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PAKISTAN CHILD SURVIVAL PROJECT

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**by
Management Sciences for Health
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I. EXECUTIVE SUMMARY

During this third semi-annual reporting period, the Project began implementation of a significant number of activities following modifications made as a result of the cutbacks in the Project budget and time duration imposed by the Pressler Amendment. In September, a revised Project Workplan was prepared to further focus on priorities, and a new budget drafted for Project Years 2 and 3.

With the new revised workplan, a Project Monitoring System was finalized with indicators and targets reflecting the revised available funding allocation by USAID.

The transition of project management staff occurred during this period with the arrival of the permanent Chief of Party in Pakistan to replace the Chief of Party (A). In addition, a Pakistani Project Manager was hired to replace the expatriate Project Manager.

During this transition, an Administrative Procedures Guide and a Project Inventory Management Program were developed.

Within this revised framework, key achievements in the six Project components included the following:

Planning and Management

- o Duties assumed by permanent Chief of Party and new Pakistani Project Manager in October
- o Developed revised Project Workplan and budget
- o Assisted in the organization of, and participated in the first Donor Consortium Meeting.

Training

- o Developed materials for Nutrition and the Integrated Child Survival Training Course
- o Formed Training Committees in all four provinces; and identified 11 teaching and 13 district hospitals for the establishment of Child Survival Training Units
- o Visited the ten existing Diarrheal Training Units and arranged to convert them to Child Survival Training Units to provide integrated training in the four Child Survival intervention areas

Health Information Systems

- o Designed a Health Management Information System for First Level Care Facilities, and prepared a schedule for field testing and implementation
- o Established Computer Cells in the provincial and divisional capitals and developed a Computer Implementation Plan and Training Plan

Communication

- o Completed competitive procurement process, hiring Aftab Associates as a market research sub-sub-contractor. Aftab Associates completed first draft of the Breastfeeding Creative Brief
- o Commemorated "Children's Week" in September with press advertisements, posters, radio programs, and the TV quiz show

- o Started planning development of Child Survival messages for the television drama series, and drafted a radio drama proposal
- o Started work on the Interpersonal Communication Module

Drugs and Logistics

- o Designed and conducted a study for assessing the availability and use of Child Survival drugs
- o Completed an assessment of EPI storage conditions, and assisted the provinces in writing proposals with cost estimates for refurbishing sites in their provinces

Research

- o Initiated study on the impact of Cotrimoxazole resistance for children with pneumonia (through the Pakistan Institute of Medical Sciences)
- o Designed ethnographic research study on local communities' perceptions and beliefs regarding ARI

The principal constraint which emerged during this period was the inaction of the Pressler Amendment, and the reduction of activities considered essential. Efforts are underway to encourage other donors to fill the gaps.

Activities planned for the next six months will focus on the priorities identified in each of the six technical areas with a number of the activities moving from the planning and design phase to the implementation phase.

II. INTRODUCTION

This report covers the six-month period July through December 1991. Following the major disruptions in the Project in the previous six-month period (the turnover of critical Technical Assistance Team members, GOP Project counterparts and USAID colleagues; the evacuation of expatriate Project personnel from mid-January to mid-April; and the drastic cutbacks in activities, budget and time imposed by the Pressler Amendment), the Project returned to a fully operational level. All activities described here were conducted in collaboration with the Technical Assistance Team's Pakistani counterparts and their colleagues in USAID.

This report addresses only those Child Survival activities under the scope of work specified in the contract between Management Sciences for Health and USAID and does not refer to activities managed directly by USAID or others which are outside the scope of the contract.

This report marks a change in format to one based on the six technical component areas. In this report, for each component there is a section for Achievements, Problems/Constraints, Recommended Solutions/Actions, and Planned Activities for the next six months. In this way the report will be easier to read, and to understand. Appendix One, "Short Term Technical Assistance (STTA)", provides the reader with supporting information on technical inputs during the past six months, while Appendix Two, "Key Documents", summarizes written technical outputs in the same period. Together with this report, they provide a full overview of PCSP accomplishments for the period.

III. PROJECT PLANNING AND MANAGEMENT

1) ACHIEVEMENTS

1.1 Project Management

Effective September 23, 1991, Dr. Duane Smith assumed his duties as permanent Chief of Party, replacing Dr. Diana R. Silimperi who had served as Acting Chief of Party from March 15 to October 5. Mr. Najam Saeed was appointed the new Project Manager to replace Mr. Stephen J. Sacca.

1.2 Budget and Administrative Policies and Procedures

Stephen J. Sacca, former Deputy Chief of Party and Project Manager, assisted the new Chief of Party and new Project Manager in the transition on a short-term assignment, October 18th through November 4th. Mr. Sacca (1) revised the budget for Project Years 2 and 3 based on the workplan review and discussions with USAID, (2) drafted Administrative Procedures Guidelines, (3) finalized an inventory report for Project Year 1, and set up an Inventory Management Program for the future, and (4) reviewed the PCSP accounting system developed by Jaffer Brothers Limited.

