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**PAKISTAN CHILD SURVIVAL PROJECT
TRIP REPORT**

**Pakistan Child Survival Project
Management Sciences for Health
Contract 391-0496-C-00-0769-00**

**Jiana R. Silimperi
September 30, 1993**

PCSP Consultancy Trip Report

Pakistan Child Survival Project
Islamabad, Pakistan

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Trip Report: Pakistan Child Survival Project, Islamabad
Dates In-country: June 27 - July 14 and July 21 - July 23, 1993
September 19 - 30, 1993

1. *Purpose of Visit:*

JUNE-JULY

- * To assist in the preparation for the End of Project Evaluation;
- * To participate in the Evaluation presentations and discussions;
- * To develop and initiate the procedures and processes for demobilization of the provincial offices and the central office according to the agreed upon framework and time schedule (see attached);
- * To oversee the beginning of the Project demobilization process including personnel and financial issues, and the physical transport of documents;
- * To assist the Training Advisor as requested in the preparation of end-of-tour reports;
- * To prepare the outline and initiate development of the End of Project Report.

SEPTEMBER

- * To assist in the preparation and implementation of the PCSP Communications Seminar;
- * To prepare the PCSP End of Project Report;
- * To perform the final activities to formally close the MSH Contract of the PCSP including: office procedures and accounts, personnel issues, and debriefings with the Government of Pakistan and USAID.

2. *Specific Activities\Accomplishments:*

JUNE-JULY

Prepared and organized materials for the Evaluation Team including lists of key documents for each component and overall Project resource documents;

Prepared overheads for: Program Planning and Management; Communications; Drugs and Logistics, and Research; and assisted GOP counterparts in the preparation of their Evaluation presentations;

Met with and oriented the Evaluation Team; participated in presentations and discussions;

Developed outline of activities for provincial office demobilization including: the organization/distribution of materials, documents, and diskettes; presented demobilization steps for Provincial Offices at final Full Staff Meeting; worked with central staff and JBL to develop specific instructions for all offices to follow;

Organized meetings with USAID and GOP to finalize agreements regarding transfer of office equipment, computers, vehicles...; developed action list for each organization to complete in order to maintain timely demobilization;

Developed outline for End of Project Report and obtained consensus regarding contents;

Met with National Program Managers for ARI and Nutrition to discuss follow up of PCSP activities through other GOP programs and other donors (in particular, World Bank Nutrition Project);

Met with Unicef and ADDR representatives to discuss assistance for National ARI investigators involved in Cotrimoxazole Trial to complete associated manuscripts;

Met with Prof Ansari and Aga Khan Dept of Community Medicine Chairperson to encourage the use of PCSP Integrated Child Survival Training Curriculum in the Family Health Project's training;

Met with World Bank and GOP Planning Dept to discuss sustainability of PCSP through World Bank endeavors and PC-1 development;

Developed plans for Communications Seminar;

Initiated plans for Evaluation Report Debriefing to include provincial and national DGs, Health, GOP counterparts and PCSP Project Directors;

Field visit to Sindh Training Committee Meeting (2 days).

MEETINGS: noted above

USAID; GOP-BHSC; GOP ARI Coordinator; GOP Nutrition Coordinator; GOP Planning Dept.; UNICEF Medical Officer; WHO PHC Medical Advisor; World Bank -Family Health Project Advisor; ADDR Advisor; Network for Rational Use of Drugs Advisor.

SEPTEMBER

Developed overheads for Communications Seminar, including those for the Component presentation, the mass media and the IPC presentations; assisted speakers in preparation of their presentations;

Assisted in the logistical preparation for PCSP Communications Seminar; provided administrative and technical assistance during the Seminar;

Edited the Communications Manual for publication;

Assisted in the preparation of the Seminar Proceedings and Report;

Edited sections and wrote the remaining portions of the PCSP End of Project Report,

including the development of appendices (both general and component specific); finalized complete draft of final report and circulated to GOP, USAID and PCSP;

Performed end of Project debriefings with GOP-BHSC and USAID;

Concluded office closure procedures for MSH Contract, including financial review and associated arrangements for full closure of accounts as well as final shipping of materials to Boston;

Conducted closure ceremony for remaining PCSP staff and GOP.

3. *Specific Follow-up Activities:*

I. MSH/Boston Actions:

1. Perform one final edit of Report and send for printing.
2. Follow up with Khalid in 7-10 days to finalize financial accounts and close bank.
3. Write requested letters of recommendation.
4. Complete trip reports and PCSP Consortium Minutes.
5. Distribute End of Project Reports.
6. Write closure letters to GOP - National and Provincial colleagues.
7. Follow up Cotrimoxazole manuscripts; edit and provide comments.
8. Outline training manuscripts and case study.
9. Perform brown bags at MSH featuring PCSP Accomplishments; include in MSH Annual Report.

II. PCSP Actions:

1. As directed, insert original figures and make final format edits of Final Report (including insertion of pictures) and send to printer; once completed, disseminate to GOP and to USAID, as well as to MSH/Boston which will send to other subcontractors.
2. Obtain Communications Manual and disseminate.
3. Pay all final bills and send MSH/Boston a final statement of accounts; bank account to be closed in November when DRS returns.

PCSP Communications Component - Overview

Objectives

1. Mass-Media Communication
 - To create and disseminate Health Education and Communication messages to mothers with children under five.
2. Interpersonal Communication
 - To train Government Health Care Providers in counseling and interpersonal communication to improve their interactions with mothers.
3. Public-Private Sector Cooperation
 - To introduce and reinforce the use of existing commercial resources for communication and research to complement and assist the public sector.

HEALTH EDUCATION & COMMUNICATION STRATEGIES

Multi-media effort combining:

- Radio
- TV
- Interpersonal Communication (IPC)

Guiding Principles of HEC in PCSP

Focus on:

- high profile
- high impact intervention
- with demonstrated sustainability

1. Social Marketing

- Research Based Targets
- Pretested Messages

2. Mixed media (Mass Media + Interpersonal Communication)

3. Entertainment

- Blend educational messages with popular entertainment

4. Public-Private Sector Cooperation

5. Coordination of International Donor Efforts

1. Creative Briefs

Breastfeeding and Nutrition
CDD, EPI & ARI

- Neelam Ghar and Radio Drama messages developed from Creative Briefs
- 100 copies distributed to media and performing arts

2. PCSP Quiz on Neelam Ghar Program "*Nanhi Jan Salammat*"

- 26 programs telecast:
Phase 1 — March to September '92
- Tracking research conducted to gauge audience response; completed in May '92 and used to improve program

- Post transmission audience research conducted in November '92
Research findings provided basis for continuation of program
 - Program resumed in January '93
26 programs telecast:
Phase 2: Jan-Sep '93
3. Radio Drama
- 52 weekly programs produced in six languages (10 stations)
 - Tracking research conducted to gauge audience response
 - Tracking findings utilized for program improvements
4. Breast Feeding and Nutrition Flip Chart
- Developed, pretested and produced flip chart
 - 1,000 copies distributed through PCSP offices and UNICEF
 - Additional 1,000 copies produced through J&J resources
 - Use of flip chart by Punjab Breastfeeding Steering Committee
 - 9 Posters developed by UNICEF based on the Flip Chart and displayed in Baby Friendly Hospitals
5. IPC Curriculum
- Curriculum Modules Developed and Field Tested for:
 - Supervisors
 - MOs
 - Paramedics
 - IPC Training Implemented for:
 - Supervisors
 - MOs
 - Paramedics
- Through PCSP Integrated Child Survival Training Component



