director General Health Services
DHS	Demographic Health Survey
DHIS	District Health Information System
DoH	Department of Health
DRA	Drugs Regulatory Authority
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
GDP	Gross Domestic Product
GIZ	Gesellschaft für Internationale Zusammenarbeit
GOP	Government of Pakistan
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HCP	Health Care Providers
HIS	Health Information System
HS	Health Secretariat
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
MDG	Millennium Development Goal
M & E	Monitoring and Evaluation

MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MOIPC	Ministry of Inter-Province Coordination
MQM	Muttahida Qaumi Movement
MRRP	Malakand Reconstruction and Rehabilitation Program
NFC	National Finance Commission
NGO	Non-Governmental Organization
NIDs	National Immunization Days
NHIRC	National Health Information Resource Centre
NPPI	Norway-Pakistan Partnership Initiative
PAIMAN	Pakistan Initiative for Mothers and Newborns
PAK	Pakistan
PaRRSA	Provincial Rehabilitation and Reconstruction Settlement Authority
PC – 1	Planning Commission – 1
PCAG	Provincial Communication Advisory Group
PD	Project Director
P&D	Planning and Development
PHC	Primary Health Care
PHDs	Provincial Health Departments
PHSRP	Punjab Health Sector Reforms Program
PKR	Pakistan Rupees
PML (N)	Pakistan Muslim League (Nawaz)
PMRC	Pakistan Medical Research Council
PO	Purchase Order
PPHI	People's Primary Healthcare Initiative
PPP	Pakistan People's Party
PTI	Pakistan Tehreek e Insaf
PY	Project Year
QA	Question and Answer
RAF	Research & Advocacy Fund
RH	Reproductive Health
RMNCH	Reproductive, Maternal, Newborn and Child Health
SAPM	Special Assistant to Prime Minister
SF	Standard Form
SO	Strategic Objective
SNIDs	Special National Immunization Days
SUIT	Sind Institute of Urology and Transplantation
TA	Technical Assistance
TAUH	Technical Assistance Unit for Health
TB	Tuberculosis
TBA	Traditional Birth Attendants
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
WB	The World Bank
WHO	World Health Organization

## 1. Executive Summary

The purpose of USAID Technical Assistance Unit for Health (USAID TAUH) was 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 was a two-year, USAID-funded project managed by JSI Research & Training Institute, Inc.

USAID TAUH started at a challenging time after the 18<sup>th</sup> Amendment to the Constitution of Pakistan. The Ministry of Health was abolished and there was a lack of clarity and capacity as well as financial issues that each level of health care delivery system was facing in bringing reforms in light of devolution. There was the absence of a federal coordination unit or structure in the post-devolution scenario; the rift between bureaucracy and political leadership; competing donor interests; the security situation grabbing the attention of policy-makers; and the difficulties in finding local consultants who understand the broader scope of the assignment. The project had to close its office in Punjab in 2012. The deteriorating situation in Sind, especially Karachi, took most of the attention of the policy-makers. The coalition government in Sind and the political rift between bureaucracy and political parties hampered any progress in Sind as did the floods in the province.

In spite these multitude of challenges and constraints, USAID TAUH was able to achieve many significant results a illustrated in the following summary of activities.

At the federal level, USAID TAUH reviewed the Federal Legislative List and Concurrent List to identify functions which were to be devolved and to prepare a complete listing of human resources as federal liability, physical assets, and responsibilities to be divided between the federal level and provinces. In addition, USAID TAUH commissioned a legal expert to review of federal laws directly related to health by a legal expert. USAID TAUH was a member of the WHO mission to Punjab and Sind in September 2012 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 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 was accepted by HSA Board of Governors. USAID TAUH also provided technical support to HSA to prepare a request to USAID for a No Cost Extension of their grant.

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

USAID TAUH's work with the DoH Government of Sind gained momentum in the first quarter of 2012 just about the time when 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 Sind, in May 2012. A Project Director (who is also Additional Secretary [Dev]) and four Coordinators were appointed.

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". USAID TAUH continued to provide technical assistance to the DoH Government of Sind in areas that were identified in 2011 in consultation with the Secretary of Health Sind and his team. In 2012, USAID TAUH developed communication and human resource strategies for Sind DoH and provided support to strengthening the community midwifery initiative in Sind. 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 2012. As recommended in the Communication Strategy, DoH Sind has established a Provincial Communication Advisory Group which will provide overall direction and implementation of health education communication and coordination in Sind.

USAID TAUH held meetings with Project Director HSRU and its Coordinators to discuss implementation of Health Sector Strategy Sind. As part of preparing operations plans, a donor conference was planned to look at inputs of development partners. The conference was planned for January 2013 but had to be postponed due to the worsening security situation in Karachi. 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. USAID TAUH conducted a province-wide assessment in Sind on recent measles outbreak and shared the findings of the assessment with Sind DoH and USAID.

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, a publication of Health Services Academy. USAID TAUH COP was invited by The Training Pakistan (TRP), a USAID funded project, to attend eight days training organized by World Bank Institute. The training took place in Washington, D.C. from December 6-14 2012.

USAID TAUH provided technical assistance to the USAID Mission in Pakistan as and when requested. Some of the significant support activities included the organization of a coordination meeting of donor agencies providing support in KPK; conducting an assessment to explore management options for establishing civil hospital in Jacobabad; and 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 ended in March 2013.

USAID TAUH prepared a close out plan and submitted it to USAID in February 2013 after sharing it with the Home Office of JSI Research & Training Institute, Inc. USAID TAUH closed its Karachi office on March 15 and held a project close-out meeting with USAID in March 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 was the necessary technical expertise in the Government of Pakistan (GOP) to move forward. However, the GOP lacked 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 that the United States Government (USG) resources for health and population sector would 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 was 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. A provincial office in Punjab was established within the premises of Punjab Health Sector Reforms Unit in 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. The 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**

##### ***Technical Support to the Devolution Process***

##### ***Technical Assistance Request***

In March 2011, the Secretary Ministry of Health (MOH) requested USAID TAUH to provide technical support to prepare a plan of action to be presented to the Devolution Implementation Commission in June 2011. The task was to review the Federal Legislative Lists 1 and 11 and the abolished Concurrent List and assess which functions of health will be devolved to provinces and which will remain at federal level.

##### ***Technical Assistance Activities***

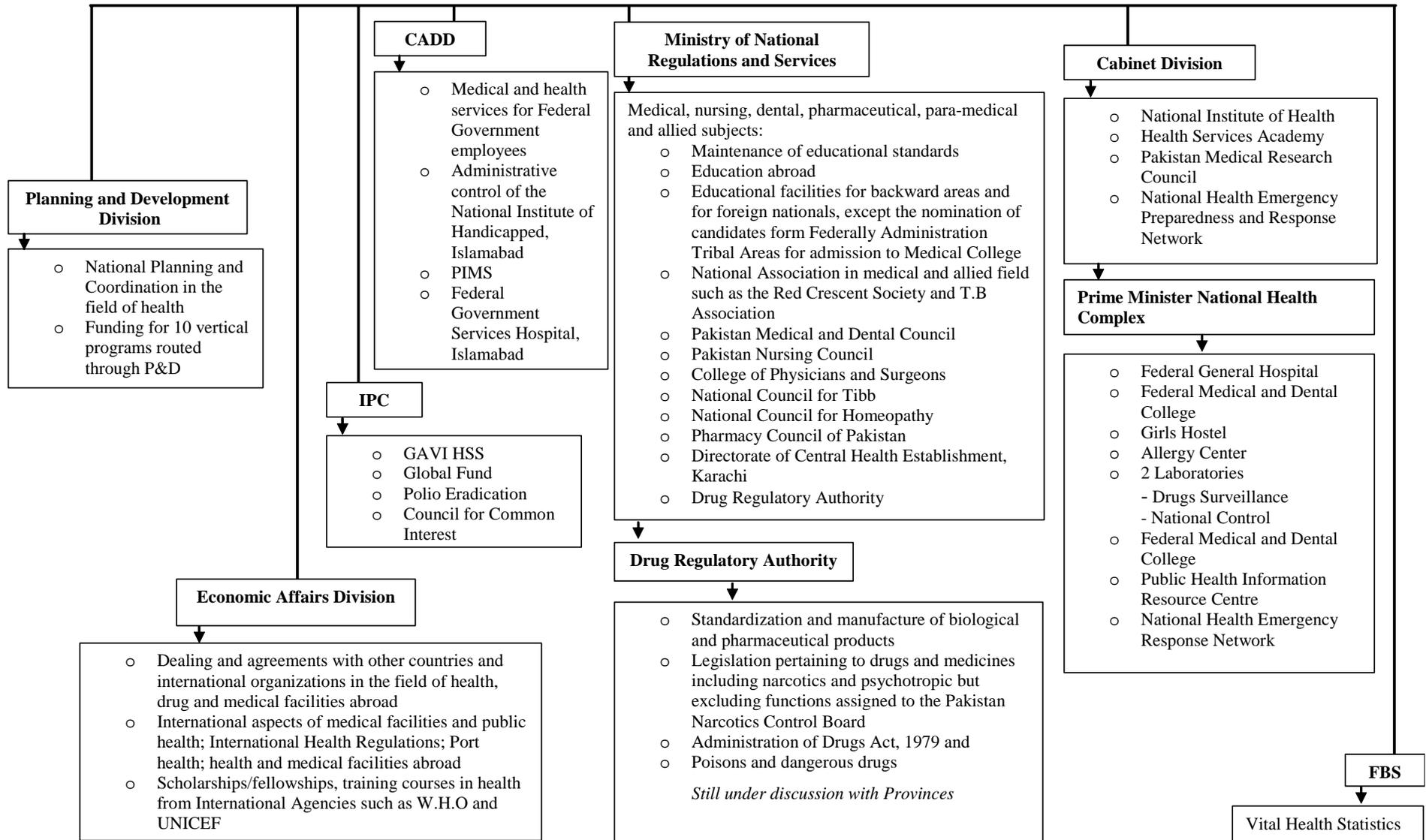
A thorough review of Federal Legislative List and Concurrent List was carried out to identify functions which were to be devolved and to prepare a complete listing of human resource as federal liability, physical assets, and responsibilities to be divided between the federal level and provinces. In addition, USAID TAUH commissioned a review of federal laws directly related to health by a legal expert.