PCSP policy is also under revision and is expected to be finalized in the first half of 1992, incorporating the new inter-agency GOP/donor guidelines now under discussion.

1.3 Staff Hiring

During this period one of the major tasks was to complete the staff hiring for the Islamabad Office and the four provincial offices (CPO Punjab on hold). By December 1991, all the staffing requirements were completed, for both the professional and administrative staff.

1.4 Annual Workplan Review

After the budget cuts by the USAID, the operations of the PCSP were drastically reduced, and the workplan was revised. To this end, an annual workplan review meeting was held on September 30th, 1991, which was attended by all the provincial Director Generals and the Executive Director of the National Institute of Health.

1.5 Project Monitoring & Evaluation

A revised version of the Project Monitoring System document was produced in September after discussion with USAID. It includes a second set of indicators with targets based on the available USAID funds.

Randy Wilson from the MIS Program of MSH worked with the HIS team from September 11 to October 6. Together with Mr. Shafat Sharif, they finalized the prototype for the Health Institutions Database (HID) and completed field testing in Lahore at the Health Directorate. It was then further refined based on feedback from the field test and resource persons. Data collection forms were developed. Full documentation for HID was prepared.

The training database was also roughly structured. Formats were developed for data collection during the PCSP training sessions. Initial discussions were held on the evaluation of the training outcomes. It was decided that the supervisory checklists would be developed in order to evaluate the quality of case management for the Child Survival interventions in facilities where personnel were trained.

Initial discussions were held on the development of a Personnel Database.

1.6 Refurbishment of the PCSP Offices

The Project has been fortunate to have adequate office space provided in Islamabad and the four provinces with the help of the Federal Basic Health Services Cell and the Provincial Health Departments. All of the PCSP offices are located in the vicinity of the Health Directorates in the provinces and of the BHSC in Islamabad. Renovation of the PCSP offices is complete, and they are fully functional. The supply of air conditioners is still pending with USAID, and this is expected to be completed in the first quarter of 1992.

1.7 Establishment of a Computer Center in the Lahore Health Directorate

The PCSP assisted the Health Directorate in Lahore to establish the computer center for the Health Information System. In addition to the supply of computers (which are being provided by the USAID through the Project), renovations were completed by the PCSP including the furniture for the computer room.

1.8 Procurement

Most of the procurement of PCSP computers, office equipment and furniture was completed by the USAID, except for the airconditioners and some of the office equipment such as voltage stabilizers, etc., which were procured by the PCSP.

1.9 Donor Consortium

The Project participated in the organization of a Donor Consortium for information exchange and coordination of implementation and funding project activities. The Project was represented at the Consortium quarterly meetings and assisted in organizing sub-committees for Program Planning and Management, Health Information Systems, Training, Health Education, and Family Planning.

2) PROBLEMS/CONSTRAINTS

Higher than average employee turnover has been observed with both the PCSP and the cotrimoxazole research staff. This is probably attributed to the salary level maintained by the PCSP, mainly due to the budgetary constraints. Because of this large turnover, difficulties have been observed in the completion of tasks in the various components of the PCSP. There is a need to revise the salary policy of the PCSP; otherwise the Project outputs may suffer.

3) RECOMMENDED SOLUTIONS/ACTIONS

3.1 Salary Policy

Undertake a review of the current salary structure in effect within the PCSP, and propose a revision of the salary policy for locally-hired personnel as appropriate.

3.2 Other Donors

Continue to actively solicit support from other donors to help fund critical activities for which the budget has been reduced.

4) PLANNED ACTIVITIES JANUARY 1 - JUNE 30, 1992

4.1 Employee Handbook

Revise the PCSP Employee Handbook, and develop an Administrative Procedures Guide.

4.2 Databases

Develop the structure for the Personnel and the PCSP Inputs Database. Enter data for all finalized databases.

4.3 Project Monitoring System

Implement the new Project Monitoring System.

4.4 Steering Committees

Continue meetings of the National and Provincial Child Survival Steering Committees, and their associated sub-committees.

4.5 Donor Consortium

Continue to assist in the organization, and participate in the quarterly Donor Consortium meetings and the work of the sub-committees.

4.6 PCSP Salary Policy

Undertake a comprehensive review and propose a revision of the PCSP salary scale for local personnel to be more competitive.

IV. TRAINING COMPONENT

The Training components activities were carried out by the Training Team headed by Dr. Tara S. Upreti, Training Advisor. Dr. Ayub Salariya and Dr. Zahida Sultana Mir, Training Education Specialists joined the federal training team in April and September '91.

The Provincial Training Coordinators joined the project in September/October 1991: Ms. Tasleem Razia Piracha for Balochistan, Ms. Nasim Wahab for NWFP, Mrs. Shahnaz Imam for Sindh and Mrs. Mahmooda Nasreen Arshad for Punjab.