6. Children's Week

Produced:

- Poster
- Video / Song
- School Play
- Press Advertisement
- Media Coverage

7. TV and Radio Spots

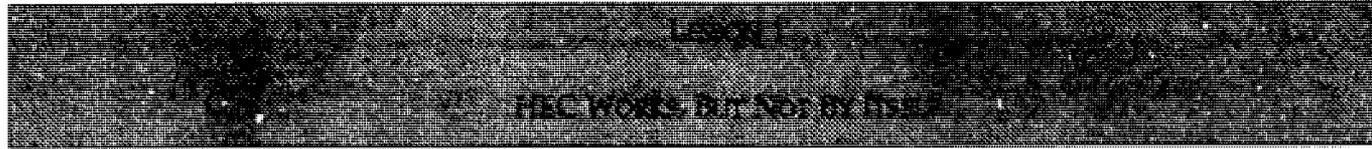
Produced and Aired on Child Survival Interventions:

- CDD
- EPI

SUMMARY OF PRODUCTS

1. Creative Briefs (2)
2. TV Programmes (Neelam Ghar) (52 episodes)
3. Radio Dramas (52 episodes)
4. Flip Charts (2,000 copies)
5. IPC Curriculum Modules Developed:
 - Supervisor (1)
 - MOs (1)
 - Paramedics (1)
6. Manpower Trained:

— Supervisors	92
— MOs	619
— Paramedics	326
— Trainers(includes 25 HEOs)	303
T O T A L	1,340
7. Television and Radio Spots
 - PTV & STN (158)
 - Radio (18 stations) (18,378)

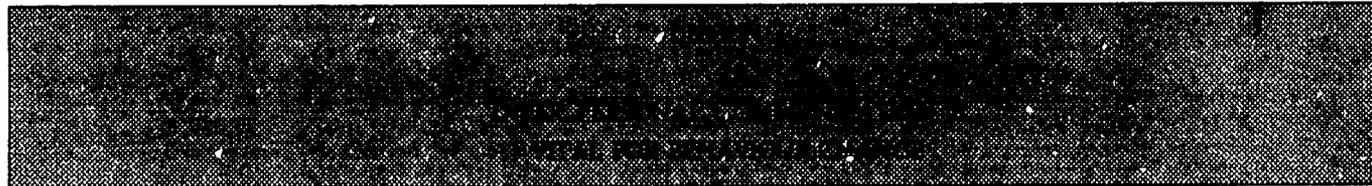


It can help increase:

- Immunization coverage
- Use of ORT
- Healthy breast feeding practices

It must be accompanied by:

- Available services
 - ORS
 - immunization
- Conducive environment



- PHES Survey found IPC to be the preferred source of information
- Therefore, development of HEC skills in health providers is essential



LESSON 4
HEALTH EDUCATION & COMMUNICATION NEEDS TO BE SUSTAINED IN ORDER TO MAINTAIN NEW BEHAVIORS

GOP's EPI Programme has demonstrated a correlation between HEC inputs & behaviours.

LESSON 5
AN HEC PROGRAMME HAS GREATER CHANCE OF SUCCESS IF IT INVOLVES PUBLIC AND PRIVATE SECTOR AGENCIES

Federal Advisory Group on Communication (FCAG)

Advertising Agencies

Research Agencies

Federal Child Survival Program Managers

LESSON 6
HEC INCLUDES THE COLLABORATION OF DIVERSE HEALTH PROGRAMME MANAGERS

EPI

ARI

CDD

Nutrition

LESSON 7
HEC SHOULD NOT IMPOSE HEALTH MESSAGES ON PEOPLE

FUTURE CHALLENGES

1. Improvement and Sustainability of PCSP Communication Activities
2. Institutionalization of HEC Capacities:
 - Training
 - Research
 - Monitoring and Evaluation
 - Media Production
 - Allocation of More Funds

PCSP - IPC

ROLE OF IPC IN PCSP

Interpersonal Communication Can Help:

- Deepen Understanding Begun by Mass Media;
- Provide a Forum for the Discussion of Personal and Individual Questions Which Cannot be Answered by Mass Media;
- Offer Personal Encouragement Not Possible Through Media

IPC ACTIVITIES

Development of IPC as Part of Integrated Child Survival Training Curriculum:

1. Creation of 3 IPC Modules (Supervisors, MOs, Paramedics)
 - RUI Model - Rapport
Understanding
Influence
2. Incorporation of IPC Principles with Subject Specific Modules (i.e. CDD, EPI)

HEALTH PROVIDERS TRAINED IN IPC

1340 Health Providers Trained in IPC:

- Medical Officers
- Paramedics
- Supervisors
- Health Education Officers

COMMUNICATION

Learning Objectives For Increased Knowledge and Understanding:

1. State Importance of Communication for Effective Supervision.
2. List Three Essential Skills for Communication.
3. List Skills Required for Establishing Rapport.
4. List Skills Required for Establishing Understanding.
5. List Skills Required for Establishing Influence.
6. Compare Similarities and Differences in Communication Between Health Service Provider and Mother and Between a Supervisor and Supervisee.

THREE KEY ELEMENTS OF COMMUNICATION

Rapport

Understanding

Influence

SKILLS AND ATTITUDES NEEDED TO ESTABLISH RAPPORT

- Greeting the Person With Warmth and Acceptance.
- Giving Your Full Attention.
- Using Appropriate Language.
- Showing Respect and Patience.
- Being Pleasant.

**SKILLS AND ATTITUDES
NEEDED TO ESTABLISH
RAPPOR (contd.)**

- **Showing Concern and Interest.**
- **Sending Positive Nonverbal Messages.**
- **Avoiding Judgmental Responses.**
- **Acknowledging the Feelings of Others.**

**SKILLS AND ATTITUDES
REQUIRED FOR
UNDERSTANDING**

- **Listening with Concentration.**
- **Avoiding Interrupting.**
- **Appreciating the View of the Other Person.**
- **Asking Questions in a Manner that Encourages the Other Person to Respond.**
- **Eliciting Information from the Mother About Changes in the Child's Health Status.**
- **Avoiding "Yes" or "No" Questions.**
- **Asking Checking or Probing Questions.**

**THE SKILLS AND
KNOWLEDGE REQUIRED
FOR INFLUENCING**

- **Having Up-to-Date Information on Standard Treatment Guidelines and Preventive Methods.**
- **Acknowledging and Appreciating the Mother for Appropriate Steps She has Taken for the Health of her Child.**
- **Speaking Directly but Calmly to the Mother (or other person).**

**THE SKILLS AND
KNOWLEDGE REQUIRED
FOR INFLUENCING
(contd.)**

- Being Specific Rather than General.
- Using Language that the Mother can Understand.
- Reviewing the Advice and Asking the Mother to Repeat the Desired Actions (Checking That the Other Person Understands).
- Providing Key Information in Writing.

