

**Pakistan Initiative for Mothers and Newborns
(PAIMAN)
Project Year 2, First Quarter Report to USAID
October 1 - December 31, 2005**



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Acronyms

AKF	Aga Khan Foundation
AKHS	Aga Khan Health Services
AKU	Aga Khan University
ANC	Antenatal Care
BCC	Behavior Change Communication
BHUs	Basic Health Units
CAM	Community, Advocacy, Mobilization
CBOs	Community-based Organizations
CCBs	Citizen Community Boards
CDK	Clean Delivery Kit
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CCP	Centre for Community Program
CM	Community Mobilization
CMWs	Community Midwife
C&W	Communication and Works Department
CONTECH	Contech International Health Consultants
COP	Chief of Party
CPR	Contraceptive Prevalence Rate
DCO	District Coordination Officer
DCOP	Deputy Chief of Party
DFID	Department for International Development (UK)
DGs	District Governments
DHDCs	District Health Development Centers
DHGs	District Health Governments
DHMT	District Health Management Team
DHQs	District Headquarters Hospital
DHS	Demographic Health Survey
DOH	Department of Health
DOPW	Department of Population Welfare
DPWO	District Population Welfare Officer
EDO	Executive District Officer
EAD	Economic Affairs Division
EMNC	Essential Maternal and Newborn Care
EmONC	Emergency Obstetric and Neonatal Care
FOM	Field Operations Manager
FLCF	First Level Care Facility
FP	Family Planning
FWCs	Family Welfare Centers
FWW	Family Welfare Workers
GIS	Geographic Information System
GoP	Government of Pakistan
GS	Greenstar Social Marketing
HCPs	Health Care Providers
HFA	Health Facility Assessment
HHS	Household Survey
HMIS	Health Management Information Systems
IBA	Institute of Business Administration
IEC	Information, Education and Communication

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IFA	Iron-folic acid
IMR	Infant Mortality Rate
IPH	Institute of Public Health
IRCs	International Resource Centers
JHU/CCP	Johns Hopkins University, Center for Communication Program
JICA	Japan International Cooperating Agency
JSI	John Snow Inc.
KEMC	King Edward Medical College
KM	Knowledge Management
KMFP	Knowledge Management Focal Person
LHVs	Lady Health Visitors
LHWs	Lady Health Workers
LMIS	Logistics Management Information System
LUMS	Lahore University for Management Sciences
MC	Mercy Corps
M&E	Monitoring and Evaluation
MACWA	Maternal and Child Welfare Association
MCH	Maternal and Child Health
MCHCs	Maternal and Child Health Centers
MDGs	Millennium Development Goals
MIS	Management Information System
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
MNH	Maternal Newborn Health
MOH	Ministry of Health
MOPW	Ministry of Population Welfare
MWs	Midwives
NCHD	National Commission for Human Development
NCMNH	National Committee for Maternal and Neonatal Health
NFR	Note For Record
NGOs	Non-governmental organizations
NIPS	National Institute of Population Studies
NP	National Program
NP for FP &	National Program for Family Planning & Primary Health Care
PHC	
NWFP	North West Frontier Province of Pakistan
PAIMAN	Pakistan Initiative for Mothers and Newborns
PAVHNA	Pakistan Voluntary Health Nutrition Association
PC	Population Council
PHC	Primary Health Care
PHDs	Provincial Health Services Departments
PHDCs	Provincial Health Development Centers
PHSA	Provincial Health Services Academy
PMA	Pakistan Medical Association
PM&DC	Pakistan Medical & Dental Council
PMNH	Pakistan Maternal & Neonatal Health
PNC	Pakistan Nursing Council
PPA	Pakistan Pediatric Association
PPP	Public-Private Partnership
PRSP	Punjab Rural Support Program

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PWDs	Population Welfare Departments
RFA	Request for Application
RFP	Request for Proposal
RH	Reproductive Health
RHFA	Rapid Health Facility Assessment
RHCs	Rural Health Centers
SAVVY	Sample registration of Vital events and Verbal autopsy
SC/US	Save the Children, USA
SBA	Skilled Birth Attendants
SNL	Saving Newborn Lives Initiative
SO	Strategic Objectives
SOSEC	Social Sector Consultants
TAG	Technical Advisory Group
TAMA	Technical Assistance Management Agency
TBAs	Traditional Birth Attendants
THQs	Tehsil Headquarters Hospitals
TNA	Training Needs Assessment
TORs	Terms of Reference
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population
UNICEF	United Nations International Children Fund
USAID	United States Agency for International Development
VHC	Village Health Committee
WHO	World Health Organization
WHP	Women Health Project
WMOs	Women Medical Officers

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EXECUTIVE SUMMARY

This quarter has been over shadowed by the massive earthquake in remote northeastern Pakistan on October 8 which caused over 73,000 deaths and a similar number of injured and displaced 3.5 million people at the beginning of the winter season. 93 people also died in Islamabad with many more injured. Serious aftershocks continued for several weeks following the initial earthquake. This terrible event has affected all members of the PAIMAN team and several of the PAIMAN Consortium organizations are significantly involved in the relief and reconstruction operations. Indeed, Save the Children US was one of the first organizations to arrive on site to assist. In a volunteer capacity many of us have been working in our spare time to support the relief effort.