1) ACHIEVEMENTS

1.1 Development of Training Material

Development of training materials for Nutrition and the Integrated Child Survival Training Course was initiated in July. Draft manuals for participants and trainers were completed in September/October, and finalized by the first week of December. Work on the Communication module was initiated and is continuing. This module still requires extensive work.

1.2 Orientation to Integrated Child Survival Training Course

A two day orientation session for the Integrated Child Survival Training Course for Medical Officers of First Level Care Facilities was held for Professors of Pediatrics, Director Generals of Health Services, Project Directors and representatives of donor agencies in Islamabad on December 7th and 8th. There were 43 participants. Training materials prepared by the Project were presented, reviewed and approved by this group. A consensus was also reached on initiating training without delay.

1.3 PCSP Orientation

A four-day orientation for the provincial training coordinators was held in September. Following, a one-day meeting was held for provincial training coordinators and their counterparts in October to assist them with initiating training-related activities in each province. The first proposed activity was the formation of the provincial training sub-committee. This committee would then develop and monitor a province-specific training plan.

The training team spent a significant amount of time in orienting the new Chief of Party on the training component, with special focus on the Integrated Child Survival Training Course Manuals for Trainers and Participants.

1.4 Provincial Training Committee Meetings

Between October and December, all four provinces formed Training Committees and held their first meetings. Balochistan held its meeting in October, Punjab and Sindh in November and NWFP in December.

Province-specific training plans were discussed, and the following district and teaching hospitals were proposed, in order of priority, for the establishment of Child Survival Training Units (CSTU).

Teaching Hospital/CSTUs

PUNJAB:

1. King Edward Medical College, Lahore
2. Quaid-i-Azam Medical College, Bahawalpur

SINDH:

1. Civil Hospital, Karachi
2. National Institute of Child Health, Karachi
3. Liaqat Medical College, Jamshoro
4. People's Medical College, Nawabshah
5. Chandka Medical College, Larkana

NWFP

1. Hayat Shaheed Teaching Hospital, Peshawar.
2. Lady Reading Hospital, Peshawar
3. Ayub Medical College, Abbottabad

Balochistan:

1. Bolan Medical College/Sandeman Civil Hospital, Quetta.

District Level CSTUs**PUNJAB:**

- | | |
|----------------|-------------------|
| 1. Jhelum | 4. Gujranwala |
| 2. Sialkot | 5. Bhawalpur |
| 3. Bhawalnagar | 6. Rahim Yar Khan |

SINDH:

- | | |
|---------------|--------------|
| 1. Mirpurkhas | 3. Jacobabad |
| 2. Sukkur | 4. Dadu |

N W F P

1. Swat District

Balochistan

1. Khuzdar District (Kalat Division)
2. Loralie District (Zhob Division)

All of the Teaching Hospitals, except for Chandka Medical College, have been visited by members of the training team to assess their readiness to begin a CSTU. Potential hospitals at District or Divisional level will be assessed in the next quarter.

1.5 Training Plan Revisions

A significant amount of time was spent in September in revising the work plan with other technical assistance team members. A decision was finally reached regarding the number of District CSTUs to be established with available PCSP funds. There will be a total of 10 CSTUs at the District or Divisional level. In addition, 18 CSTUs at Teaching Hospitals will be established.

1.6 Field Visits

The Federal Training team visited all four provinces and met with the Professors of Pediatrics of 17 teaching hospitals to discuss the Integrated Child Survival Training Program and the establishment of a CSTU at each institute.

The training team also met with Provincial Directors General of Health, Child Survival Project Directors and CDD, ARI, and Immunization Program Coordinators.

The provincial training coordinators were also provided with an opportunity to discuss their role and responsibilities in implementing project activities.

1.7 Meetings

The training team held numerous meetings with National Program Coordinators, especially when training material was being prepared, to obtain their input and approval.

1.8 Transition of DTUs into CSTUs

The training team visited all of the 10 existing DTUs in August and September. At this time, DTU staff were requested to discontinue training on diarrhea to prepare for the establishment of a CSTU which will impart integrated training in the four Child Survival intervention areas.

Each DTU staff member was also informed of the decision to terminate the positions of DTU physicians and LHVs no later than March 1992. As a part of this decision, the Federal DG Health also sent a letter to the provincial health departments encouraging them to absorb DTU physicians into government service in training, if possible.

From July to September, the ten DTUs conducted 16 regular DTU courses, trained 126 MOs and equipped 31 facilities. In addition, one workshop for 20 private practitioners was conducted.

Between September and December, the Services Hospital, Lahore, conducted a one day workshop for MOs on diarrhoea, and PIMS, Islamabad conducted three workshops. The first and third workshops at PIMS was for post-graduate students, and the second was for GPs. The three day workshop for post graduates had 18 participants and the two-day workshop was for eight general practitioners.