**RECOMMENDATIONS FOR
FUTURE IPC
ACTIVITIES**

1. **Develop a Limited Number of Key Messages for Each Intervention**
2. **Design Secondary Messages to Complement Key Messages**
3. **Develop Strategies Targeting Specific Sub-Populations**
4. **Utilize a Variety of Communication Techniques**
5. **Keep Proper Records of Individual Counselling to Assure Follow up and Continuing Education**
6. **Strengthen Supervision and Guidance for Health Educators**

ROLE OF MASS MEDIA IN RFP

Mass Media can:

- ☛ Present new information
- ☛ Dramatically increase awareness of a new idea
- ☛ Promote a positive attitude among viewers and listeners
- ☛ Be a major influence effecting habit change

MASS MEDIA ACTIVITIES

Creative Briefs

TV Quiz Show *Neelam Ghar*

Radio Drama Serial *Ghar Aya Mehmaan*

Breastfeeding Flip Charts

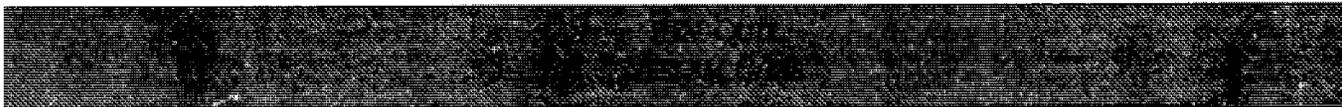


Purpose: To present the media with technical information about child survival interventions and the target audience's knowledge, attitudes, and practices (KAP) easy to understand language.

Nature of Materials Assembled: Qualitative research on KAP; interviews with medical experts.

A Joint Product of Private and Public Sector Expertise

Reference Guide on 4 Child Survival interventions for Media & Performing Arts Professionals



Rationale

Cost Effective

A blend of Mass Media & Interpersonal Communication

Neelam Ghar Management

Creative Management of Messages:

- Messages based on Creative Briefs
- Review by MOH, USAID, and PCSP for technical accuracy

On-air for 4 Quarters:

Quarters 1 & 2 —
March '92 to September '92

Quarters 3 & 4 —
January '93 to September '93

Messages seasonally timed



RTV QUR
NEELAM GHAR

Topics of Some Primary Messages Telecast

Use of ORS

Signs of Dehydration

Exclusive Breastfeeding

Use of Colostrum & Early Initiation

Rational Use of Drugs in ARI/CDD

Signs of Pneumonia

Need for Antenatal Care

Research

Conducted tracking research to gauge feedback regarding *Neelam Ghar*

Conducted post transmission impact analysis research of *Neelam Ghar*

After impact analysis, resumed *Neelam Ghar* for another 26 programs till September '93

Key Features of Tracking and Audience Research

56% of the target audience watched *Neelam Ghar*

72% of these reported change in behaviour in child rearing practices

99% said YES to continue *Neelam Ghar*



Lessons Learned

- ☛ Focus on a few key messages
- ☛ Provide culturally appropriate messages
- ☛ Use celebrity endorsement for messages
- ☛ Place messages in strategic order
- ☛ Have larger research samples
- ☛ Involve private sector in sponsoring health communication
- ☛ Pay attention to accuracy, consistency and presentation of messages

RADIO DRAMA SERIES
"GHAR AYA MEHMAAN"

Rationale

Radio Dramas Provide:

Entertainment

Dramatic Presentation of Messages

Elaboration of Messages

Program Management

Pretested drama pilot

52 weekly episodes of *Ghar Aya Mehmaan* in six languages from 10 stations

4 Child Survival Interventions addressed in *Ghar Aya Mehmaan*

Research

51% of the target respondents owned radios

40% of the owners listened to the radio

28% of the listeners tuned in to our drama

Lessons Learned

- ☛ Increase promotion of radio drama on TV to recruit wider audience
- ☛ Advertise timings in regional languages
- ☛ Special attention required to assure accuracy, consistency and clarity of intervention messages
- ☛ Have larger research samples
- ☛ Conduct frequent audience research surveys

DEVELOPING FLIP CHARTS**Purpose:**

- To be used by health care workers to strengthen the interpersonal communication with pregnant and lactating women.
- To promote exclusive and early initiation of breastfeeding.

Text of the Flip Chart based on NBSC, UNICEF, WHO materials, qualitative research available

Text and illustrations pretested in a finished form

Pretesting results incorporated in the final product & produced

1,000 copies produced and distributed through PCSP offices

UNICEF developed and produced 9 posters out of Flip Chart illustrations

**Inputs of Qualitative BF
Research in the Flip Charts**

A surprising number of women, especially in urban areas, make the decision during their pregnancy to breastfeed and/or to use supplements to breastmilk early

Counselling about breastfeeding during any contact between a health care provider and a pregnant woman should be mandatory

GENERAL MASS MEDIA LESSONS LEARNED

- Cooperation and collaboration with professional and donor agencies necessary
- Mass media strategies most effective when regionalised
- Potential of private production/transmission sources merits examination

PROPOSED OUTLINE OF FINAL PCSP REPORT

- I. Background
 - Historical precedent - Primary Health Care Project
 - Preparation of PCSP - negotiation and approval process
 - Consortium approach
 - Significant events effecting management and implementation
 - Administrative structures, relationships and responsibilities (overall project, field and home office support)
- II. Objectives - Overall and per Component
- III. Accomplishments per Component
- IV. Outputs/Products per Component may include list of documents produced
- V. PCSP Monitoring System: Comparison of Targets and Actual Outputs
- VI. Challenges/Constraints per Component
- VII. Solutions and Lessons Learned per Component
- VIII. Actions to Assure Sustainability per Component
- IX. Critiques and Comments by Pakistani Decision-makers
- X. Overall Recommendations

APPENDICES

1. Chronology of critical events effecting management of PCSP
2. Staff Transitions
3. List of all staff and their positions/titles (central, field and home office) - past and present
4. List of all GOP counterparts and their positions/titles - past and present
5. List of all STTA and brief description of their SOW and dates of assignment
6. List of all workshops with dates, site
7. List of all documents and products available
8. Actual timelines of key activities per component
9. Original 5-year PCSP objectives
10. Final budgetary allocations per component
11. Cost analyses for sustainability
12. Project administrative organograms

DEMOBILIZATION INSTRUCTIONS
FORMAT FOR PROVINCIAL END OF TOUR REPORTS BY PCSP OFFICERS
JULY, 1993

INSTRUCTIONS

1. Follow the format noted below.

Part IA UPDATE from last report per your usual format.

Part IB ACCOMPLISHMENTS (Address accomplishments throughout your tenure as PCSP Officer; include earlier accomplishments if known. This section should encompass the whole PCSP field life from mid-year 1991 through July, 1993. Please also note planned targets in relationship to accomplishments.)

Limit the ACCOMPLISHMENTS to 3 pages

Part II CONSTRAINTS (Again address the entire span of PCSP field life - mid-year 1991 through July, 1993.) Also note how you addressed or overcame the constraints.