The PAIMAN Project has not participated in the relief effort, but has left this work to government and organizations with this mandate and capacity while we have concentrated on Project implementation. However, governments at the national and provincial levels, key partners in the PAIMAN Project, have been justifiably fully focused on managing this tragedy.

Although these circumstances have made it more difficult to implement the PAIMAN Project, the Team has continued to work effectively within these challenges. Following are highlights of the activities during this quarter:

Project Planning

The PAIMAN Technical Advisory Group (TAG) consisting of national and international experts met for the first time in early October and advised on how to strengthen project strategies. In light of the TAG advice, the PAIMAN Consortium revised the Strategic Framework and the October 2005-September 2006 Work Plan. These two amended documents were subsequently approved by USAID.

Strategic Objectives

The Work Plan schedules significant implementation activities in SO1 and SO4, focusing on increasing awareness of positive MNH behaviors and training of skilled birth attendants (SBAs).

- The development and dissemination of the Communication Advocacy Mobilization (CAM) Road Map was undertaken based on TAG feedback. This Road Map is being used by the community mobilization (CM) partners (SCUS, PAVHNA, Mercy Corps and Greenstar) to initiate CAM activities including community mapping and initial community level meetings to identify community gatekeepers. The IEC materials approved by the National Program (MoH) will be used to ensure consistency of the key messages.
- The development of a national SBA strategy and the planned training of community midwives (CMW) were significantly supported by the visit in December of Kathy Herschderfer, Executive Director of the International Confederation of Midwives and Beth Gragg of World Education. The CMW curriculum, already under revision for several months has now been approved by the Pakistan Nursing Council, a significant milestone in improving MNH in Pakistan.

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- At least three health facilities in each PAIMAN pilot district were selected with the relevant provincial and district DoHs for upgradation by the PAIMAN Project. Commitments were made by the DoH to post the necessary staff and provide materials and supplies to these facilities to provide 24 hour EmONC services. Plans and specifications for civil works and equipment were developed and agreed with district and provincial DoHs for upgrading these selected health facilities to provide quality EmONC services.
- The Training Need Assessment (TNA) was undertaken to identify gaps in the knowledge, skills and practice of a wide range of MNH care providers. TNA tools were developed and TNA workshops were held in the four provinces for Health Care Providers (HCPs) from the pilot districts. Following data analysis a detailed TNA report was submitted in December.
- The Management Training Need Assessment (TNA) was completed and an outline training curriculum was prepared. In-depth interviews were conducted to enhance the validity and generalizability of the data collected earlier at two Focus Group Discussions with senior district managers from all the pilot districts. A detailed TNA report was submitted in November.
- The Saving Newborn Lives (SNL) Essential Maternal and Newborn Care (EMNC) training package was adapted for the training HCPs. A training manual and teaching materials were prepared and agreed with the relevant PAIMAN partners.
- The EmONC curriculum for specialists was adopted and training materials were identified, synthesized and agreed with partners.
- The existing LHW curriculum and training materials were reviewed and partners agreed that it fulfilled the PAIMAN maternal and newborn training needs.
- Midwifery training schools have been identified and their training and equipment needs assessed. Provincial governments are being requested to appoint and post midwifery tutors at these schools. Master trainers for the refresher training of existing midwives have also been identified.
- TOT workshops for trainers in Essential Maternal and Newborn Care (EMNC) from Sindh and Balochistan proceeded by orientation of facilitators at Karachi
- The list of trainees for rollout trainings in the ten districts has been prepared, but the training scheduled to start in December 2005 will now begin in January 2006 due to the delay in some TOT workshops.
- The maternal care components of the curriculum have been developed for training private sector HCPs.
- Mapping of private health care providers has been completed and lists of these providers in each of the 10 PAIMAN districts are available.
- Training of private sector providers in the maternal component has been initiated.
- The Clean Delivery Kit (CDK) orientation of TBAs will start after Greenstar initiates Interpersonal Communication (IPC) work in the districts.
- The DHMT concept paper was finalized in consultation with the district and provincial DoHs and circulated.
- Consultation meetings with district and provincial DoHs were completed.