2) PROBLEMS/CONSTRAINTS

- 2.1 The changes in the Chief of Party, PCSP, who is to be an active member of the training team, and the absence of the Training Advisor on leave in October/ November slowed the progress in training materials development.
- 2.2 Resignation of NWFP Training Coordinator

Mrs. Nasim Wahab resigned from her post due to personal problems as of December 1, 1991. A replacement is currently under recruitment.
- 2.3 The InterPersonal Communication module is the least developed of the integrated training modules. This module was intended to link the four Child Survival intervention areas. The incompleteness of this module, at this stage, may pose a constraint in implementing the training activities.

3) RECOMMENDED SOLUTIONS/ACTIONS

3.1 Interpersonal Communication Module

Assign priority to the development of the Interpersonal Communication Module and work closely with the Communication component to expedite its completion.

4) PLANNED ACTIVITIES FOR JANUARY - JUNE, 1992

4.1 Field Test Integrated Child Survival Training Curriculum

Following the orientation meeting of December 7 and 8 (see 1.2), a plan was developed to field test the Integrated Child Survival Training Curriculum between January and March 1992 at Punjab Medical College in Faisalabad. The following three sessions are scheduled:

January 4 - 14, 1992. A "dry run" for practical familiarization with the Integrated Child Survival Training Course by federal and provincial training team members and selected CSTU coordinators, with all participants acting as both trainers and participants.

January 25 - February 5, 1992. Field testing of the course with a group of Medical Officers from Faisalabad District, with the above training team members acting as facilitators.

February 22 - March 5, 1992. Field testing of the integrated curriculum for training of trainers in its use, with a group of CSTU trainers selected from one medical college in each of the four provinces.

- 4.2 Based on the training experience from January to March, a plan for training of trainers, followed by training of medical officers at District CSTUs will be developed for implementation in all four provinces after Ramazan (March/April).
- 4.3 After Ramazan, the training of teaching hospital and district level trainers will be initiated at the provincial level.
- 4.4 The adaptation of the integrated training package for supervisors and paramedics will also be initiated (March/April).
- 4.5 Select and orient a new Training Coordinator for NWFP (January).
- 4.6 Begin training of Paramedics (May/June).
- 4.7 Begin training of Supervisors (May/June).

V. HEALTH INFORMATION SYSTEMS COMPONENT

The Health Information System (HIS) activities are the responsibility of the **HIS team**, headed by **Dr. Theo Lippeveld**, HIS Advisor. **Mr. M. Zamin Gul** was the information manager until the end of August when he accepted the position of PCSP Chief Provincial Officer for NWFP. He was replaced by Mrs. Zainab Barlas in September. **Mr. Shafat Sharif** is the computer specialist.

From September on, HIS coordinators were hired in each Province: **Dr. Akhtar** for Balochistan, **Mr. Zamin Gul** for NWFP, **Dr. Mursalin** for Punjab, and **Dr. Bhurt** for Sindh. They were collaborating closely with the Provincial Health Departments in the development of HMIS, and keeping liaison with the Islamabad HIS team.

1) ACHIEVEMENTS

1.1 Health Management Information System for First Level Care Facilities HMIS/FLCF

Through the First National HIS Workshop held in Islamabad in May 1991, the HIS team received the mandate to coordinate the restructuring process of the HMIS/FLCF. Health Information System counterparts were appointed at the Federal level and in each Province. The PCSP/HIS team together with these counterparts constitute the National HIS team.

Agreement was also reached on the proposed **HMIS/FLCF Development Plan**. This plan foresaw three phases: design, implementation, and monitoring/evaluation. In summary, the following activities were scheduled:

The Design Phase

Between June 1991 and June 1992, an extensive design process should take place with active involvement of the principal users of the future HMIS/FLCF: National Program staff, Provincial Directors, District Health Officers and their staff, Medical Officers in Charge, and also representatives of the paramedical staff.

The Implementation Phase

In August 1992, a nationwide training program will start to introduce data collection procedures for the newly designed HMIS/FLCF to key personnel of all first level care facilities. Training will be implemented at the district level. As soon as health personnel of a district are trained, use of outdated registers and forms will be discontinued and the new system adopted.

Data processing for the new system will be computerized at appropriate levels in the health system. Data processing personnel will receive computer training.

Finally, and most importantly, supervisors at all levels will receive training in the use of the information for better planning and management of the health services, and more specifically of Child Survival interventions.

The Monitoring and Evaluation Phase

Monitoring of the HMIS/FLCF development will be ensured through quarterly meetings of the National HIS team. After initial design of the system, a recurrent cost study is to be undertaken to plan for future sustainability. Formal evaluation of the newly implemented system has been scheduled for late 1993.

Most HIS activities during this period were part of the design phase of the HMIS/FLCF.

1.2 Design of Health Management Information System for First Level Care Facilities (HMIS/FLCF)

From June to August 1991, meetings with health planners and program managers at the national level were organized to inquire about their information needs for the first level care facilities. The outcome of these meetings was a list of national program indicators that was later used during the consultations with the provinces.