Limit this section to 2 pages

Part III SUSTAINABILITY (Describe what you have done to assure sustainability of PCSP activities; summarize the current status of these efforts and make recommendations as to future actions to assure continuity of PCSP activities. Include the agreed upon or proposed provincial training plan and the role/responsibilities of your counterpart in the plan.)

Limit this section to 2 pages

2. Please send the draft of your report to the PCSP Technical Advisor for your component by July 21. He or she will make recommendations for improvements.
3. The final report should be forwarded to your provincial Project Director with CCs to the PCSP Technical Advisor NO LATER THAN JULY 31.
4. In conjunction with your Project Director, schedule a meeting with the DG Health and other key provincial health officials to discuss your report and to officially transfer your responsibilities in Child Survival to your counterpart.

MINUTES FROM PCSP DEMOBILIZATION PLANNING MEETING
JULY 10, 1993
Diana R. Silimperi, MD

PARTICIPANTS:

Dr. Theo Lippeveld
Dr. Tara Upreti
Mr. Shahabuddin Valimohamed
Mr. Ahmed Kassim
Mr. Bhatti (I apologize if spelling is not correct)
Dr. Diana Silimperi

The following is a summary of the key issues discussed and actions to be taken.

1. All central furniture, office equipment, and computers procured by MSH or JBL will be officially transferred to the national BHSC/GOP by August 31, but a Memorandum of Understanding (MOU) will be attached which specifically notes those items which the HIS Extension requests for its use through April, 1994. The MOU will be prepared by Mr. Bhatti after he receives the list of specific requests from Dr. Theo.

ACTION: Naseem will perform a physical inventory of central office furniture and office equipment (including air conditioners, photocopying machines, etc) by JULY 16. This will be compared to the existing inventory and appropriate revisions made. Theo will review and note items requested for Extension, and then approve the submission to Mr. Bhatti for incorporation into MOU. Mr. Bhatti will compare revised list with USAID list and create final validated inventory to be used in transfer documents and MOU.

Mr. Bhatti will prepare the MOU within 6 days of receipt of the confirmed list from PCSP.

2. All provincial furniture, office equipment, and computers procured by MSH and JBL will be transferred to the appropriate provincial BHSC/GOP by July 31; but an MOU will be prepared to request the use of items in Punjab for the HIS Extension (similar to above process). The provincial office inventories (furniture, equipment, computers) have been completed by PCSP; USAID (either Mr. Bhatti or Mr. Kassim) have completed Balochistan and Sindh checks and are preparing the final transfer documents.

ACTION: USAID will perform the final validation check of NWFP (Mr. Kassim during the week of July 24) and Punjab (Mr. Bhatti during this week) and prepare the transfer documents.

Dr. Theo will prepare list of inventory needed in Punjab for the Extension Project and submit to Mr. Kassim by end of today (July 10) to be included in the MOU for Punjab. He should be sure to include the computer. The MOU for Punjab will also note the request for 1 vehicle to be maintained for the use of the HIS Extension.

3. A meeting will be set with the BHSC/GOP to discuss the TAT's recommendations regarding the transfer of vehicles, and the request of the HIS Extension for the use of the above- noted items to be listed in the MOUs. After agreements reached, Dr. Theo will send lists to Mr. Bhatti for incorporation in the MOU.

ACTION: Dr. Theo will set meeting for July 14 with BHSC (Dr. Mushtaq, Manzoor, Riaz and Talat) and the PCSP TAT, USAID, to discuss MOU.

4. The MOU should also contain a clause noting that the consumable or perishable items (office supplies) can be used by the HIS Extension.
5. There will not be MOUs drafted for the CSTUs, but rather a list of each CSTU items purchased by the PCSP (MSH or JHU) will be created and attached to the transfer document to be signed by the appropriate USAID and GOP authorities.

ACTION: CSTU inventory lists to be reviewed and finalized by PCSP/ Dr. Tara by July 21 and information relayed to Mr. Bhatti for preparation of final letters of transfer.

6. Dr. Theo will submit to Mr. Kassim TODAY a request to include the provincial PCSP laptop computers in the renewal of the USAID maintenance contract. He will also submit a request for these computers to be retained by the HIS Extension - such must be noted in provincial MOUs created by Mr. Bhatti.

ACTION: Dr. Theo to submit request in writing to Mr. Kassim TODAY.

7. There is a need to perform inventory check on items in 3 separate storage locations: 'Pindi warehouse (only has PHC items), JBL warehouse (PCSP) and BHSC 2&3 floors (PCSP & PHC). PCSP will focus on their own items, but if time allows also include a review of PHC items. The latter will be reviewed with the BHSC and distribution discussed. PCSP items will be distributed as appropriate or transferred to the BHSC/GOP.

DTU items still in storage are to be distributed appropriately by PCSP.

ACTION: Mr. Naseem will perform storage site inventories (as noted above) by July 23.

Dr. Tara will supervise distribution of remaining DTU items by Aug. 15.

Please let me know if there are any changes or improvements needed in the above summary. Thanks.

DEMOBILIZATION STATUS REPORT
JULY 22, 1993

TO: THEO LIPPEVELD
SHAHABUDDIN VALIMOHAMED
AHMED KASSIM
NASEEM KHAN
KHALID BUTT
LOUIS BUCCIARELLI

FROM: DIANA SILIMPERI
CC: TARA UPRETI, PETER HUFF-ROUSSELLE

1. **PROVINCIAL OFFICE equipment, computers, furniture procured by JBL or MSH:**

STATUS:
 - (1) physical inventory completed by USAID for Baluchistan, and Sindh
 - (2) need to check if Punjab completed by Mr. Bhatti (?spelling) as planned and that NWFP to take place next week by Mr. Kassim
 - (3) list of items in Punjab which will be needed by HIS Extension sent to USAID by Theo on 7/10
 - (4) Mr. Bhatti to prepare transfer documents and MOU by July 31

2. **CENTRAL OFFICE equipment, computers, furniture procured by JBL or MSH: including storage sites**

STATUS:
 - (1) Naseem reviewed inventory list with Theo and a list of items requested for HIS Extension prepared for July 14 meeting with GOP/USAID/TAT
 - (2) Naseem will complete physical inventory of Central Office (including 4th floor storage, JBL warehouse, and current PCSP Offices on floor 1 and 3; if time allows will do brief listing of items in Pindi warehouse (no PCSP items, only BHSC) by July 26 and send list to Mr. Bhatti.

As of today, the warehouses and storage rooms have been checked; the office inventory is expected to be completed in next 3-4 days
 - (3) Tara and Theo to review list of PCSP items/books in 4th floor storage and JBL warehouse and make decisions for distribution by July 31
 - (4) PCSP to distribute items by August 15
 - (5) within 6 days of receipt of physical inventory list, Mr. Bhatti will prepare transfer documents and MOU

3. PROVINCIAL AND ISLAMABAD VEHICLES

- STATUS: (1) GOP/USAID/TAT meeting held on July 14 and distribution recommendations discussed. See attached minutes of July 14 meeting for details.
- (2) Dr. Malik Manzoor A. Khan will perform necessary administrative work with concerned personnel/departments of GOP for transfer of vehicles
- (3) USAID will develop transfer documents by July 31 for all provincial vehicles, including the MOU for the Punjab vehicle; by Aug 31 for Islamabad vehicles.