The challenge was how to manage the fragmentation of federal responsibility for health functions after devolution. During the process of preparing this devolution plan USAID TAUH supported MOH in identifying which functions needed to be devolved to provinces, the remaining federal responsibility for health and need for a federal coordination unit to liaise with the different federal entities where the health functions were to be parked and with the provinces. However, there were areas that required further discussion. The remaining federal responsibility according to 18th Amendment to the Constitution of Pakistan was placed as shown in Figure 1 below.

There were five background papers were commissioned by TAUH Project earlier in 2011 as well as meetings and a review of relevant documents to inform the process. The Devolution Plan was presented to the Secretary of Health/Cabinet Division and Director General Health who reviewed and gave input before the final plan was prepared. Suggestions of stakeholders were incorporated into the final plan before formal presentation to the Implementation Commission in May 2011.

The Implementation Commission approved all recommendations in the Devolution Plan with the exception of the Drug Regulatory Agency which did not have a constitutional mandate to remain at federal level. The Implementation Commission asked MOH to prepare a draft act for a Drug Regulatory Agency and share this with the provinces since under the constitution (Constitution of Pakistan, 1976, Sections 144 and 146)

**Figure 1. The Federal Functions of Health**  
May 16, 2012



selected provincial responsibilities can be delegated to the federal level in the interest of public welfare. Ministry of Health prepared the draft act and circulated to all provinces for their comments. This process was delayed due to unforeseen circumstances and provinces did not get enough time to review and respond to the draft before the deadline for completion of devolution that occurred on June 30, 2011.

The devolution of the health system in Pakistan is seen both as a challenge and an 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 nongovernmental institutions to provide technical support in critical areas.

### ***Coordination with Other Stakeholders***

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

1. Review the opportunities and challenges as a result of devolution in Pakistan’s health sector;
2. Propose strategies and options that capitalize on opportunities and address challenges arising as a result of devolution; and
3. 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 been 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. 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 the Ministry of 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 and evaluate; coordinate among partners; and undertake annual/operational planning.

Shared federal – provincial responsibilities require strong oversight by federal instances and provincial health ministers. The technical capacity of HS should be built to support provincial health program implementation, regulation, collation of information, monitoring/evaluation, coordination among partners and annual/operational planning.

Various issues need to be clarified and further explored:

- 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.

Also, Federal-Provincial Relationships after 18th Constitutional Amendment need to be clarified”

- **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**
  - How will information flow from provinces to federal level?
  - How will it be reported internationally?
  - How will International Health Regulations be complied with?
- **Shared federal – provincial responsibility** requires strong federal oversight 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.

## ***Achievements***

- The five background papers helped in preparing the devolution plan for MOH.
- The MOH devolution plan was prepared, approved and implemented.
- The decision to retain Drug Regulatory Authority (DRA) was based on the rationale and global experience reflected in the policy paper.
- Draft DRA Act was prepared and approved.
- Estimation of human resource liability and assets was made.

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

#### **Health Services Academy (HSA)**

##### ***Technical Assistance Request***

USAID TAUH received a request to “develop financial projects for HSA business plan in line with the strategic plan”.

##### ***Technical Assistance Activities***

At the federal level, the Health Services Academy is aiming to be a center of excellence. It is poised to solidify its existing academic programs and further expand its role in leading public health education, research and service initiatives. In order to make HSA a sustainable institution, a request to develop a Business Plan was made. The Business Plan determines the development of the Academy till 2016.

In this regard 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 created through a deliberative and collaborative process and maps the future of HSA for the next three to five years and includes a business plan addressing salary structure and remuneration of the permanent faculty, contract staff and adjunct faculty of the HSA.

The plan also provides costing of new programs which HSA is planning to start and the various financing mechanisms for HSA. It involved broad participation from the Academy’s faculty and staff who carefully reviewed and revised the plan. At several stages of the process, members of HAS Board of Management also provided review and input to the guidelines developed during the strategic planning process.

USAID TAUH also provided technical assistance to the Health Services Academy (HSA), Islamabad, in submitting a No Cost Extension for its grant with USAID.

#### **Achievements**

- The Business Plan was accepted by Health Services Academy’s Board of Management.
- As a result of USAID TAUH’s technical assistance, HSA is now in a better position to access donor funding.

## **3.2 Policy Development and Strategic Reform**

### **3.2.1 Punjab**

#### ***Technical Assistance Request***

USAID TAUH received a request from DoH, Government of Punjab, for technical assistance “to integrate some of the vertical programs according to the sub-sectoral identification and merge their administrative structures”.

#### ***Technical Assistance Activities***

In a meeting held on March 12, 2011, and attended by all development partners, donors, and UN agencies, Secretary Health, Government of Punjab, have a presentation on the vision and objectives of the Government of Punjab on post-devolution scenario were presented. USAID TAUH organized a meeting on March 26, attended by all the stakeholders, in which Secretary Health identified the areas in which Government of Punjab required technical assistance from the partners. In the meeting, the following areas were unanimously allocated to USAID TAUH for the provision of technical assistance.

- Technical assistance for the development of integrated reproductive health PC-1 (integration of MNCH, FP and Nutrition Programs)
- Technical assistance to prepare EPI PC-1
- Technical assistance to prepare Human Resource Strategy for the Government of Punjab
- Technical assistance to strengthen Punjab Health Sector Reforms Program, Government of Punjab

USAID TAUH visited the office of Punjab Health Sector Reform Program (PHSRP) on March 14 to discuss the various technical areas requiring USAID ATUH support. It was decided that USAID TAUH will provide technical assistance in the following areas to PHSRP in the first phase:

- Human resource strategy for DoH Punjab
- Procurement policy, strategy and guidelines for DoH Punjab
- Health systems strengthening
- Emergency preparedness and response to natural calamities and epidemics

USAID TAUH began by providing technical assistance in integrating vertical programs, including the MNCH Program, Lady Health Workers’ Program, nutrition and family planning into an integrated Reproductive Health (RH) PC-1 document. The PC-1 was based on discussions and recommendations made during a series of consultative meetings in April 2011 with Director PHSRP and his team and other stakeholders and development partners (WHO, UNFPA, UNICEF, FALAH, Save the Children, Technical Resource Facility and Director MIS. The recommendations that were made during the meetings in the areas of maternal health, child health and nutrition and birth spacing and family planning were incorporated into the final draft of the PC-1. USAID TAUH organized separate meetings on the monitoring and evaluation framework and costing for the integrated RH PC-1. The final draft of PC-1 was handed over to DoH Punjab for approval in June 2011.

Also in April 2011, in light of a request of from DoH, Government of Punjab, USAID TAUH started work on developing PC-1 for Expanded Program of Immunization (EPI). The PC-1 was prepared and finalized after a series of consultative meetings with PHSRP, EPI, MCH Program, LHW Program, UNFPA, UNICEF, WHO, FALAH, Save the Children, USAID, TRF and other stakeholders. After incorporating the recommendations that were made in the meetings, the final draft of PC-1 was submitted to Directorate EPI for approval in June 2011

USAID TAUH had to close its office in Lahore in August 2011 and the staff relocated to Islamabad office after the Government of Punjab's refusal to accept USAID grants for the province.

### ***Achievements***

- Integrated MNCH/FP PC-1 for Punjab
- PC-1 for EPI Punjab

## **3.2 Policy Development and Strategic Reform**

### **3.2.2 Malakand Division, Khyber Pakhtunkhwa**

#### ***Technical Assistance Request***

The aim of the TA was to assist the Health Department, Government of Khyber Pakhtunkhwa to “Prepare a comprehensive and integrated health service delivery plan with focus on better access and quality of services in Malakand Division”. The specific objectives included:

1. Analyze the existing situation with regards to Health Service Delivery in Malakand Division.
2. Prioritize interventions for increased access of the population to quality health services.
3. Focus on health system strengthening through integration in order to effectively and efficiently utilize resources.

#### ***Technical Assistance Activities***

USAID Mission in Pakistan had been supporting the Government of Khyber Pakhtunkhwa for Malakand Reconstruction and Rehabilitation Program (MRRP) through the Provincial Reconstruction, Rehabilitation and Settlement Authority (PaRRSA), Government of Khyber Pakhtunkhwa. The allocation for health sector mainly focused for rehabilitation and reconstruction of health facilities and provision of preventive, promotive and curative and mental health services. On the request of USAID, TAUH started providing technical assistance to Government of Khyber Pakhtunkhwa. A team of technical experts comprising Health System Specialist (Team Leader, Program Coordinator and IT Specialist) was identified and selected in July-August 2011.

The Health Sector Reforms Unit (HSRU), Government of Khyber Pakhtunkhwa, organized a meeting in August, 2011, which was attended by representatives of USAID Peshawar, PaRRSA and TAUH. PaRRSA requested USAID TAUH team for an assessment of the need for already procured equipment and furniture for Swat, Buner and Lower Dir districts. At the same time USAID Peshawar asked USAID TAUH team to physically verify already distributed item in these three districts. USAID TAUH team completed need assessment and physical verification in the first week of September, 2011.

THE HSRU organized another meeting on September 15, 2011, which was attended by representatives of USAID Peshawar, PaRRSA and USAID TAUH. Needs assessment and physical verification reports were presented by Director Health Systems USAID TAUH in the meeting. On the basis of needs assessment it was found that equipment and furniture which has already been procured was in excess quantity and there would be a shortage of space at the BHUs to accommodate the proposed quantity of equipment and furniture. It was decided that USAID TAUH team will re-visit district Swat, Buner and Lower Dir on September 16-17 and will facilitate EDO Health and his team to finalize the draft re-distribution plan. In addition to 17 selected BHUs, additional health facilities were selected for re-distribution. USAID TAUH submitted consolidated re-distribution plan to HSRU and PaRRSA on 19<sup>th</sup> September.

The second important focus during this quarter was the development of activity plan for the revitalization of services in Malakand Division. An initial draft was developed after a brainstorming exercise at JSI office in Islamabad. The draft has been shared with all the stake holders and, after a series of meetings to prioritize the needs of the districts/ health department, a final draft Activity Plan with costing was submitted for final review and necessary approval, concurrence of the health department. USAID TAUH's technical assistance in Malakand Division ended in February 2012.