In order to ensure broad involvement of public health professionals in the design effort, each province organized a Health Information System Workgroup that was consulted through a series of structured workshops. These workgroups were headed by the Director General of the Health Department and included Divisional Directors, district level supervisors, medical officers, and paramedics from all over the province.

In September and October 1991, a **First Series of Provincial HMIS/FLCF Workshops on Indicators** was organized in the capitals of the provinces and in Islamabad for AJK, NA and the Federal Health Services. Starting from the actual functions of the first level care facilities, indicators were chosen for inclusion in the HMIS/FLCF. The outcome of these five workshops was a draft list of indicators for which final approval will be sought during the 2nd National HMIS Workshop on January 20-21, 1992.

In November and December 1991, a **Second Series of Provincial HMIS/FLCF Workshops on Structure** took place where, based on the draft list of indicators, provincial input was sought on how the structure of the future HMIS/FLCF should look: data collection procedures, information flows, data processing mechanisms, and feedback system. Recommendations were made on data collection instruments to be abolished, and new instruments to be created, on the type of reports to be sent out, and on transmission channels and time-tables for these reports.

During these initial HMIS/FLCF development activities, two **National HIS Team meetings** were held on July 4, and on November 4-5, 1991. During these meetings, to which HIS counterparts of all provinces were invited, progress in the HMIS/FLCF design was discussed, and interprovincial collaboration enhanced.

1.3 Computerization of Data Processing Procedures

The HMIS/FLCF Development Plan called for the establishment of computer cells in provincial capitals, in divisional capitals of Punjab, Sindh, and NWFP, and in Muzaffarabad and Gilgit. For that purpose, a **computer implementation plan and a computer training plan** were developed, providing detailed time tables.

The hardware and software ordered at the beginning of the Project arrived and installation of this equipment was initiated. UNICEF provided some computers to supplement those of the PCSP for certain divisions and to start computer cells on an experimental basis in some districts (one per province).

Training courses in generic computer handling were provided for federal computer staff in August. A more advanced computer training course was organized in November for selected federal level personnel and for provincial master computer trainers.

1.4 Ensuring Funding for HMIS/FLCF Development

The implementation of the Pressler Amendment in Pakistan induced severe budget cuts and time restrictions for the PCSP. Specifically for the Health Information Systems component, neither the present funding level nor the present time frame permit complete implementation of the HMIS/FLCF. Ensuring additional funding for this and other PCSP activities was therefore a major concern.

Two donor coordination meetings were organized by the Director General of the Federal Ministry of Health in order to address this issue. UNICEF, the World Bank and the Asian Development Bank all expressed interest in the development of HMIS/FLCF. Informal meetings with these donors were held, but their potential involvement must be sought through formal requests by the GOP.

1.5 Maintaining the Primary Health Care (PHC) Monitoring System

Monthly reports for the PHC Monitoring System were still sent on a regular basis by the participating centers in Sindh and NWFP. They were entered in the provincial computers in Hyderabad and Peshawar. Some basic training has been provided to the computer operators on how to produce standardized feedback tables. These tables are then sent to the District Health Officers (DHOs). DHOs have organized monthly meetings with the officers in charge of the participating health facilities to discuss problems.

As soon as staff of the participating centers has been trained in data collection and use of the new HMIS/FLCF, the PHC Monitoring System will be discontinued.

2) PROBLEMS/CONSTRAINTS

2.1 Strengthening Central Information System Management

The first recommendation of the National HIS Workshop was to strengthen central information system management at the federal and provincial levels through the appointment of health planners/epidemiologists. The complexity of this task was already discussed in the previous progress report.

In the meantime, little progress has been made. At the federal level, the Director General has mentioned the possibility of appointing an epidemiologist in the Biostatistics Cell. The Health Department of NWFP has drafted a PCI proposing the creation of a Monitoring and Evaluation cell headed by a health planner/epidemiologist. Similar initiatives are under way in Sindh and Balochistan but without visible outcomes until now.

2.2 Lack of Funding for HMIS/FLCF development

As already mentioned under 1.4., the lack of funds to complete the HMIS/FLCF implementation will be a serious problem if not solved in a timely manner. If implementation schedules are respected, district level training of health workers in data collection should start in September. By the end of this year, most funds presently available under PCSP for training and HIS supplies will have been disbursed. If at that time no other source of funding has been identified, HMIS/FLCF implementation will come to a standstill.