4. CSTU LISTS

- STATUS: (1) 3 CSTU inventories have been completed; lists will be reviewed with Tara and sent to Mr. Bhatti by July 25
- (2) remaining will be completed, reviewed by Tara and lists sent to Mr. Bhatti by July 31
- (3) upon receipt of lists, Mr. Bhatti will prepare letter of transfer to be signed by appropriate authorities.

5. DTU ITEMS STILL IN STORAGE

- STATUS: (1) List has been prepared by Naseem and is attached. Tara to review and supervise distribution by Aug 15.

6. ISLAMABAD LIBRARY

- STATUS: (1) See attached minutes of July 14 meeting. Training library to be transferred by Aug 31. Rest to go to HIS Extension.
- (2) Training to make list of library by Aug 31.

7. PROVINCIAL AND ISLAMABAD OFFICE FILES

- STATUS: (1) Listing of Provincial Office inventories of computer and hard copy files sent to Islamabad (for Sindh and Baluchistan only)
- (2) Offices sent instructions for division into 3 categories (GOP/Islamabad/destroy) on July 16
- (3) Shahabuddin to remind remaining offices to send Islamabad lists ASAP
- (4) Louis Bucciarelli will visit Offices in NWFP, Baluchistan the week of July 25 to assist in final division and distribution of hard copy files. Either Louis or Shahabuddin will assist in Sindh. Louis will assist in the Punjab the week of Aug. 1 (since Punjab will be continued under HIS Extension, it can be completed if necessary the first week in August)

- (5) TAT to provide directions by component for provincial office computer files. Louis to check with TAT and assist as requested upon his arrival.
- (6) Khalid has begun listing of Islamabad hard files and computer (central and by component) to be completed by July 30
- (7) Louis to assist Khalid in division of files into 3 groups (GOP/Boston/destroy) by August 1. Then follow previously circulated demobilization instructions/dates for distribution and mailing to Boston.

Please inform Louis Bucciarelli if there are any errors in above information. Thank you.

**PCSP PROVINCIAL OFFICE DEMOBILIZATION
INSTRUCTIONS FOR FILE DISTRIBUTION**

TO: SHAHABUDDIN, THEO, TARA
FROM: DIANA
DATE: JULY 13,1993

I have attached a draft of instructions for the field offices to help them sort files for ultimate distribution or destruction. Please make any changes/improvements you feel needed and give to Shahabuddin to finalize and distribute by July 15.

Shahabuddin, I have based this on the file inventories received to date; when you receive others, you may wish to add/delete categories.

Tara and Theo, if you wish to review component lists, please do and make specific instructions as to division to GOP, ISL OFFICE (which means usually to Boston, or to view for decision regarding division if not clear in field), or DESTRUCTION. I am also asking you to make the decisions regarding the computer files: Shahabuddin will send you the lists once all received. Please send instructions to your officer as to whether he should erase or transfer file to a diskette which he can send to PCSP ISL. At this stage, I'd ask you to err on the side of safety - ie, send to ISL for review if not sure. Please try to send officers your instructions by July 25.

Until Louis arrives, Shahabuddin will be the repository for the field lists and the channel for questions. Louis should be in ISL by JULY 25 and will assume the responsibility to help the offices complete the last step of literal distribution or destruction of files.

DEMOBILIZATION INSTRUCTIONS FOR PCSP PROVINCIAL FILE DISTRIBUTION JULY, 1993

PER COMPONENT (HIS AND TRAINING)

1. Divide all files into the following divisions:
 - A Technical documents (such as workplans, reports, workshops, forms, modules and manuals, minutes of meetings, etc.)
 - B Correspondence
 - 1 with GOP
 - 2 with USAID
 - 3 with ISL PCSP
 - 4 with JBL
 - 5 other
 - C Contractual documents and budgets relating to PCSP
 - D Administrative matters (include office admin such as inventories, stock registries, vehicle information, telephone, etc.)
 - E Personnel files
 - F Information related to other Organizations and their activities (such as UNICEF, WHO, etc.)
 - G MISC. (please list individually)

This means physically separating the files into these piles.

2. Note the appropriate letter next to each item on your copy of the file inventory list you sent to Mr. Shahabuddin. Keep the list in a safe place until you receive more specific instructions.
3. You will either receive specific instructions in writing or a visit from a member of the central office of PCSP during the last week in July to help you decide the actual distribution of materials to: provincial GOP, Islamabad PCSP Office, or destruction of files.
4. If you have any questions relating to the division of files, please ask the PCSP representative during the field visit or send them to Mr. Shahabuddin.
5. In regard to the computer inventory list, you will receive specific instructions from your Technical Advisor as to whether to erase individual computer files or to save them on a diskette which you send to Islamabad. If you have not received these instructions by July 25, please contact your Technical Advisor or Mr. Shahabuddin.

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EXECUTIVE SUMMARY

PAKISTAN CHILD SURVIVAL PROJECT (1990-93)

The Pakistan Child Survival Project (PCSP), is supported by a bilateral cooperative program between the Ministry of Health, Government of Pakistan and the United States Agency for International Development. The overall goal of the Project is to expand and institutionalize child survival programs, in order to decrease infant and child mortality. Hence, this project will use its resources to combat the leading causes of child and infant mortality: diarrheal diseases, acute respiratory infections, vaccine-preventable diseases, and malnutrition; in contrast to the preceding USAID-funded Primary Health Care Project, which had a much broader mandate. The Pakistan Child Survival Project was designed taking into account previous experiences in the Ministry of Health and the Primary Health Care Project.

Strategies which address the main causes of infant and child mortality are implemented through 6 project components which have been identified as having particular importance for the strengthening of child survival programs. The 6 components of the PCSP are: Planning and Management, Health Information Systems, Training, Communications, Drugs and Logistics, and Research. Objectives were created for each component, building upon and utilizing past experience.

In order to achieve the objectives and accomplishments noted in this report, collaborative partnerships with the Ministry of Health/Basic Health Services Cell and the National Institute of Health, as well as the provincial Ministries and Departments of Health were forged with the PCSP (provincial and central) technical assistance team.

The senior technical assistance team originally consisted of: a senior public health physician - Chief of Party; a specialist in program planning, management, and contracts - Deputy COP; and 4 Senior Technical Advisors in the areas of health information systems, training, communications, as well as drugs and logistics. The members of the technical assistance team are drawn from a consortium of three nonprofit international consulting agencies: Management Sciences for Health, the prime contractor for the Project; Harvard Institute for International Development and the Academy for Educational Development - subcontractors to MSH. In addition, a local subcontractor, Jaffer Brothers Limited was utilized for administrative and logistical support.

The PCSP experienced what may have been unprecedented challenges during the 3 years of its operation. Significant events adversely affecting management and implementation of its activities included: delayed start-up due to prolonged negotiations between the Governments of Pakistan and the USAID about the amount of technical assistance to the Project; evacuation of the technical assistance team due to the Gulf War in January 1991; followed by

drastic reductions in budgetary allocations due to the Pressler Amendment which also necessitated a major overhaul of the workplan; a shortened project life - limited to the original base contract period of three years (another result of the Pressler Amendment); loss of 2 COPs - one through resignation and the second through death; changes in other critical technical assistance team members as a result of major alterations in the scope of PCSP activities; and turnover in both GOP counterparts as well as USAID Officers.