### **Achievements**

- The health activity plan for the revitalization of health services in Malakand Division 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.
- District profiles of Swat, Buner, Lower Dir, Upper Dir, Shangla and Malakand were prepared and finalized. These profiles were to serve as a planning tool in the implementation of the health activity plan for the Malakand Division.
- Distribution of equipment and furniture for 47 health facilities in Malakand Division.



## 3.2 Policy Development and Strategic Reform

### 3.2.3 Sind

#### The Establishment of the Health Sector Reforms Unit

##### *Technical Assistance Request*

In August 2011, USAID TAUH a request from DoH Sind for “Technical expert to provide support for PC-1 on Health Reforms and Policy Unit in Sind”.

##### *Technical Assistance Activities*

After approval of the TA from USAID and consultations with all the stakeholders, including policy-makers, health managers and development partners, USAID TAUH prepared PC-1 and submitted it to DoH in December.

It normally takes three to four months for the approval of any PC-1. However, the PC-1 for HSRU was approved in 14 days. In March 2012, the Government of Sind Department of Health notified the appointment of project director (PD) HSRU. In light of a request from Secretary Health, USAID TAUH, along with WHO, began to provide support for the operationalization of HSRU. Its office was set up in the premises of Maternal, Newborn and Child Health (MNCH) Program in Karachi. USAID TAUH helped recruit four Coordinators for HSRU.



Given the high priority the DoH, Government of Sind, gave to high priority to the functioning of HSRU and that HSRU is meant to act as a think tank which will help address core issues in the health sector in terms of policies and strategies, USAID TAUH organized a study tour for PD HSRU and its Coordinators and other senior officials of DoH Sind to HSRU Peshawar and Punjab Health Sector Reforms Program (PHSRP) in Lahore in April 2012.

HSRU was formally inaugurated by the Sind Health Minister on May 18, 2012 in Karachi in a function attended by officials of DoH Sind, representatives of USAID, WHO, the World Bank, implementing partners, diplomats and the media. The objectives of HSRU are:

- To establish a permanent institutional advisory body in health for the Government of Sind.
- To develop policy and sectoral strategy/framework in the health system.
- To provide technical support/backstopping to Department of Health for implementation and quality assurance.
- To extend technical support in addressing statutory ambiguity.
- To have a unit to assist DoH in organizational development/restructuring/smooth transition after 18<sup>th</sup> Amendment.
- Act as donor coordination unit for DoH for harmonization and optimum utilization of the available resources.



USAID TAUH, in close collaboration with WHO, has continued to provide on-going technical support to the HSRU until the end of the project. Such support included review of HSRU's Annual Work Plan; provision of technical direction and guidance to HSRU Coordinators; design of HSRU logo and advertising tagline; assessment of the role of the Provincial AIDS, TB, and Malaria Control Programs in the post-devolution scenario, etc, and assessment of measles outbreak in all provinces of Sindh.

After successfully formulating and disseminating the Health Sector Strategy (HSS), which would serve as the Master Plan for the DoH Sind for the next eight years, HSRU has been strategizing & prioritizing the post-devolution reform agenda. Recognizing that implementation of HSS implicates huge financial requirements which can be resolved by increased public sector spending as well as increased contribution from the development partners, USAID TAUH supported the efforts of HSRU to hold a donors' conference. (The conference was to be held in January 2013 but had to be postponed due to the worsening security situation in Karachi. It envisaged coordinated efforts to ensure there is no duplication of efforts in the following priority areas: HR management; special areas of focus (MNCH, nutrition, family planning, non-communicable diseases, communicable diseases,

gender-based violence); essential medicines; regulation; governance; and health care financing.

On the recommendation of USAID TAUH, HSRU has started to unpack the HSS for the remaining seven years with a clear overview of all its components. Thematic group meetings should be held to operationalize the Strategy in broader areas such as service delivery, integration, innovations, community services, capacity building, regulations, monitoring & evaluation, district health systems, etc. Also, specific templates are to be developed for feedback from donors to ensure that funding is generated for priority areas. USAID TAUH provided technical assistance to HSRU to develop these templates to be circulated to donors, including UN organizations, for their feedback.

### ***Achievements***

- The PC-1 for the establishment of HSRU was approved in a record time of 14 days.
- Recruitment of staff and HSRU operationalization.
- HSRU formally inaugurated by Health Minister Government of Sind on May 18, 2012.
- HSRU is now strategizing & prioritizing the post-devolution reform agenda.

### 3.2.3 Sind

#### Communication Strategy

##### *Technical Assistance Request*

USAID TAUH received a request from DoH Sind for “the development of Health Communication, Social Mobilization, and Advocacy Strategy” for Sind.

##### *Technical Assistance Activities*

After getting approval for the TA and TORs from USAID and DoH Sind, USAID TAUH hired an expert in the communication field to develop communication strategy in consultation with the Sind DoH.

The work on developing communication strategy was consultative and involved the relevant stakeholders. USAID TAUH began by organizing a brainstorming meeting in Karachi and a follow up consultative meeting in Hyderabad. The meetings were chaired by Director General Health Services (DGHS) and attended by representatives of the development section of DoH, all the provincial program managers, and development partners, including WHO, UNICEF, UNFPA, and NPPI. USAID TAUH consultant individually met stakeholders in both Karachi and Hyderabad. These meetings led to the preparation of a preliminary draft of the communication strategy which was first shared in a meeting in Islamabad with USAID, UNICEF, Save the Children, and Research & Advocacy Fund (RAF).



After incorporating the feedback received from USAID and development partners, USAID TAUH presented the draft of the communication strategy to DoH Sind and other stakeholders in a meeting in April 2012. Secretary Health Sind chaired the meeting and it was attended by DGHS, Project Director Health Sector Reforms Unit (HSRU), program managers, and representatives from USAID, UNICEF and USAID TAUH. The communication strategy was finalized in May 2012 and submitted to the DoH Sind.

In September, the Steering Committee of HSRU formally approved Health Communication, Social Mobilization and Advocacy Strategy in a meeting chaired by the Health Minister, Government of Sind.

The communication strategy proposed development of operational plans for all the vertical programs in Sind. The HSRU took the lead in the process of preparing operational plans. In this regard, USAID TAUH and its communication consultant worked with HSRU, the relevant staff of each vertical program (program manager, health education officer and relevant finance officer) and the Directorate of Health Education Sind to develop drafts of communication operational plans. Communication operational plans were prepared for the following eight programs: MNCH Program; Nutrition Program; LHW Program; EPI Program; TB Program; Malaria Program; HIV/AIDS Program; and Hepatitis Program. The drafts of communication operational plans were presented by the relevant program managers in a meeting held in July. The meeting was chaired by Project Director HSRU.

The communication strategy had recommended formation of a Provincial Communication Advisory Group (PCAG) for providing overall direction for the implementation of health education and communication messages in Sind. PCAG was constituted and notified in October 2012. The PCAG is constituted as follows.

1	Director General Health Services	Chairperson
2	Health Education Officers/Communication Officers of all Preventive Programs and PHDC	Member
3	Program Managers of all Preventive Programs	Member
4	Representatives from UN agencies and USAID who are providing financial support in Health Education and Communication activities in Sind	Member
5	Coordinator Health Sector Reform Unit Sind	Member
6	Members of NGOs who are involved in Health Education communication activities of DoH Sind (02 to 03 NGOs per year on rotation basis)	Co-opt Member
7	All Health Education Officers placed at EDO/DHO officers (on need basis)	Member
8	Deputy Director Health Education Cell at DGHSS	Secretary/ Member

The PCAG is 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 Sind (DGHSS) upon the recommendations of the PCAG.

All the relevant programs will get approval letters from Provincial Health Education Cell before they place the messages in the media.

## ***Achievements***

- The Steering Committee of HSRU, chaired by Health Minister Sind, formally approved the Health Communication, Social Mobilization, and Advocacy Strategy in September.
- Communication Operational plans formulated for the seven vertical programs.
- Provincial Communication Advisory Group (PCAG) has been notified and its chair and members nominated.
- PCAG will serve as a forum for USAID implementing partners to exchange information and ideas on communication and health advocacy.

### **3.2.3 Sind**

#### **Integration of National Programs**

##### ***Technical Assistance Request***

USAID TAUH received a request from Secretary Health Government of Sind to technical assistance “to develop evidence-based technical document on Integration of National Program for FP & PHC, MNCH, FP, EPI and nutrition”.

##### ***Technical Assistance Activities***

After getting approval from USAID for the TA, USAID TAUH hired consultant to develop a report on integration of programs, giving a background of the health status in Pakistan in general and of Sind in particular, with an overview of the overall health system and structure, as well as the structure of Sind public and private health sectors. The report shows the current condition of Sind reproductive, maternal, newborn and child health through health indicators and various programs operating in the province. The report, titled “Sind Reproductive, Maternal, Newborn and Child Health: Current Status, Opportunities and Impact of Integrated Primary Health Care Delivery”, was formally presented to Project Director HSRU and is to be used to advocate for integrating programs in Sind and to improve equity and coverage of services to minimize urban/rural disparities. The report makes the following 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 Sind 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 Sind. 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 recommended that a clear target for monitoring progress on key indicators be put in place. While this is traditionally achieved through household surveys (DHS and MICS), Sind should strive to strengthen the MIS and HMIS systems for rapid

and timely feedback at district level. This would allow for real time and timely planning obviating the need for modeling and projections.

In addition, USAID TAUH prepared a policy brief on improving family planning services in Pakistan in post-devolution scenario. The policy brief will be used as an advocacy tool for integration of health and population services at provincial level to maximize the service delivery and to improve the access to services and commodities.

### ***Achievements***

- The “Sindh Reproductive, Maternal, Newborn and Child Health: Current Status, Opportunities and Impact of Integrated Primary Health Care Delivery” report is being used for advocacy and will help the Government of Sindh decide which programs should be integrated and what will be the impact of integration.
- The report is context specific for Sindh and has formed the basis of integrated Health Sector Strategy.

### **3.2.3 Sind**

#### **Human Resource (HR) Strategy**

##### ***Technical Assistance Request***

In August 2011, USAID TAUH received a request from Government of Sind DoH to provide technical assistance in “human resource development in policies and management and job descriptions in view of post-devolution scenario”.