3) RECOMMENDED SOLUTIONS/ACTIONS

3.1 Follow-up

Close follow-up should be given to the proposed organizational changes in the Federal MOH and in the Provincial DOHs, aiming at the appointment of epidemiologists/health planners in charge of information management

3.2 Other Donors

Formal contacts initiated by the GOP should ratify the involvement of other donors in HMIS/FLCF development as soon as possible. Possible sources of funding are:

- UNICEF
- 1st Family Health Project in Sindh and NWFP (World Bank loan)
- 2nd Family Health Project in Balochistan and Punjab (World Bank loan)
- 4th Health Project (Asian Development Bank loan)

4) PLANNED ACTIVITIES JANUARY - JUNE, 1992

4.1 Design of HMIS/FLCF

- Organization of Second National Workshop on Planned HMIS/FLCF (January 1992)
- Design of data collection instruments to be created or to be modified under the new HMIS/FLCF (February-May 1992)
 - * Consulting is envisioned with Khatidja Hussain, MIS specialist of Aga Khan University
- National and Provincial meetings for approval of final design HMIS/FLCF (End of May 1992)

4.2 Computerization of HMIS/FLCF

- Generic computer training for provincial and divisional computer operators (January-March 1992)
- Installation of hardware/software in provinces and divisions (January-March 1992)
- Design of computerized data processing system for HMIS/FLCF (April-June 1992)
 - * Consulting is envisioned with Randy Wilson, MIS specialist of MSH

4.3 Monitoring and Evaluation of HMIS/FLCF development

- National HIS team meetings (January and April 1992)
- Recurrent Cost Study for planned HMIS/FLCF (May-June 1992)
 - * Consultants to be identified

4.4 Maintaining the PHC Monitoring System

- Maintain the PHC Monitoring System

VI. COMMUNICATION COMPONENT

1) ACHIEVEMENTS

In the month of September, there was a change in personnel in the Communication Component. The Communication Advisor Mr. James Messick was replaced by Ms. Yasmeen Gul who joined on September 1st, 1991. Mr. Messick left in the 3rd week of September providing for a two-week overlap.

1.1 Communication Plan Revision

Due to the Pressler Amendment and the corresponding budget reductions, the Communication Action Plan was revised. The plan was finalized and approved by USAID when Mr. Mark Lediard from AED was in Islamabad.

1.2 Market Research Sub-Contractor

The decision to hire another sub-contractor for Market Research activities was finalized in September and Aftab Associates was on board from October 1991. The first draft of the Breastfeeding Creative Brief was prepared by Aftab in November which was reviewed by all relevant persons and Aftab Associates was asked to prepare the final draft.

1.3 Children's Week

The first activity of the Communication Component was "Children's Week" held in September. Children's Week commemorated the first anniversary of the World Summit for Children and the Universal Children's Day. Children's Week included a press advertisement in Urdu and English in the major dailies of the country. Posters were put up in the four provincial capitals and Islamabad. The TV Quiz show "Neelam Ghar" had a special programme for that day. In the morning show of Radio Pakistan, a national network, two programmes for two days were held to celebrate the week. A children's song was composed and produced on video. A children's play was held in a school in Karachi, the theme being the declaration of the rights for children in the World Summit.

1.4 TV Drama Series

Negotiations were held with PTV in October-November to discuss a social drama with Child Survival messages on the format of enter-educate approach. Since the production and airtime costs were not within our budget limits, PTV suggested we should go on the ongoing current programmes. PTV provided names of selected current programmes with the cost per message for each programme. The current programmes included regional languages shows and drama, Neelam Ghar (Quiz show) and a health programme. The decision on which programme to have Child Survival messages was not finalized, as the advertising agency - Spectrum Communications (private) Ltd was looking into the programme viewership and cost per message for each programme in terms of having the maximum impact on our target group.

1.5 Radio Drama

The advertising agency Spectrum Communications prepared a Radio Drama proposal. The radio drama would follow the enter-educate approach. It would be in 6 languages and broadcasted from 18 radio stations. The drama proposal included the production costs, airtime costs and promotion costs. These costs are to be reviewed in terms of the Communication Action Plan budget.

1.6 Interpersonal Communication Module

Due to the delays in completing the development of the module, it was not possible to complete the document in time for the Professors' Orientation held in early December. This module remains incomplete and is unacceptable in its present state.

2) PROBLEMS/CONSTRAINTS

This period was a particularly challenging one, due to major changes in personnel and plans.

2.1 Communication Coordinator

Ms. Yasmeen Gul, the new Communication Coordinator joined PCSP in September. Adjusting to the new work environment, and getting accustomed to the new systems, procedures etc. took time.

2.2 Pressler Amendment

Due to the budget reductions and the Pressler Amendment all previous activities had to be replanned.

2.3 Communication Advisor

Due to the change in Communication staff, a new set of management guidelines on procedures for approval of activity orders was initiated. The new approval procedures for the Government of Pakistan and USAID took some time to get operational.

2.4 Spectrum Communications

AED's sub-contractor, Spectrum Communications, experienced some delays in producing work due to the revised plans and activities.

3) RECOMMENDED SOLUTIONS/ACTIONS

To maintain the current schedule and for more efficient implementation of activities, the following actions should be taken.

3.1 Coordination

More coordination between the Communication Coordinator and the Government of Pakistan Counterpart, and the USAID counterpart is needed.

3.2 Approval Procedure

The steps in the approval procedure followed by the Communication sub-contractors Aftab Associates and Spectrum should be clarified and streamlined.