ACCOMPLISHMENTS

Despite such overwhelming constraints, the Project has been remarkably successful in achieving the objectives planned for each component. Critical accomplishments by component are listed below.

PLANNING AND MANAGEMENT

- * Establishment of Federal and Provincial Child Survival Steering Committees
- * Development and implementation of computerized project monitoring system
- * Initiation of Donor Consortium
- * Creation of successful collaborative partnership with the Government of Pakistan, Basic Health Services Cell
- * Institution of administrative procedures and systems, as well as computerized tracking and monitoring of accounting and financial resources

HEALTH INFORMATION SYSTEMS

- * Completion of assessment study of health information systems in Pakistan
- * Design of health management systems for first level care facilities
- * Initial implementation of nation-wide HMIS for FLCF including:
 - training of health personnel in the use of data collection instrument
 - printing and distribution of data collection instruments
 - establishment of computer standards
 - training in the use of information planning, and
- * HMIS/FLCF institutionalization

TRAINING

- * Initiate establishment of federal and provincial continuing education cells
- * Creation of the Integrated Child Survival Training Manuals for medical officers, paramedics and supervisors of FLCF
- * Establishment of child survival training units, and
- * Strengthening the supervisory system in FLCF

COMMUNICATIONS

- * Planning and message development documents (Action Plan, Creative Briefs, etc.)
- * Media Products (Neelam Ghar, Radio Drama Series)
- * Interpersonal communication products (Three Training Modules, Breastfeeding Flipchart)
- * Research reports

DRUGS AND LOGISTICS

- * Analysis of the medical supplies depot procurement (indent) system in 4 provinces
- * Study of shortage in child survival drugs at the periphery
- * Organization of a National Workshop on Essential Drugs
- * Completion of needs assessment of EPI storage facilities at federal and provincial levels, and
- * Computer training on drug indent analysis

RESEARCH

- * Completion of the study, "The Impact of Cotrimoxazole Resistance on The Clinical Outcome of Children with Pneumonia"
- * Design of an ethnographic study on acute respiratory infections
- * Completion of a qualitative study on breastfeeding, and
- * Technical and logistical support to the ADDR Project for the development of their applied research portfolio for child survival interventions

LESSONS LEARNED

Some of the critical lessons learned through the PCSP are listed below by component.

PLANNING AND MANAGEMENT

- * Importance of donor consortium and the establishment of inter-agency relationships to foster coordinated planning and collaborative implementation
- * Valuable role of the federal and provincial child survival steering committees to promote ownership, and to encourage coordination to maximize resources and avoid duplication

HEALTH INFORMATION SYSTEMS

- * Importance of consensus-building (noted by both Training and HIS) as the only approach which guarantees future ownership and hence, sustainability of activities
- * Implementation of system changes in a complex bureaucracy are time-consuming and require in-depth understanding of decision-making within that bureaucracy
- * For the restructuring effort of the Health Information Systems to have a durable effect on the quality of care delivered, other appropriate management interventions will be necessary in government health services

TRAINING

- * Training material must be adapted for use in local languages
- * Selecting and appointing qualified government staff to key positions serves to guarantee continuity and promote sustainability
- * During the planning stage, donors and the Government counterparts must discuss proper guidelines

COMMUNICATIONS

- * The enter-educate communications approach has proven effective in the communication of HEC messages for child survival
- * Both IPC and mass media are needed in HEC to complement each other's effect
- * There is a need to devolve communication strategies to the provincial level

DRUGS AND LOGISTICS

- * The most cost effective ways to improve the availability of essential drugs include:
 - 1) minimize and limit spending on expensive and non essential drug items
 - 2) stimulate more competitive bidding among drug suppliers to obtain better unit pricing
 - 3) monitor prescribing to minimize unnecessary issuing of precious and essential drugs

RESEARCH

- * The Cotrimoxazole Trial found an increased clinical failure rate in:
 - 1) cases with *H. influenzae* compared with *S. pneumoniae*
 - 2) younger children (2-11 mo.) compared with older children (12- 59.9 mo.), and
 - 3) cases of severe pneumonia as compared with pneumonia

However, the results substantiated the current WHO and National ARI Program treatment recommendations since both amoxicillin and cotrimoxazole were found equally effective for the treatments of pneumonia
- * Research is an essential component in child survival projects which increases the development of improved interventions and services, as well as expanding national essential research capabilities
- * Coordination between USAID-funded projects should be encouraged, such as that between ADDR and the PCSP

ACTIONS FOR SUSTAINABILITY

A variety of specific actions for sustainability are described in the report. Nonetheless, at the conclusion of the MSH contract, provisions have been made for the extension of the Health Information Systems Component in order to complete implementation in the remaining districts, and also to continue integrated child survival training in the 10 pilot districts or divisions until all eligible providers have received training, and have had 1-2 years to practice their new skills. These components will be extended with USAID financial support; but also both UNICEF and the World Bank will be providing additional support to assure the completion of objectives for each of these components. Furthermore, child survival research will continue through the auspices of ADDR. And finally, communication activities, at least in the area of breastfeeding, will be further pursued with financial assistance from Johnson & Johnson.

Hence, although the MSH portion of the Child Survival Project is concluding, due to the determined efforts of the TAT and their colleagues in the GOP and USAID to create effective collaborative networks during the life of the Project, essential child survival activities will be continued with the assistance of new donors and the full support of the Government of Pakistan.

The Pakistan Child Survival Project is living testimony that adversity may foster collaboration and cooperation, which ultimately maximized output, despite crippling constraints. It is truly an example of effective team work and collaborative partnerships, not only within the technical assistance team, but with their counterparts and colleagues in the Government of Pakistan (at federal and provincial levels). Finally, the PCSP made particular use of preceding project and MOH experiences, and was therefore able to direct its limited resources to the most effective interventions to strengthen and expand child survival programs.

CONCLUSION

Conclusion

The PCSP experienced what may have been unprecedented challenges during the 3 years of its operation. Significant events adversely affecting management and implementation of its activities included: delayed start-up due to prolonged negotiations between the Governments of Pakistan and USAID about the amount of technical assistance to the Project; evacuation of the technical assistance team due to the Gulf War in January 1991; followed by drastic reductions in budgetary allocations as a result of the Pressler Amendment, which also necessitated a major overhaul of the workplan; a shortened project life - limited to the original base contract period of three years (another result of the Pressler Amendment); loss of 2 COPs - one through resignation and the second through death; changes in other critical technical assistance team members as a result of major alterations in the scope of PCSP activities; and turnover in both GOP counterparts as well as USAID Officers.

PLANNING AND MANAGEMENT

Over the life of this project, the donor consortium and the establishment of inter-agency relationships has fostered coordinated planning and collaborative implementation of child survival activities. In addition, the federal and provincial child survival steering committees promoted ownership and encouraged coordination to maximize resources, and avoid duplication. These two forums contributed to the success of the PCSP, and its continued implementation.