##### ***Technical Assistance Activities***

USAID TAUH hired two consultants, one HR specialist and the other public health specialist, to develop HR management component of the HR strategy. USAID TAUH also contracted with the Aga Khan University to conduct HR analysis of health facilities in all districts of Sind.

After approval of the TA request and TORs from USAID and DoH Government of Sind, the two consultants began their work in January 2012 using a consultative approach. They met individually with DoH officials, including Special Secretary Health, Additional Secretary (Admin), Director General Health Services, programs managers of the vertical programs in Sind and representatives of various development partners, including WHO, UNICEF, UNFPA and Technical Resource Facility (TRF). This was followed by USAID TAUH organizing a consultative meeting of the stakeholders in March to identify major HR issues and challenges that have arisen after the devolution and explore solutions to deal with these challenges.

After technical review and feedback from USAID TAUH, the consultants presented the draft of the HR component to officials of DoH, representatives of vertical programs and other stakeholders, including WHO, UNFPA, and AKU in a meeting in September. In the same meeting AKU presented the findings of the survey on human resource at public health facilities in 23 districts of Sind.

USAID TAUH and WHO worked together and in collaboration with HSRU to finalize the HR strategy and HR profile for Sind. WHO is working on preparing a comprehensive HRH Strategy report for DoH Sind and will incorporate in the report human resource management and situation analysis components developed with support from USAID TAUH. The salient features of the situation analysis for HR strategy are as follows.

- 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.
- Lady Health Workers were concerned about the lack of a clear system of supervision, unclear lines of authority and lack of staff recognition.

- 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.



### ***Achievements***

- The snapshot of HR status in Sindh helped in preparing HR profile of Sindh.
- USAID TAUH and WHO worked together and in collaboration with HSRU to avoid duplication of efforts. This is an excellent example of collaboration between development partners.

### 3.2.3 Sind

#### Strengthening Community Midwifery Initiative in Sind

##### *Technical Assistance Request*

USAID TAUH received a formal request from Government of Sind DoH to provide technical assistance for “strengthening community midwives in Sind through sustainable initiatives”.

##### *Technical Assistance Activities*

After the approval of the request and TORs from USAID and DoH Sind, USAID TAUH hired a consultant to start the process of developing a report on how to strengthen community midwives (CMWs) in Sind.

In January 2013, the consultant began her work by reviewing literature on community midwives and holding individual meetings with the 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 Sind. She also met with the Project Director Maternal, Newborn and Child Health (MNCH) Program in Sind to review the work plan to avoid duplication of efforts and work done by other partners in Sind. The consultant also did a situation analysis of: (i) current trainings, including classroom and practical trainings; (ii) capacity of training institutions; and (iii) deployment status of graduated CMWs in 20 districts of Sind.



After doing technical review of the first draft of the report, USAID TAUH shared the report with HSRU and MNCH Program for their review and feedback. USAID TAUH

shared the final draft of CMWs report with DoH and other stakeholders in September 2012. DoH Sind agreed to take up the recommendations of the report and start the process of preparing an operational plan for implementation. According to the Registrar Pakistan Nursing Council: "The Rules and Regulations for midwifery practice which are drafted at the national level should be reviewed and endorsed by the Government of Sind DoH." She also said that the role of Midwifery Association of Pakistan should be to adopt drafted rules and regulations of midwifery practice once endorsed by the Government of Sind DoH.

The Rules and Regulations for midwifery have been endorsed by the Sind Department of Health and have been shared with the Pakistan Nursing Council for its approval. 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. In light of the performatives developed, information was collected from 18 CMWs schools out of the 24 in Sind to identify gaps. Meetings were held with the principals of the schools to get their feedback and to develop action plans to improve performance of schools, with both short-term and long-term measures in mind. The main recommendations of the report are follows.

*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.

## ***Achievements***

- CMW initiative action plan prepared addressing the identified gaps.
- Department of Health Sind has endorsed the proposed Rules of Business for midwifery.
- Clarity in roles and responsibilities of Pakistan Nursing Council, Sind Department of Health and district management.

### **3.2.3 Sind**

#### **Assessment of Measles Outbreak in Sind**

##### ***Technical Assistance Request***

In January 2013, USAID TAUH received a request from DoH Sind to conduct a rapid assessment of measles outbreak in eight districts of Sind. This was followed by another request in February to conduct an assessment in all the 23 districts.

##### ***Technical Assistance Activities***

In January 2013, USAID TAUH and HSRU conducted a joint and rapid assessment of the recent measles outbreak in Sind. This led to a more comprehensive assessment in 23 districts of Sind. A team of nine consultants used qualitative and quantitative methods (interviews, review of available data, field visits) for the assessment. It was found that the reasons for measles outbreak included:

- Low coverage (15/23)
- Floods and inadequate POL (8/23)
- Internal migration and malnutrition (7/23)
- Polio days and lack of aware (5/23)
- Refusal and cold chain breakdown (4/23)
- HR issues, PPHI not proactive in outreach activities and political interference (2/23)

The assessment concluded that:

- There was a strategic disconnect between the provincial and district authorities.
- A routine immunization plan was needed for Sind.
- A vaccine logistic management system had to be in place.
- SOPs for vaccine receiving, storage, distribution and reporting needed to be prepared and implemented.
- Preparation of comprehensive quality assurance checklists.
- Refresher training on routine immunization for EPI staff at all levels in the province.
- Coordination mechanism between offices of EDOs (Health) and PPHI with clear roles and responsibilities.
- Quarterly review of vaccines logistics systems, transport, vaccine supply and distribution system, cold chain, planning process at district level, human resource issues, health information systems and coverage and challenges.

##### ***Achievements***

- Cold rooms are functional now and eight districts have district level cold rooms.
- Five vehicles have been purchased for transfer of vaccines.
- The DoH is in the process of preparing routine immunization strategy.

### **3.3 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. The following are the details.

#### **Child Survival Call to Action (CSC2A)**

For the Pakistan team participating in Child Survival Call to Action (CSC2A) meeting held in Washington, D.C., in June 2012, USAID TAUH organized a comprehensive preparatory meeting in June 2012. USAID coordinated with UNICEF to bring together the team members representing Pakistan, share the background material and information and lay down a plan on how to represent as a delegation so that they had a clear understanding on roles and responsibilities of each member, attending the summit, and recapturing following the summit. The participants were taken through “Countdown to 2015: Maternal, Newborn and Child Survival” sheet that had been shared with all the participants.

USAID TAUH also organized a follow up meeting in August 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.

#### **Management Options for Civil Hospital Jacobabad**

In March 2012, USAID TAUH, on the request of USAID, conducted an assessment to explore and present management options, including a discussion of the legal requirements and constraints, for Civil Hospital Jacobabad in Sind. This was part of improving primary and tertiary health care services for the poorest of Jacobabad district, including surrounding areas and the neighboring districts of Balochistan.

USAID TAUH’s technical team reviewed relevant literature on public and private sector hospital management, identified potential partners and developed tools and

questionnaire for assessment keeping in mind the context of the assignment and all aspects of the management options. The list of potential partners included foundations, private sector institutions, local community organizations, autonomous organizations managed through a board of directors and Government of Sind institutions. USAID TAUH held meetings with the following organizations in Islamabad, Karachi and Jacobabad.

1. Shaheen Foundation
2. Aga Khan Foundation
3. Liaquat National Hospital & Medical College
4. Memon Medical Institute Hospital
5. Indus Hospital
6. Zainab Panjwani Hospital
7. The Kidney Center
8. Tabba Heart Institute
9. HANDS
10. Christian Social Uplift Organization
11. Community Development Network Organization
12. Community Development Foundation
13. Citizen Welfare Forum
14. Shaheed Shahnawaz Memorial Social Welfare Organization
15. Sind Institute of Urology and Transplantation
16. Gambat Institute of Medical Sciences
17. Civil Hospital Jacobabad
18. Shahdadpur Institute of Medical Sciences
19. Peoples Primary Health Initiative (PPHI)
20. Sind Institute of Urology and Transplantation (SIUT)
21. Gambat Institute of Medical Sciences

### **Pre-Election Dialogue**

In the run up to expected national elections in 2013 in Pakistan, USAID TAUH organized pre-election dialogue with the main Pakistani political parties and the members of the Pakistani media. The objective of the dialogue was 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 involved 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.

The pre-election dialogue activities comprised four parts:

- (i) Three provincial and one federal health political advocacy meetings;
- (ii) RMNCH book;
- (iii) Engaging political parties; and
- (iv) Engaging the media.

### **Three Provincial and one Federal Health Political Advocacy Meetings**

USAID TAUH partnered with the Aga Khan University (AKU) to organize health political advocacy meetings at provincial and federal levels. 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 held with focus, in particular, on family planning, maternal health and nutrition and, in general, on governance issues related to health. 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, was held in Islamabad on January 10, 2013.

The meetings served as a 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, Sind, and Punjab were presented in meetings

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. In the four health political advocacy meetings, the experts and stakeholders identified programmatic and governance challenges and critical non-health factors in improving health of women and their children. These included issues related to lack of coverage, access and equity; financial instability; non-availability of adequate human resource; population growth; low allocations for health; lack of accountability for poor performance; weak inter-sectoral interventions and political interference. It was agreed that the health system can only be made responsive to local needs and result-oriented when it is based on values of fairness and social justice, accountability and transparency, participation and ownership. Moreover, there is need to address underlying factors such as poverty, under nutrition, improvement in female education and empowerment and removal of socio-cultural barriers related to health and care seeking.