4) PLANNED ACTIVITIES JANUARY - JUNE, 1992

4.1 TV Shows

Develop and program Child Survival messages for selected on-going television shows.

4.2 Radio Drama Show

Develop and program the radio drama show.

4.3 IPC and Training of Trainers

Develop and field test the Interpersonal Communication module and initiate the training of trainers for Child Survival units.

4.4 IPC and Health Education Officers

Conduct interpersonal communication workshops for Health Education officers.

4.5 Creative Briefs

Develop creative briefs (for use by journalists and media personnel) on Breastfeeding/Nutrition, CDD, EPI and ARI.

4.6 Printed Materials

Develop printed materials, including a flip chart, on Breastfeeding and Nutrition.

4.7 Communications Research

Initiate communications research and evaluation per workplan.

VII. DRUGS AND LOGISTICS COMPONENT

1) ACHIEVEMENTS

1.1 Punjab and Sindh Procurement Analysis

Data was collected from the Provincial Medical Store Depots in Lahore and Karachi for the last two indents. The quantity of every purchased item and its unit cost were obtained and entered in the computer using Lotus 123 Spread Sheet. Analysis was done to highlight current pattern of budget allocation from the cost effectiveness point of view. Proportion of money spent on Child Survival drugs were given a special attention.

Results show a great potential for achieving cost reduction without decreasing the therapeutic value of purchased drugs.

1.2 Computer Training on Drug Indent Analysis

Conducted a computer workshop for four participants working in MSD in Punjab, Sindh, NWFP, and AJK. Unfortunately, the selected participant from Balochistan did not show up. The objective of the workshop was to transfer the methodology of drug procurement analysis to the provinces and to stimulate them to benefit from such analysis.

1.3 Child Survival Drug Availability and Use Study

Finalized the design of assessing the availability and use of Child Survival drugs in Les Bella and Mansehera districts in Balochistan and NWFP. Mr. Jim Bates, Consultant, assisted in finalizing the study design. Based on Mr. Bates' recommendations the study was divided into two parts: a retrospective data collection of Child Survival drug availability and use; and a prospective monitoring of prescribing patterns at the selected facilities. It was decided that the second part of the study requires more resources than currently available, and hence only the first part has been conducted. Forms were designed and field tested and data was collected from 10 BHU and 5 RHC in each district.

1.4 Provincial EPI Store Refurbishment

Completed assessment of EPI storage conditions at the federal and provincial levels, and produced a report summarizing results. The report concluded that the greatest need for refurbishment is at the NIH stores and in Punjab Province. Other sites require refurbishment to a lesser extent. Initiated the process of inviting provinces to write proposals with cost estimates including the specific refurbishment requested for their respective sites.

2) PROBLEMS/CONSTRAINTS

2.1 EPI Refurbishment

EPI refurbishment proposals received from provinces were incomplete. We have not yet received a response from Balochistan or Punjab. The process of obtaining proposals is taking too long and may result in the inability to finish the required refurbishment in all sites during the life of the PCSP.

3) RECOMMENDED SOLUTIONS/ACTIONS

3.1 EPI Refurbishment

Drugs and Logistics team will travel to all provinces to assist in EPI refurbishment proposal writing. To

save time, PCSP should start refurbishment in the sites that have submitted complete proposals right away instead of waiting for all the proposals to be complete.

4) PLANNED ACTIVITIES JANUARY - JUNE, 1992

4.1 Drug Procurement System

Present analysis of drug procurement system in Punjab and Sindh to relevant decision makers in the 2 provinces.

4.2 Drugs and Logistics Summary Report

Prepare and produce "Drugs and Logistics Summary Report", issue number 2, to continue the dissemination of important drug system assessment results.

4.3 Child Survival Drug Availability Study

Conduct analysis of the Child Survival Drug Availability Study and present results to relevant decision makers.

4.4 National Workshop on Essential Drugs

Prepare for the PCSP funded "National Workshop on Essential Drugs" to try to identify feasible interventions to improve the availability of Child Survival drugs.

4.5 EPI Refurbishment

Continue to work with NIH and the four provinces to finalize their EPI refurbishment proposals. Obtain the USAID approval on the submitted proposals and contract JBL to manage the refurbishment operations.

VIII. RESEARCH

1) ACHIEVEMENTS

1.1 Cotrimoxazole

This research is being undertaken by the Pakistan Institute of Medical Sciences to study the impact of Cotrimoxazole resistance on the clinical outcome of therapy for children with pneumonia. Pakistan Child Survival Project is responsible for the financial support for this research study which includes hiring of doctors, nurses and administrative support staff and supplies needed for the research as well as technical inputs, along with CDC and WHO, into design implementation, analysis and policy advocacy regarding results. The study started in August 1991 and is expected to be completed by the end of April 1992.