HEALTH INFORMATION SYSTEMS

As in other components, the consensus-building approach galvanized support for this component, and helped to guarantee future ownership and hence, sustainability of these activities. A thorough understanding of how the HMIS would be implemented within the complex bureaucracy was necessary for successful project design. However, in order for the restructuring effort of the Health Information Systems to have a durable effect on the quality of care delivered, other appropriate management interventions will be necessary in government health services. Nonetheless, the design and initial implementation of a nationwide HMIS for FLCF was successfully completed, including the training of end-users in how to effectively utilize data and information for decision-making and improvement of child survival services.

TRAINING

By translating the training material into the local languages, and utilizing the combined expertise of national and expatriate consultants, the training team produced a unique integrated child survival curriculum which has been readily accepted by medical officers, paramedics, and supervisors. The participation of select government staff in key positions served to guarantee continuity and promote sustainability of the decentralized, integrated training curriculum provided through CSTUs. Finally, involvement of both donor and Government during the planning stages of the Project increased their support and ultimately contributed to their ownership of the training activities.

COMMUNICATIONS

The experiences of the PCSP have proven that the enter-educate approach can be effective in the communication of HEC messages for child survival. Exciting public-private sector ventures in radio (drama "Ghar Aya Mehmam") and television (quiz show "Neelam Ghar") opened the way for future similar endeavors. The complementary roles of mass media and IPC were clearly illustrated and reinforced through PCSP communication activities. Incorporation of IPC within the ICST curriculum was a major step to validate the importance of IPC as a skill for primary care providers at FLCFs. The component also identified the need to devolve communication strategies to the provincial level in order to have significant impact.

DRUGS AND LOGISTICS

Operations research proved to be an effective strategy given the resource and time constraints of this component. Analyses of the provincial medical supply depot procurement systems and a district study to understand the magnitude of shortage of child survival drugs at the periphery resulted in cost effective recommendations to improve the availability of essential child survival drugs.

RESEARCH

The PCSP experience confirmed that research is an essential component of child survival projects, one which increases the development of improved interventions and services, as well as expanding national research capabilities. The importance of multiple donor collaboration to support child survival research such as the Cotrimoxazole Trial was illustrated. The results of this research were directly used by the National ARI Program and had implications for both policy and treatment guidelines. This Trial demonstrated the value of applied research to answer specific programmatic and policy questions related to child survival. Finally, PCSP urges coordination between donor-funded projects such as that displayed by ADDR and the PCSP, in order to maximize resource utilization.

In Summary

The Pakistan Child Survival Project is living testimony that adversity may foster collaboration and cooperation; which ultimately can maximize output, despite crippling constraints. It is truly an example of effective team work and collaborative partnerships, not only within the technical assistance team, but also between counterparts and colleagues in the GOP (both federal and provincial levels). Lastly, the PCSP made use of the experience of preceding USAID projects and the MOH to better direct its limited resources to the most effective interventions to strengthen and institutionalize child survival programs.

LIST OF PCSP DOCUMENTS

MANAGEMENT COMPONENT

1. PCSP flyer
2. Annual Workplan 1991-1992
3. Annual Workplan 1992-1993
4. Five Semi-annual Reports (1990-1993)
5. Project Monitoring Documents (1991-1993)

HEALTH MANAGEMENT INFORMATION SYSTEM COMPONENT

1. Overview of HIS Activities (May 1991-September 1993).
2. Assessment Study on HIS - PCSP, April 1991.
3. Estimates of Child Survival in Pakistan by Michel Garenne and Sarah Zaidi, Sept 1991.
4. Report on First National Workshop - HIS-PCSP, May 28-30, 1991.
5. Expected Outcomes: Design of HMIS/FLCF Workdocument for 2nd National HMIS Workshop, Jan 20-21, 1992.
6. Consensus on Design of HMIS/FLCF: Report on the 2nd National Workshop on HMIS, Jan 20-21, 1992.
7. Workdocument: for Third National Workshop on HMIS, July 7-8, 1992.
8. Data Collection Instruments of HMIS/FLCF - Report on the 3rd National Workshop on HMIS, July 7-8, 1992.
9. Recurrent Cost Study HMIS/FLCF by EDC for UNICEF, Jan 31, 1993.
10. Trainers Manual: Training in HMIS/FLCF Use, District Level Workshop, Feb 28, 1993.
11. Training Materials: Training in HMIS/FLCF Use, District Level Workshop, Apr 5, 1993.
12. Instruction Manual for FLCF Staff - HMIS/FLCF, May 1993.
13. Instruction Manual for FLCF Staff (Urdu version) - HMIS/FLCF, April 1993.
14. Computer Implementation Plan: October 1991.
15. Trainer's Manual - Specific Computer Training in HMIS Monthly Report Application, November 26, 1992.
16. User's Guide - Monthly Report Module (Ver 1).
17. User's Guide - Health Institutions Database (Ver 2.0).

TRAINING COMPONENT

- I. Medical Officers
 1. Training methodology
 2. Nutrition trainers manual
 3. Nutrition participants manual
 4. Nutrition readings
 5. Integrated trainers manual
 6. Integrated participants manual
 7. Book on diarrhoea (supervisory skills)

8. Readings on diarrhoea
 9. ARI (blue book)
 10. Immunization book
- II. Supervisors
11. Participants Manual
 12. Trainers Manual
- III. Participants
13. Participants Manual
 14. Trainers Manual

COMMUNICATION COMPONENT

1. Action Plan of the Communications Component.
2. Creative Brief on CDD, EPI, ARI (Urdu and English).
3. Creative Brief on Breastfeeding and Nutrition (Urdu and English).
4. Report on Breastfeeding and Nutrition Flip Chart pretesting.
5. Report on Radio Drama Pretesting
6. Report on Tracking of *Neelam Ghar*
7. Report on Post Transmission Impact Analysis of *Neelam Ghar*.
8. Report on Tracking of First Wave of *Neelam Ghar*
9. Report on Radio Drama Awareness Survey
10. Spectrum Report Highlighting the Themes Covered in *Neelam Ghar* and Radio Drama.
11. Breastfeeding Flip Chart.
12. Videos: *Neelam Ghar* Behind the Scenes; *Ghar Aya Mehmaan* Behind the Scenes, and Four English Subtitled Episodes of *Neelam Ghar*
13. Fifteen Seconds Radio Drama Promotion Commercial
14. Report on Coverage of the Promotion of Radio Drama Through Press
15. A set of Breastfeeding posters by UNICEF from the Breastfeeding and Nutrition Flip Chart
16. Precise Description of the Radio Drama, "Ghar Aya Mehmaan"
17. Communications Manual "Communications for Child Survival: Mixed Media for Pakistan"

DRUGS AND LOGISTICS

1. Report of National Workshop on Essential Drugs, June 1992.
2. Drugs and Logistics Summary Report #1, August 1991.
3. Drugs and Logistics Summary Report #2, March 1992.
4. Drugs and Logistics Summary Report #3, September 1992.

RESEARCH COMPONENT

1. Organization Chart of the Cotrimoxazole team.
2. The Impact of Cotrimoxazole Resistance on the Clinical Outcome of therapy for Children with Pneumonia, June 1991.