### ***Achievements***

- Background papers were prepared and shared with the stakeholders on current status and opportunities for RMNCH in Khyber Pakhtunkhwa, Sind, and Punjab.
- These health political advocacy meetings identified the following six steps as way forward in accelerating progress towards achieving the targets of MDGs 4 and 5.
  - Create Political Will to make MNCH a National Priority
  - Address social determinants
  - Improve maternal and child nutrition
  - Strengthen LHW Program for MNCH promotion & community strategies for care in difficult areas
  - Promote basic EmONC and comprehensive EmONC
  - Strengthen vaccination strategies
  - Management innovation
  - Health manifestos

## **RMNCH Book**

The purpose of this activity was to undertake relevant national and provincial analyses in a systematic manner and develop specific chapters for compilation in the form of a book on reproductive, maternal, newborn and child health (RMNCH). The last systematic analyses of RMNCH and nutrition in Pakistan were done in 2002. It was published in 2003 in the form of a book titled “Maternal and Child Health in Pakistan: Challenges and Opportunities” and was edited by Dr. Zulfiqar Bhutta and published by Oxford University Press. That book is now considered a landmark publication in its field. The book to be published this year is titled “Reproductive, Maternal, Child Health & Nutrition in Pakistan: A Situational Analysis & Opportunities for Change”. It is being edited by Dr. Zulfiqar Bhutta and contains contributions from leading experts in their fields. The chapter details of the book are as follows.

1. Chapter 1: Health Systems in Pakistan
2. Chapter 2: Family Planning and Reproductive Health in Pakistan
3. Chapter 3: Adolescent Health in Pakistan
4. Chapter 4: Maternal Health in Pakistan
5. Chapter 5: Newborn Health and Survival in Pakistan
6. Chapter 6: Child Health and Survival in Pakistan
7. Chapter 7: Childhood Vaccination in Pakistan
8. Chapter 8: Maternal and Child Nutrition in Pakistan
9. Chapter 9: State of Reproductive, Maternal and Child Health in Pakistan: A Provincial Analysis

The expected date of publication of the book is June 2013.

## ***Achievements***

- The preface of the book has been signed by the five political parties which were engaged by USAID TAUH as part of pre-election dialogue. In the preface, these political parties acknowledge that for maternal, child health and nutrition to improve in Pakistan, unreserved and long-term support is needed across the political spectrum and that Pakistan’s public health problems are manifestations of its governance problems.

## **Engaging Political Parties**

USAID TAUH engaged the following five political parties to raise the profile of key public health and governance issues and advocate with them to prioritize health funding and governance:

- Pakistan Tehreek e Insaf (PTI)
- Pakistan People's Party (PPP)
- Awami National Party (ANP)
- Muttahida Qaumi Movement (MQM)
- Pakistan Muslim League (Nawaz) [PML-N]

Top tier leadership of these political parties attended the meetings. 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 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 leadership of these political parties welcomed the initiative of pre-election dialogue and the opportunity to interact with donors and international organizations. The political parties have shown their commitment, expressed in the meetings, in at least two very visible ways. The first, as mentioned above, is by putting down their signatures to the preface of the book “Reproductive, Maternal, Child Health and Nutrition in Pakistan: A Situational Analysis and Opportunities for Change” to be published by June this year.

## ***Achievements***

- The political parties have expressed their commitment through their respective party election manifestos to increase health allocations. This is for the first time that all the main political parties have specifically addressed allocations to health and have prioritized health and especially MNCH as an important component of their manifesto. For example:

- PML-N has committed to increase the health allocations to 2% of GDP
  - MQM has committed to increase the health allocations to 5% of GDP
  - PTI has committed to increase the health allocations to 2.6% of GDP
  - ANP has committed to increase the health allocations to 2-6% of GDP
  - PPP has committed to launch a mother and child health program and eradicate polio by 2018.
- Four things are reflected in the manifestos of these political parties, showing that pre-election dialogue with the five political parties made them more focus on health as compared to the past:
    - Increased health allocations
    - Zero tolerance for corruption
    - Shift of focus to PHC
    - Involvement of private sector

## **Engaging the Media**

This segment of the pre-election dialogue comprised two seminars with the media, one in Islamabad (held on November 3, 2012) and the other in Karachi (held on November 27, 2012). The aim of these discussions was to increase awareness and understanding of critical health issues in Pakistan among the electronic and print media leaders.

Both the meetings were attended by senior editors, key national columnists, prominent current affairs anchors, morning show hosts and health reporters, hosts of morning shows telecast on different TV networks, anchors of current affairs programs, health reporters, editors of regional media, columnists and social activists.

As a result of these advocacy meetings it became clear that the media had assumed that health a technical issue and 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.



## **Achievements**

- Many of the TV channels have recently aired what is being dubbed as the great debate on population and health, highlighting the population explosion and other health issues.
- The media gave prominent coverage to USAID TAUH's meeting with political parties as well the meetings with provincial and federal stakeholders.

### **Draft of 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 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.

### 3.4 Success Stories

#### Success Story 1

##### **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 Pre-election Dialogue is to raise the profile of critical public health issues—prioritizing the 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.



USAID TAUH worked closely with current affairs anchor Dr. Moeed Pirzada to engage main political parties; to raise the 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 held meetings with the top tier leadership of Tehreek e Insaf (PTI), Pakistan People’s Party, Awami National Party (ANP), Muttahida Qaumi Movement (MQM), and Pakistan Muslim League (Nawaz). Representatives of USAID, DFID, AUSAID, and GIZ also attended these meetings.

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 a “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, at the same time, engaged 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 2012, 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 also engaged 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, Karachi and Lahore. This activity culminated in a federal-level meeting in Islamabad, held on January 10, 2013.

The outcome of these health political advocacy meetings is being published in the form of a book titled “Reproductive, Maternal, Child Health and Nutrition in Pakistan: A Situation Analysis and Opportunities for Change”. The book contains contributions by leading authorities in their fields and has been edited by Dr Zulfiqar Bhutta. The expected date of publication of the book is June 2013.

In response to USAID TAUH advocacy efforts, the political parties have shown their commitment by putting down their signatures to the preface of the book “Reproductive, Maternal, Child Health and Nutrition in Pakistan: A Situational Analysis and Opportunities for Change” to be published by June this year and by increasing health allocations in their elections manifestos. The Pakistani media has been giving greater coverage to health issues as shown by the “great population debate” on Pakistan TV channels.

The political parties have expressed their commitment through their respective party election manifestos to increase health allocations. This is for the first time that all the main political parties have specifically addressed allocations to health and have prioritized health and especially MNCH as an important component of their manifesto

## Success Story 2

### USAID Helps Establish Health Sector Reforms Unit in Sind

On May 18, 2012, USAID and Sind Department of Health (DoH) jointly inaugurated the establishment of Health Sector Reforms Unit (HSRU) in Karachi. The establishment of HSRU is one of the more significant contributions of USAID in Sind. It not only reflects the strong commitment of the United States to improve the lives of the people of Pakistan but also the support USAID has been providing to the provincial health authorities in Sind after the devolution to reorganize the health sector, eventually leading to strengthening of health systems and improving delivery of services.

Improving the health of the people of Pakistan is one of the top priorities of the United States Government. Sind, the second most populous province of Pakistan, has a population of 55 million and at 2.8% the highest population growth rate. It has some of the poorest and most vulnerable districts of Pakistan. In Sind, USAID has funded new construction of a hospital and renovations at the two major maternal and general health facilities and upgrading drinking water and sanitation systems in Jacobabad.

USAID Technical Assistance Unit for Health (USAID TAUH) is striving to reform and strengthen the health system in Pakistan in a post-devolution operating environment. The timing of the establishment of HSRU in Sind was perfect: the devolution of health services to the provinces had been compromised because Sind does not yet have the financial and human resources to successfully take on the new responsibilities. In light of the request from Department of Health Sind for the establishment of HSRU, USAID TAUH provided support to DoH Sind in developing a concept paper and a strategic plan for health sector reforms in Sind.

USAID TAUH developed a planning document, called PC-1, for the establishment of HSRU in Sind through a consultative process. Normally it takes three to four months to get a PC-1 approved. That the PC-1 for the establishment of HSRU was approved in 14 days only showed the commitment and ownership of the DoH. In the words of the Secretary Health DoH Sind: "I can see that the Health Sector Reforms Unit will involve a number of strategies, policies, and interventions designed to strengthen the health system in a manner that will improve effectiveness, equity and access to quality health services, thus improving the life of the common citizen."

The Government of Sind links high priority to the functioning of HSRU. The allocation of funds and the nomination of Project Director and four coordinators are a reflection and endorsement by the Government of Sind of the importance of HSRU. USAID TAUH has also been providing technical assistance through its program staff and its specialist consultants to develop human resource strategy and sustainable community midwives initiatives. The HSRU Steering Committee has approved the "Health Communication, Social Mobilization and Advocacy Strategy" which was developed with technical assistance from USAID TAUH.

While speaking at the inauguration of HSRU, the Sind Health Minister, Dr. Sagheer Ahmed, said: "HSRU will act as a think tank and help design the health policy and strategy in Sind, improving the health of 55 million people." He said that the establishment of HSRU "will strengthen the partnership and coordination between national and international stakeholders".

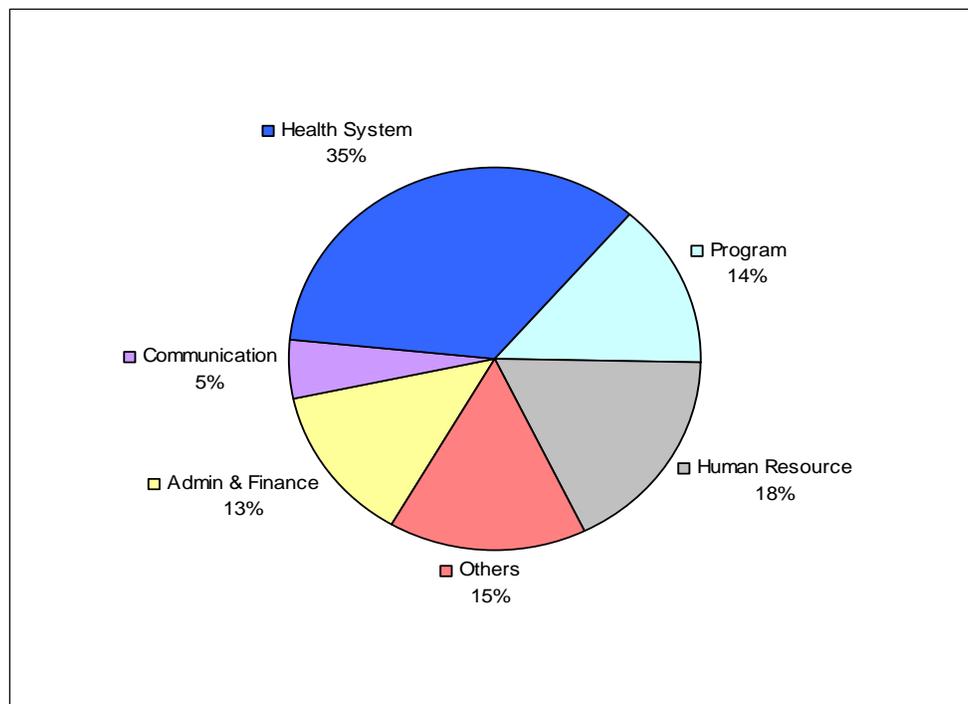
#### 4. Tracking and Reviewing Project Progress: Learning from Experience

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 the following pages, provides 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 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 192 CVs that USAID TAUH has in its database.