1.2 Ethnographic Research Study

This research study was proposed by the Pakistan Institute of Medical Sciences. The objective of undertaking an ethnographic study on ARI is to develop an understanding about the local selected communities' perceptions and beliefs regarding the disease and its related concepts. The data generated will thus reflect the cultural views held by the different ethnic communities. For the first time in Pakistan, social scientists (anthropologists) have been involved with conducting research in the rural areas. In October 1991, a training workshop and a pilot study was undertaken by the Principal Investigator, Supervisors and the researchers for the study with the help of WHO consultant, Dr. Gretel Pelto. WHO and UNICEF are also helping PIMS to carry out the study.

2) PROBLEMS/CONSTRAINTS

Due to delays by the Principal Investigator for the ARI study, the research could not be carried out in time. The PCSP with the help of UNICEF, WHO and PIMS is seeking an alternate to carry out the study before the ARI season ends in April, or alternatively, during the 1992/93 ARI season.

3) RECOMMENDED SOLUTIONS/ACTIONS

3.1 ARI Ethnographic Study

Expedite ARI ethnographic study. Recruit new Principal Investigator if necessary.

4) PLANNED ACTIVITIES FOR JANUARY-JUNE 1992

4.1 Cotrimoxazole Study

Implement full study protocol for the Cotrimoxazole study.

4.2 Principal Investigator for the ARI Study

Recruit new Principal Investigator for the ARI study if necessary, and implement protocol by April. Analyze data and sponsor workshop to report findings and develop appropriate messages based on findings.

4.3 Collaborative Efforts with ADDR

Continue collaboration with the research efforts of the Applied Diarrheal Disease Research Project (ADDR).

IX. APPENDICES

APPENDIX I

SHORT-TERM TECHNICAL ASSISTANCE

Project Planning and Management

Consultant: Duane Smith
Level of Effort: 3 days
Time Period: 7/30/91-8/2/91

Consultant: Stephen Sacca
Level of Effort: 14 days
Time Period: 10/18/91-11/4/91

Consultant: Diana Silimperi
Level of Effort: 10 days
Time Period: 11/25/91-12/4/91

Training

Consultant: Karen Peterson
Level of Effort: 15 days
Time Period: 6/22/91-7/25/91

Consultant: Rita Wall
Level of Effort: 2.4 days
Time Period: 10/27/91-12/5/91

Consultant: Katherine Dickin
Level of Effort: 27 days
Time Period: 11/1/91-11/30/91

Consultant: Anne Taylor
Level of Effort: 27 days
Time Period: 11/1/91-11/30/91

Health Information Systems

Consultant: Randy Wilson
Level of Effort: 22 days
Time Period: 9/10/91-10/7/91

Communication

Consultant: Mark Lediard
Level of Effort: 39 days
Time Period: 7/17/91-8/1/91
9/19/91-9/30/91
10/1/91-10/11/91
11/23/91-12/2/91

Consultant: Andrea Usiak
Level of Effort: 13 days
Time Period: 10/1/91-10/17/91

Drugs and Logistics

Consultant: Zafar Ahmed
Level of Effort: 8.5 days
Time Period: 7/1/91-8/30/91

Consultant: Jim Bates
Level of Effort: 23 days
Time Period: 8/11/91-9/21/91

Research

None

APPENDIX 2

KEY DOCUMENTS PRODUCED DURING THE PERIOD

Planning and Management

1. Annual Workplan, 1991-1992, September 30, 1991
2. PCSP Activities and Outputs by Component - Outputs to Date, 4/90-9/91 and Proposed Outputs, 1991-1992. Prepared for Workplan Review Meeting, September 30, 1991
3. PCSP Objectives by Component, prepared for Workplan Review Meeting, September 30, 1991
4. PCSP Monitoring System, revised September 21, 1991
5. PCSP Administrative Procedures Manual, November 1991
6. PCSP Inventory Management Program, November 1991
7. Prototype Health Institutions Database - HID, October 6, 1991
8. Employee Handbook (Revised), August, 1991
9. Estimates of Child Survival in Pakistan (Garenne, M. and Zaidi, S.), September, 1991

Training

1. Trainer's Manual for Nutrition and Integrated Child Survival Course (draft)

Health Information Systems

1. HMIS/FLCF Development Plan
2. Report on Provincial HMIS/FLCF Workshops on Indicators
3. Report on Provincial HMIS/FLCF Workshops on Structure
4. Computer Implementation Plan, October, 1991
5. Computer Training Plan
6. MIS Consultancy Report (Wilson, R.), October 1991

Communication

1. Radio drama proposal

Drugs and Logistics

1. Punjab and Sindh Medical Store Depots Procurement Analysis
2. Assessment of EPI Stores Condition at the Federal and Provincial Levels
3. Drugs and Logistics Summary Report #1, August, 1991

Research

1. Research Protocol - Impact of Cotrimoxazole Resistance on the Clinical Outcome of Therapy for Children with Pneumonia
2. Research Protocol - Ethnographic Study on Perceptions and Beliefs Concerning Acute Respiratory Infections (draft)