3. Orientation of MOs from PIMS and RGH on the purpose and procedures and obtaining nasal pharyngeal swabs and their primary inoculation on selective media, Laboratory Training, July 1991.
4. Microbiological Methods for Clinical & Surveillance Study, N.K. Nomani, NIH, 1991.
5. Program for control of ARI application for collaborative research projects, July 1988.
6. Trip Report Pakistan by Walter L. Straus, November - December 1991.
7. Copy of transparencies: The Impact of Cotrimoxazole Resistance on the Clinical Outcome of Therapy for Children with Pneumonia.
8. Draft Protocols, Cotrimoxazole Study, July 1991.

OTHER TRAINING DOCUMENTS:

1. Work Plan
2. First National Workshop April 1991
3. PCSP Coordinated Curriculum Content Approval Meeting July 1991
4. Orientation Meeting December 1991
5. Overview of Training Activities April 1992
6. Overview of Training Activities April 1991 - September 1993
7. Training of Trainers' Workshop on integrated Supervision Training Course February 1993
8. Provincial Training Committee Reports NWFP/Balochistan/Sindh/Punjab

SECONDARY DOCUMENTS:

MANAGEMENT

1. Trip Reports
2. Consultant Reports
3. Minutes from Donor Consortium Meetings, Staff Meetings and Steering Committees
4. Qualitative Study on Breastfeeding Report
5. National Breastfeeding and Urban Breastfeeding Conference Documents (1991)
6. ARI Protocol - "The Impact of Cotrimoxazole Resistance on the Clinical Outcome of Therapy for Children with Pneumonia"
7. Initial Findings from ARI Protocol
8. Management and Personnel Documents including Employee Handbook and fiscal monitoring systems

HEALTH MANAGEMENT INFORMATION SYSTEM - (Secondary Project Documents)

1. Information Needs and Indicators, Workdocument for National Health Program Managers, July 1991.
2. Information Needs and Indicators, Workdocument for First Series of Provincial

- Workshops, September 1991.
3. Structuring the System, Workdocument for Second Series of Provincial Workshops, November 1991.
 4. Report on the Second Punjab Workshop on HMIS Structure for FLCF, Lahore November 1991.
 5. Report on Second Balochistan Workshop on HMIS Structure for FLCF held at Quetta, November 1991.
 6. Report on Second NWFP Workshop on HMIS Structure for FLCF held at Peshawar, December 1991.
 7. Report on Second Sindh Workshop on HMIS Structure held at Karachi, Dec 1991.
 8. Report on Second Workshop on HMIS Structure for FLCF of Federal Health Services AJK and NA held in Islamabad, December 1991.
 9. Minutes of the National HIS team meeting held in Islamabad, July 1991.
 10. Minutes of the National HIS team meeting held in Islamabad, November 1991.
 11. Minutes of the National HIS team meeting held in Islamabad, Jan 1992.
 12. Minutes of the Workshop for Provincial HIS Teams held in Islamabad, Apr 1992.
 13. Minutes of the Vth National HMIS Team Meeting held in Islamabad, Jul 1992.
 14. Minutes of the Vith National HMIS Team Meeting held in Islamabad, Jan 1993.
 15. District Coverage Plan Workdocument.
 16. Design of Data Collection Instruments, Workplan.
 17. Field Testing of Data Collection Instruments.
 18. Results of Field Testing Facility based data collection instruments.
 19. Newsletter for Master Trainers.
 20. District Level Data Collection Instruments, Instructions during Field Testing.
 21. Computerized Feedback tables.
 22. Feedback Analysis Report-1990, PHC Monitoring System.
 23. Summary report of Training Sessions, District level workshops on HMIS/FLCF Use.

FAMILY HEALTH PROJECT

1. Revised Project Proposal, Family Health Project, World Bank, NWFP, September 1990.
2. Summary of main points discussed, decisions reached and matters outstanding, World Bank Appraisal Mission, NWFP, December 1990.
3. Staff Appraisal report, Pakistan Family Health Project by the World Bank, April 1991.
4. PC-1 Form, Family Health Project (Sindh).
5. Second Family Health Project, World Bank, Punjab, January-February 1992.
6. PC-1 Form, Second Family Health Project, Punjab (Vol-I).
7. Second Family Health Project, The World Bank Pre-appraisal Mission, Quetta, February 1992.
8. PC-1 Proforma, Second Family Health Project, Balochistan, September 1992.

HEALTH MANAGEMENT INFORMATION SYSTEM - (STTA Consultant Reports)

1. Report on levels and causes of Infant and Child deaths in Pakistan by Michel Garenne and Akram Parvez, January 1991.
2. Estimates of Child Survival in Pakistan by Michel Garenne and Sarah Zaidi, September 1991.
3. First National Workshop on HMIS, Assignment Report by Dr. Mohammed Akram Parvez, May 1991.
4. Second National Workshop on HMIS, Assignment Report by Dr. Mohammed Akram Parvez, January 1992.
5. MIS Consultancy Trip Report by Randy Wilson, November 1990.
6. MIS Consultancy Trip Report by Randy Wilson, June 1991.
7. MIS Consultancy Trip Report by Randy Wilson, October 1991.
8. MIS Consultancy Trip Report by Randy Wilson, April 1992.
9. MIS Consultancy Trip Report by Randy Wilson, June 1992.
10. MIS Consultancy Trip Report by Randy Wilson, October 1992.
11. MIS Consultancy Trip Report by Randy Wilson, May 1993.
12. Report on HMIS/FLCF Training Consultancy by Imtiaz Khalid, January 1993.
13. Final Consultant Service Report to HIID from the Aga Khan University Team, for Mother and Child Health Care and Family Planning, October 1992.

HEALTH FINANCING & SUSTAINABILITY PROJECT

1. Report on the Workshop on Policy options for Financing Health Services in Pakistan, February 1993.
2. Policy Options for Financing Health Services in Pakistan, A compendium of reports and technical notes, June 1993.

CONSULTANT DOCUMENTS

1. Report on Special Training Program for Health Education Officers, Interpersonal Communication Trainers, by Imtiaz Khalid, 1993.
2. Progress report of Dr. M. Zafar Ahmed, STTA Consultant, February 1991.

BREASTFEEDING REPORTS

1. National Breastfeeding Steering Committee, Results from In-depth Interviews, March 1991.
2. A summary of interviews and discussion with Family Members and Health Care Providers, Losing the ability to distinguish what is best for Pakistan's children: Breastfeeding - A Tradition at the Crossroads, July 1991.
3. What and How to Communicate to the Public, Breastfeeding and Nutrition, Guidelines for Broadcasters, Producers, Writers, Journalists and Educators.

GENERAL BACKGROUND DOCUMENTS

1. Pakistan Statistical Yearbook 1990.
2. Situation Analysis of Children & Women in Pakistan, UNICEF Pakistan, 1992.
3. Health in Pakistan, CIDA, January 1988.

4. Seventh Five Year Plan 1988-93 & Perspective Plan 1988-2003.
5. Pakistan Demographic and Health Survey, 1990/1991.
6. Pakistan Population and Health Sector Report, the World Bank, June 1988.