**Table 1: Summary of Intermediate Results for 2012**

Level	Indicators	PYO1 2011				PYO2 2012				Jan-Mar 2013	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	188	2906	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			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 PY02: 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 Sind (Mr. Qamar Siddiqui), Sind Reproductive, Maternal, Newborn and Child Health: current status, opportunities and impact of integrated primary care delivery (Dr. Zulfiqar Bhutta), Strengthening Community Midwifery in Sind through sustainable initiative (Mrs. Imtiaz Kamal), Report on Human Resource Management (Mr. Hassan Jafferri 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	0	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				Jan-Mar 2013	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	Completed	Completed	GFAT M	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											This TA valid after the finalization of health sector strategy.
	3.2.2	No of TA days utilized for integration of various PHC Programs		27	0	0	25	31	4			87	For preparing RH PC-I for Government of Punjab Health Department; QIPY02: Dr Zulfiqar Bhutta's report on integration of programs in Sind
	3.2.3	Technical reports of TA provided for integration of vertical PHC programs at provincial and district levels		1					1			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		1			1		1			3	RH PC-I for Government of Punjab Health Department; QIPY02: report on integration of family planning by Dr. Farid Midhat.
Intermediate Result 3.3	3.3.1	No of TA days utilized to prepare various strategies (HR, communication, procurement etc.) for evidence based	4	16	22	30	97	126	122	53	50	520	For preparing HSRU Sind PC-1, establishment of HSRU and ongoing TA, communication strategy, HR strategy, CMW initiative; Ongoing, includes USAID TAUH staff TA days only

Level	Indicators	PYO1 2011				PYO2 2012				Jan-Mar 2013	Total	Remarks	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
	implementation of PHC programs												
3.3.2	Integrated PHC Program implementation plan is available at provincial level											Linked to Health Sector Strategy DoH, Government of Sind	
3.3.3	Provincial M&E framework ready and approved												
3.3.4	Technical reports of TA provided for use of information by health managers and policy makers												
3.3.5	Technical reports of TA provided for need assessment for capacity building of the policy makers and managers												
3.3.6	Technical reports of TA provided for reviewing various training manual/ curriculum for enhancing capacity of health managers and policy makers			1		1					1		HSRU Sind PC-1. This TA has been modified.
<b>Intermediate Result 4</b>	4.1	No of TA days utilized to provide technical support directly to USAID/Pakistan Health Office		4	7	8	18	37	45	49	37	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			1	2	1	2	1	8	3	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 Financial Management

- ***Development of Financial Systems***

The financial management system was established and designed in the accounting software QuickBooks to record, track and report project expenditures to JSI head office in Boston. 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 with in the allocated obligation under the cooperative agreement. It maintained regular track of the disbursement/expenditure trends, monitored the cash flow requirements and provided financial information/reports for project management. The bank accounts in rupee and US dollars were opened in January 2011 and are being reconciled on monthly basis. There is not even a single discrepancy observed in the reconciliation statements since the opening of bank accounts. The first and second quarters were focused on designing and developing standard financial and administrative management manuals and instruments to support and manage the project operations.

The financial operations manual along with all reporting and tracking instruments were designed and developed. 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 provided 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 total of six modifications to the cooperative agreement was approved during the life of the project:

**Modification # 01:** This modification was made effective on July 05, 2011 to add the PakInfo clause in the cooperative agreement for the M&E reporting.

**Modification # 02:** This modification was made effective on September 14, 2011 to revise the program description of the cooperative agreement for mainly including the provision of institutional contracts with consultancy firms to provide technical assistance to Ministries and provincial health departments. The international travel table was revised to change the total number of available international trips from 22 to 35. The project budget was realigned to mainly incorporate the security enhancement budget and additional international trips with out changing the obligated amount and total project ceiling amount.

**Modification # 03:** This modification was made effective on December 21, 2011 to add "AMMONIUM NITRATE AND CALCIUM AMMONIUM NITRATE RESTRICTION" to the cooperative agreement under Attachment C of Standard Provisions.

**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.

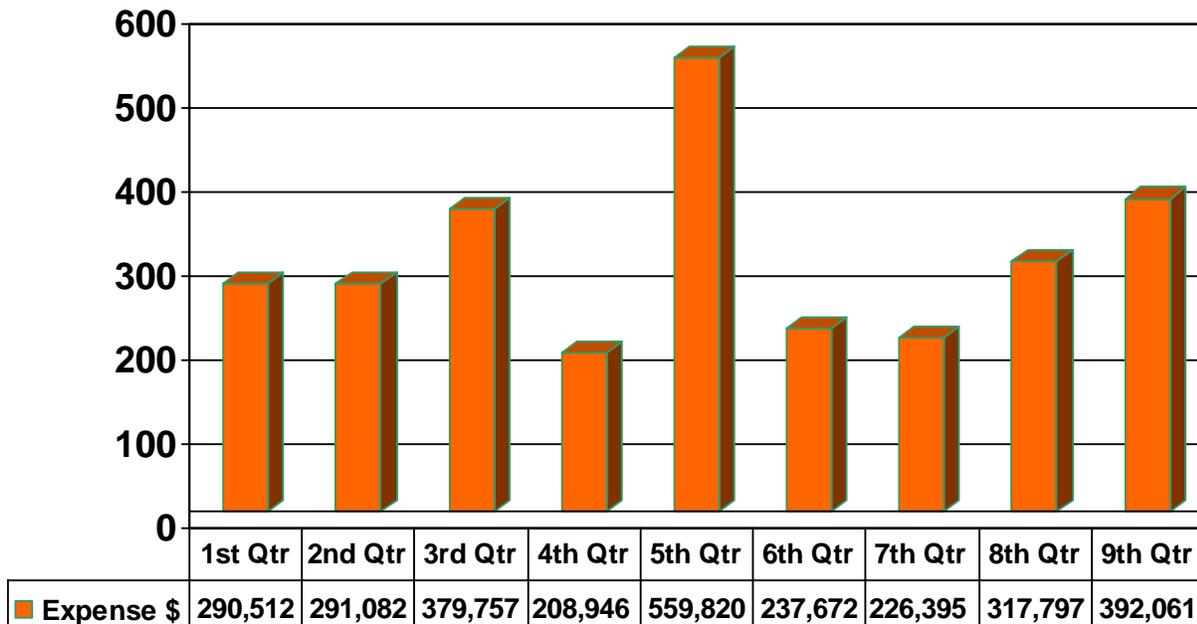
**Modification # 06:** This modification was made effective on November 11, 2012 to extend the contract completion date from January 13, 2013 to April 14, 2013.

- **Project Spending**

The approximately 1700 vouchers were reviewed, processed and reported to head office in Boston on monthly basis through the accounting software designed in QuickBooks.

- The total expense reported as of December 31, 2012 through SF 425 report is \$ 2,511,980.06.
- The financial accruals for the quarter ending March 2013 are \$ 392,061.00

The following table shows quarterly expenditure trend through to March 31, 2013:



## Pipeline Analysis

Sr. No.	Description	US\$
a	Cumulative Expenditures Reported through SF-425 as of December 31, 2012	2,511,980
b.	Accruals - January 01, 2013 through March 31, 2013	392,061
c	Total Expenditures (Estimated) through March 31, 2013 (a+b)	2,904,041
d	Projected Expenditures (Estimated) for April 01, 2013 to April 14, 2013	45,000
e	<b>Total Expenditures through to April 14, 2013 (c+d)</b>	2,949,041
f	Approved Budget	3,000,000
g	Remaining Budget (f-e) - (to be finalized with final report and updated NICRA)	50,959

As per the above pipeline analysis, the project is expected to report \$ 2,904,041.00 as cumulative expenses as of April 14, 2013.

The exchange rate for US dollar to Pak rupee has increased from 84.10 to approximately 97.1 during the life of the project.

### 5.2 Administration

- **Establishment of Project Offices**

- **Islamabad Office**

USAID Technical Assistance Unit for Health (TAUH) started its operations in Pakistan on January 14, 2011 from the office and equipment provided by USAID which was used for the USAID funded PAIMAN project, located at house 6, street 5, sector F-8/3, Islamabad.

- **Provincial Office- Punjab**

USAID TAUH established its Provincial office – Punjab on March 07, 2011 within the office premises of The Punjab Health Sector Reforms Program (PHSRP), located at 120 B, New Muslim Town, Lahore. The PHSRP provided office space for the project to manage its provincial activities. The Provincial office – Punjab was closed on August 22, 2011 and the project activities in the

province were suspended. The provincial office staff members were relocated to the Islamabad office on September 07, 2011 with the approval of USAID.

- **Hiring of Staff**

USAID TAUH started its operations with two senior staff members on the project key positions i.e. COP and Director Finance & Administration. The following staff members were hired on the position mentioned against each during the life of the project;

Sr. #	NAME	Designation	Date of Joining	Date of Leaving
1	Dr. Nabeela Ali	Chief of Party	20-Jan-11	14-Apr-13
2	Mr. Adnan Riaz	Director Finance & Administration	20-Jan-11	14-Apr-13
3	Dr. Shuaib Khan	Director Health Systems	01-Feb-11	14-May-12
4	Patrice M. White	Director Programs	13-Apr-11	30-Nov-11
5	Arjumand Ara	Program Assistant	26-Jan-11	15-Mar-13
6	Ahmad Nadeem	IT & Program Officer	26-Jan-11	31-Mar-13
7	Khudaija Arshad	Finance Officer	26-Jan-11	20-Jun-12
8	Akbar Ali	Administrative Officer	26-Jan-11	31-Mar-13
9	Farzana Kathreen	Receptionist	21-Mar-11	31-Jul-12
10	Sabeel Khan	Chauffeur	20-Jan-11	10-Apr-13
11	Ghazanfar Abbasi	Chauffeur	26-Jan-11	31-Mar-13
12	Masood Malik	Chauffeur	28-Mar-11	12-Jan-12
13	Muhammad Yousaf	Office Attendant	20-Jan-11	10-Apr-13
14	Dr. Fazal Mahmood Khan	Public Health Specialist	25-Feb-11	07-Feb-13
15	Zameer Haider	Finance and Administration Officer	21-Apr-11	25-May-12
16	Muhammad Ashraf	Chauffeur	04-Mar-11	15-Mar-13
17	Mohammad Arshad	Office Attendant	04-Apr-11	05-Sep-12
18	Dr. Iftikhar Mallah	Public Health Specialist	01-Jan-12	15-Mar-13
19	Sheeba David	Finance & Administrative Officer	28-Dec-12	28-Jun-12
20	Fazal Rehman	Chauffeur	10-Jan-12	15-Mar-13
21	Aamir Mallah	Office Attendant	20-Jan-12	15-Mar-13
22	Ejaz Ahmad	Chauffeur	26-Jan-12	15-Mar-13
23	Shahid Kamal	Monitoring & Communication Specialist	08-Feb-12	25-Mar-13
24	Hina Aziz	Finance Officer	13-Jun-12	10-Apr-13
25	Shiraz Waggan	Program and Administrative Officer	15-Jun-12	15-Mar-13
26	Sadia Ashraf	Receptions	13-Jul-12	15-Mar-13

- **Home Office Team**

A team of professionals at JSI home office in Boston provided continuous support to the project. The following staff members mainly contributed for the implementation of the project;

1. Dr. Theo Lippeveld as Technical Advisor
2. John Abbott as Finance & Operations Manager
3. Chanelle Lansley as Project Coordinator

- ***Safety & Security***

USAID TAUH started its operations from the premises used by USAID funded project PAIMAN. The inventory of PAIMAN project was transferred to TAUH by the Agreement Officer which includes the security equipment installed in the premises. The general posture of JSI office is purposely kept as normal as possible to gel in with the neighbor buildings and keeping security measures within the office premises. There is no sign board or any additional structure that shows a very high profile office. The setback of the premises is very good and the distance between the boundary wall and the building is approximately 30 feet and the operational offices (work stations) are also at the back side of the building providing reasonable distance from the boundary wall. The security audit was conducted by the professionals at the start of the project to revisit the security protocols in accordance with the security situation. The JSI Islamabad office had their physical security enhanced; a comprehensive security plan was developed and approved by USAID. The staff was provided orientation and training on safety and security and further trainings are planned. In addition, JSI assessed and monitor the security situation and has adapted its protocols accordingly. The staff members were informed of any risk and were advised for the safety and security measures. A close contact with the USAID – Partners liaison security office was maintained and participated in the routine security meetings.

- ***Development of Administrative Systems:***

USAID TAUH has developed the detailed Operations and Personnel Manual to manage its operations and provided a guideline to all staff members for the implementation of the project, understanding the administrative, personnel, financial, procurement and contracts management system/tools and its process. The communications protocol was also developed and shared with USAID and TAUH staff members.

- ***International Travel***

The Vice President of JSI's International Division and at the same time the senior advisor to the project has been closely involved since the inception of the program and has visited the project during the first quarter. Ms. Nicole, Director Finance also visited the project in the setting-up phase. The detail of international travel completed during the project period is attached as Annex 7.5. JSI has utilized and charged 11.5 international trips out of the approved 12 international trips.

- ***Contracts/Purchase Orders:***

A total of one hundred and thirty one contracts and purchase orders for supply of goods and services amounting to \$826,800.00 were issued during the project period. The list of Contracts/POs issued is attached as Annex 7.6.

## **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 Sind, Department of Health**

USAID TAUH coordinated with the Office of Secretary Health Sind, Director General Health Services Sind 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				Jan-Mar 13	Total	PYO1				PYO2				Jan-Mar 13	Total	PYO1				PYO2				Jan-Mar 13	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						458	40	46	14	16	2	2	3	7	2	132	108	309	95	62	2	2	3	7	2	590
IR 3.2	Punjab		57								57	13	82	17							112	13	139	17							169
	KP			84	212	160					456	2	7	26	40	22					97	2	7	110	252	182					553
	Sind		28	11	11	201	195	111	33	50	640	4	16	22	30	97	126	122	53	92	562	4	44	33	41	298	321	233	86	142	1202
	Sub-total		85	95	223	361	195	111	33	50	1153	19	105	65	70	119	126	122	53	92	771	19	190	160	293	480	321	233	86	142	1924
IR 3.3	Punjab		6								6	4	6	5							15	4	12	5							21
	KP			6	11						17		3	16	17						36		3	22	28						53
	Sind		5	5							10		5	10	10	8	4	5	6	7	55		10	15	10	8	4	5	6	7	65
	Sub-total		11	11	11						33	4	14	31	27	8	4	5	6	7	106	4	25	42	38	8	4	5	6	7	139
IR 4	Federal								45		45		4	7	10	23	41	45	41	37	208		4	7	10	23	41	45	86	37	253
<b>Total</b>		<b>68</b>	<b>359</b>	<b>187</b>	<b>280</b>	<b>361</b>	<b>195</b>	<b>111</b>	<b>78</b>	<b>50</b>	<b>1689</b>	<b>63</b>	<b>169</b>	<b>117</b>	<b>123</b>	<b>152</b>	<b>173</b>	<b>175</b>	<b>107</b>	<b>138</b>	<b>1217</b>	<b>131</b>	<b>528</b>	<b>304</b>	<b>403</b>	<b>513</b>	<b>368</b>	<b>286</b>	<b>185</b>	<b>188</b>	<b>2906</b>

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

IRs	Level	Name of the consultants	PYO1				PYO2				Jan-Mar 13	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. Zulfiqar 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	
	Sind	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. Zulfiqar Bhutta					25	31			56	
		Aga Khan University					10	10			20	
		Dr. Nisar Ahmad Solangi						71	74	30	175	
		Mr. Nasim Ahmad Khan									10	10
		Dr. Riaz Solangi									10	10
		Mr. Qamar-ul-Islam Siddiqui									10	10
		Dr. Sarshar Ahmed									10	10
		Dr. Huma Qureshi									10	10
IR 3.3	Punjab	Dr. Moazzam Khalil		3	Work completed					3		
		Dr. Zareef Uddin Khan		1	Work completed					1		
		Mr. Nasim Ahmad Khan		2	Work completed					2		
		Mr. Tanvir Baig			Work completed					0		
	KP	Mr. Abdul Hameed Afridi			2	4					6	
		Tahir Ijaz			3	5					8	
		Dr. Rafi Ullah Khan			1	2					3	
	Sind	Mr. Nasim Ahmad Khan		2	Work completed					2		
		Dr. Nasir Idrees		3	5	Work completed					8	
		Dr. Mahmood Iqbal Memon					Work completed					
Dr. Farid Midhat												
Mr. Qamar-ul-Islam Siddiqui												

IR 4	Federal	Aga Khan University-II								12	12
		Dr. Zulfiqar Bhutta								10	10
		Dr. Moeed Hassan Pirzada								5	5
		Dr. Mohsin Saeed Khan								18	18
		<b>Total</b>	<b>68</b>	<b>359</b>	<b>187</b>	<b>280</b>	<b>361</b>	<b>195</b>	<b>111</b>	<b>78</b>	<b>50</b>

Total Individual consultants	PYO1				PYO2				Jan-Mar 13	Total
	QI	QII	QIII	QIV	QI	QII	QIII	QIV	QI	
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	0	22	Work completed							22
Dr. Rashid Jooma	5	Work completed								5
Dr. Zulfiqar A. Bhutta	6	Work completed								6
Miss Shabnum Sarfraz		20	20	23						63
Imran-ul-Haq		15	22	23						60
Dr. Moazzam Khalil		27	Work completed							27
Dr. Zareef Uddin Khan		9	Work completed							9
Mr. Nasim Ahmad Khan		20	Work completed							20
Mr. Tanvir Baig		7	Work completed							7
Mr. Abdul Hameed Afridi			17	74	65					156
Tahir Ijaz			50	75	33					158
Dr. Rafi Ullah Khan			23	74	62					159
Mr. Nasim Ahmad Khan		8	Work completed							8
Dr. Nasir Idrees		25	10	Work completed						35
Dr. Mahmood Iqbal Memon			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
Mr. Nasim Ahmad Khan									10	10
Dr. Riaz Solangi									10	10
Mr. Qamar-ul-Islam Siddiqui									10	10
Dr. Sarshar Ahmed									10	10
Dr. Huma Qureshi									10	10
<b>Total</b>	<b>68</b>	<b>359</b>	<b>187</b>	<b>280</b>	<b>361</b>	<b>195</b>	<b>111</b>	<b>78</b>	<b>50</b>	<b>1689</b>

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

IRs	Level	Name of the consultants	PYO1				PYO2				Jan-Mar 13	Total
			QI	QII	QIII	QIV	QI	QII	QIII	QIV		
IR 3.1	Federal	Dr. Nabeela Ali	22	14	6	4	2	2	3	3	2	58
		Dr. Shuaib Khan	18	18	3	6	0					45
		Ms Patrice White		14	2							16
		Dr. Fazal Mahmood Khan			3	4				4		11
		Shahid Kamal										
		Zameer Haider				2						2
IR 3.2	Punjab	Dr. Nabeela Ali	4	10	2	Office closed in Punjab						16
		Dr. Shuaib Khan	3	14	2	Office closed in Punjab						19
		Ms Patrice White		2	2	Office closed in Punjab						4
		Dr. Fazal Mahmood Khan	3	32	9	Office closed in Punjab						44
		Mr. Zameer Haider	3	24	2	Office closed in Punjab						29
	KP	Dr. Nabeela Ali	2	4	6	9	2					23
		Dr. Shuaib Khan		3	8	5	4					20
		Ms Patrice White			2	0						2
		Dr. Fazal Mahmood Khan			6	18	10					34
		Shahid Kamal					1					1
		Zameer Haider			4	8	5					17
	Sind	Dr. Nabeela Ali	2	8	12	13	20	18	25	18	27	143
		Dr. Shuaib Khan	2	6	10	15	24	4				61
		Ms Patrice White		2								2
		Dr. Fazal Mahmood Khan				2	15	39	42	15	10	123
		Dr. Iftikhar Mallah					25	45	40	10	40	160
		Mr. Shahid Kamal					13	20	15	10	15	73
IR 3.3	Punjab	Dr. Nabeela Ali	2	2	2	Office closed in Punjab						6
		Dr. Shuaib Khan	2	2	2	Office closed in Punjab						6
		Ms Patrice White			1	Office closed in Punjab						1
		Dr. Fazal Mahmood Khan		2		Office closed in Punjab						2
		Mr. Zameer				Office closed in Punjab						0
	KP	Dr. Nabeela Ali		2	4	4						10
		Dr. Shuaib Khan			6	5						11
		Ms Patrice White		1								1
		Dr. Fazal Mahmood Khan			6	8						14
		Shahid Kamal										0
		Zameer Haider										0
	Sind	Dr. Nabeela Ali		3	5	6	3	3	5	6	7	38
		Dr. Shuaib Khan		2	5	4	5	1				17
		Ms Patrice White										
		Dr. Fazal Mahmood Khan										
		Dr. Iftikhar Mallah										
		Mr. Shahid Kamal										
IR 4	Federal	Dr. Nabeela Ali		2	4	6	7	16	20	22	20	97
		Dr. Shuaib Khan		1	1	2	5	4				13
		Ms Patrice White		1	1							2
		Dr. Fazal Mahmood Khan			1	2	6	5	5	1		20
		Shahid Kamal					5	16	20	18	17	76
		Zameer Haider										0
	<b>Total</b>	<b>63</b>	<b>169</b>	<b>117</b>	<b>123</b>	<b>152</b>	<b>173</b>	<b>175</b>	<b>107</b>	<b>138</b>	<b>1217</b>	

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

Total Individual staff	PYO1				PYO2				Jan-Mar 13	Total
	QI	QII	QIII	QIV	QI	QII	QIII	QIV		
Dr. Nabeela Ali	32	45	41	42	34	39	53	49	56	391
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	10	248
Mr. Zameer Haider	3	24	6	10	5					48
Dr. Iftikhar Mallah					25	45	40	10	40	160
Mr. Shahid Kamal					19	36	35	28	32	150
<b>Total</b>	<b>63</b>	<b>169</b>	<b>117</b>	<b>123</b>	<b>152</b>	<b>173</b>	<b>175</b>	<b>107</b>	<b>138</b>	<b>1217</b>

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 March 31, 2013

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"> <li>• Assist Health Policy Advisor in human resource management</li> <li>• Review the human resource requirement of the Federal Health Unit which will be established after devolution</li> </ul>	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"> <li>1. Review all Federal and Provincial Govt laws related to health</li> <li>2. Identify the laws which have no relevance after the devolution of Ministry of Health to the provinces</li> <li>3. Identify and advice how provinces will adopt certain federal laws</li> <li>4. Identify laws requiring repeal if required</li> <li>5. Advice federal government for new laws if required</li> </ol>	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"> <li>• Health and Nutrition Situation in Pakistan &amp; Issues following 18th amendment and the recent Floods</li> <li>• Immunization strategies for Pakistan and the post 18th amendment scenario</li> <li>• Maternal, newborn and child health in Pakistan and issues of relevance post 18th amendment.</li> </ul>	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	Sind	Department of Health Govt of Sind	IR 3.1	25-Apr-11	10-Jun-11	30	Lead Consultant for Technical Assistance to the Government of Sind for the preparation of technical part of the PC-I for the establishment of Health Policy and Reforms Unit (HPRU) Department of Health Sind.	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	Sind	Department of Health Govt of Sind	IR 3.2	15-Sep-11	30-Oct-11	20	Technical expert to collect data on budget, DHIS, EPI MIS and LHW MIS from Sind 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	Sind	Department of Health, Sind	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	Sind	Department of Health, Sind	IR 3.2	22-Dec-11	20-Apr-12	36	Technical Advisor to Draft a Communication Strategy for the Health Department, Government of Sind	Completed
21	Hassan Jafferie	Sind	Department of Health, Sind	IR 3.2	17-Jan-12	30-Sep-12	80	Senior Human Resource Development Expert for developing HR Strategy of Health Department, Government of Sind	Completed
22	Dr. Riaz Hussain Solangi	Sind	Department of Health, Sind	IR 3.2	17-Jan-12	30-Sep-12	60	Public Health Expert for developing HR Strategy of Health Department, Government of Sind	Completed
23	DR-SIR (Pvt) Ltd	Sind	Department of Health, Sind	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	Sind	Department of Health, Sind	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	Sind	Department of Health, Sind	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 Sind, Health Department	Completed
26	Aga Khan University	Sind	Department of Health, Sind	IR 3.2	15-Mar-12	30-Apr-12	30	Situation Analysis of Public Health Facilities for Human Resource Strategy for the Government of Sind	Completed
27	Dr. Nisar Ahmad Solangi	Sind	Department of Health, Sind	IR 3.2	9-Apr-12	8-Nov-12	175	Coordinator HSRU, Sind	Completed
28	Shaikh Muhammad Saif ud din	Sind	Department of Health, Sind	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	Sind	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	Completed
30	Dr Zulfiqar Bhutta	Sind	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 and publication	Completed
31	Dr. Moeed Hassan Pirzada	Federal	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 five meetings with major political parties.	Completed
32	Dr. Mohsin Saeed Khan	Sind	Department of Health, Sind	IR 3.2	19-Oct-12	7-Dec-12	18	Literature review related to (HIV, AIDS, TB and Malaria. Review PC-1, Meeting with Program Managers, HIV Concept paper for GFATM	Completed
33	Mr. Naseem Ahmed Khan	Sind	Department of Health, Sind	IR 3.2	22-Feb-13	10-Mar-13	10	To assess the reason for measles outbreak in Sind and suggest a way forward for strengthening routine immunization in Sind	Completed

Sr. #	Name of the consultant	Area of TA	TA Provided To:	IR	Start Date	Expected end date	LOE (Days)	Primary Task	Status
34	Dr. Riaz Hussain Solangi	Sind	Department of Health, Sind	IR 3.2	22-Feb-13	10-Mar-13	10	To assess the reason for measles outbreak in Sind and suggest a way forward for strengthening routine immunization in Sind	Completed
35	Mr. Qamar Ul Islam Siddiqui	Sind	Department of Health, Sind	IR 3.2	22-Feb-13	10-Mar-13	10	To assess the reason for measles outbreak in Sind and suggest a way forward for strengthening routine immunization in Sind	Completed
36	Dr. Sarshar Ahmed	Sind	Department of Health, Sind	IR 3.2	22-Feb-13	10-Mar-13	10	To assess the reason for measles outbreak in Sind and suggest a way forward for strengthening routine immunization in Sind	Completed
37	Dr. Huma Qureshi	Sind	Department of Health, Sind	IR 3.2	22-Feb-13	10-Mar-13	10	To assess the reason for measles outbreak in Sind and suggest a way forward for strengthening routine immunization in Sind	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	1/7	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.	2/1	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	2/2	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.	2/4	1.00	.50

13	John Abbott	18-Mar-13	27-Mar-13	USA-PAK-USA	JSI-Boston	Finance Manager	Assistance in final project close-out.	2/3	1.00	0.50
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**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 2013-March 2013

Sr.	Contract No.	Effective Date	Vendor	Item(s)	Total Cost (PKR)
1	049-13-JSI-CA-NAK-(02)	22-Feb-13	Nasim Ahmad Khan	Consultant Agreement	308,000.00
2	050-13-JSI-CA-RHS-(02)	22-Feb-13	Dr. Riaz Hussain Solangi	Consultant Agreement	350,000.00
3	051-13-JSI-CA-QIS-(02)	22-Feb-13	Qamar-ul-Islam Siddiqui	Consultant Agreement	220,000.00
4	052-13-JSI-CA-DSA(02)	22-Feb-13	Dr. Sarshar Ahmad	Consultant Agreement	200,000.00
5	053-13-JSI-CA-DHQ-(02)	22-Feb-13	Dr. Huma Qureshi	Consultant Agreement	388,000.00
6	054-13-JSI-MPP-(02)	26-Feb-13	M/s. Pictorial Printers (Pvt.) Ltd.	Printing of reports/books	513,620.00
<b>TOTAL</b>					<b>1,979,620.00</b>

### List of Purchase Orders January 2013-March 2013

Sr. #	PO #	Date	Vendor	Item(s)	Amount (PKR)
1	067-2013	4-Jan-13	M/s. Toyota Islamabad Motors	Repair of JSI Toyota Car JJ196	106,600
2	068-2013	4-Jan-13	M/s. Raza Khan Tours	Rental Vehicle for National Program MNCH Sind	226,000
3	069-2013	1-Feb-13	M/s. Greaves Pakistan Pvt. Ltd.	Generator Service, Oil and Oil Filter	24,666
4	070-2013	1-Feb-13	M/s. Electroline	UPS Repair	41,520
5	071-2013	5-Feb-13	M/s. Allied Stationers	Stationery for office use	28,840
6	072-2013	15-Feb-13	M/s. Interflow Communications Pvt. Ltd	Advertisement of Final Notice in Newspaper	51,405
7	073-2013	21-Feb-13	M/s. Z. Com Autos	Tyres for JSI Karachi Vehicle	33,000
8	074-2013	1-Mar-13	M/s. Electroline	Toners for HP Printer	104,960
9	075-2013	7-Mar-13	M/s. Rawal Car Master	Replacement of Front Axle Repair of JSI's Vehicle JJ-196	26,600
10	076-2013	7-Mar-13	M/s. Allied Business Products	Repair and Replacement of parts of photocopier	17,700
11	077-2013	26-Feb-13	M/s. Raza Khan Tours	Vehicle Rental Services for Survey Activity in Sind	301,000
12	078-2013	26-Mar-13	M/s. Glad Stone	Paint & Repair Work at JSI Islamabad Office	667,000
<b>Total</b>					<b>1,629,291</b>