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- DHMT HMIS meetings will be initiated as soon as the baseline information is compiled (See M&E below).
- Workshops on HMIS Evidence Based Decision Making and refresher trainings on HMIS Data Collection Tools and Methods were held for the pilot district DoH teams.
- The district financial flows study was completed including recommendations.

M&E

Data collection has been completed for the following baseline studies: Rapid Health Facilities Assessment (RHFA), the District Profiles (DP), the Health Facilities Assessment (HFA), the Household Survey (HHS) and the Formative Research (FR) . The RHFA and DP data is compiled and analyzed. Data input for the RHFA, HHS and FR is under way or completed, analysis is being undertaken and reports will be submitted in the next quarter. This information will be integrated and used to refine the PAIMAN indicators.

Grants management

- The Mercy Corps sub-grant was finalized and executed.
- The Grants Program was launched with a Request for Application generating 104 responses.

Constraints and Challenges

Some of the constraints and challenges during this quarter were:

- Female participation is a very critical part of community mobilization. Community-based teams have to put in a lot of effort into increasing access to women in the community. Preparation for a group activity requires more time owing to the conservative traditions and non-mobility of the females outside their households. The interventions in NWFP will require a different approach for CM and more time to produce results.
- The health committee meetings and support groups with the LHWs are interventions to be carried out through the National Program for FP & PHC. The activities could not be initiated as the MOU needs to be signed prior to involving LHWs in these activities.
- Collection of the most recent material for MNH curriculum review and development was time consuming. In addition, it was difficult to synthesize, adapt and develop the curricula, achieve standardization and address national health training needs while simultaneously keeping the curricula relatively straight forward to implement.
- Over a short period it was difficult to train trainers belonging to diverse cultural groups in maternal and newborn health, so that they are able to effectively replicate the training at district level.
- Many of the district health management team members were not available to work with the PAIMAN team for almost 10 working days per month while they were committed to the monthly Polio Days.

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Lessons Learned

- Working with multiple partners brings rich experiences, but, at the same time there are various bottlenecks and planned activities get delayed due to interdependency. Improved coordination and communication among PAIMAN partners at district, provincial and national levels during this quarter has yielded mutual benefits in terms of more effective planning and collaboration of field activities.
- With finalization of the list of health facilities to be upgraded by PAIMAN in the first phase, there is a window of opportunity for all community mobilization partners to muster more political and administrative support for our work by lavishly sharing the credit of upgradation of facilities with all community leaders and gatekeepers.
- Greenstar promotes the social marketing of maternal, newborn and child health (MNCH) products. The time required in developing each of these products is immense and hurdles many. It requires product identification, its formulation, market research, branding research, registration with the Ministry of Health and so on. It requires sustained effort by many people in marketing, sales and health services.
- Sharing of knowledge and its management between consortium partners as observed in this quarter is most important to achieve better results.
- Hand in hand coordination of PAIMAN with Government at all three levels is required for smooth accomplishment of activities

Priorities for Next Quarter

- Finalizing data analysis and report writing on the formative research study (JHU)
- Development and distribution of CAM roadmap implementation plan (JHU)
- Finalization and distribution of community mobilization tools (JHU, CM partners)
- Capacity building on community mobilization techniques (JHU for CM partners)
- Advocacy seminars for government decision makers at national and provincial levels (JHU)
- Orientation and sensitization seminars for health facility staff on community-facility linkages (MC, PAVHNA, SCUS)
- Organizational strengthening of facility-based health committees in the catchment area of health facilities (MC, PAVHNA, SCUS)
- Sensitization of Village Health Committees to take responsibility for organizing community transport to deal with MNCH emergencies (MC, PAVHNA, SCUS)
- Development and implementation of a comprehensive procurement plan for upgradation of health facilities in the ten PAIMAN districts (JSI)
- TOT workshops on EMNC (SCUS)
- Development of a plan for training impact assessment (AKU)
- Sensitization workshops for District Nasims (Contech)
- Orientation meetings of DHMTs (Contech)
- Development of the Good Life network (GS)
- Participation in pilot testing the integrated district HMIS in collaboration with JICA team (JSI, Contech)

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- Training workshops on sensitization of DHMTs on needs & benefits of collaboration between private and public sector (Contech)
- Meetings with service providers, policy planners and implementers for the development of regulatory framework for the private sector including MNCH services (JSI, Contech, GS)
- Finalizing data analysis and report writing on all baseline assessments and exchange of drafts with the PAIMAN DHMTs (PC, CONTECH)
- Finalizing design of the computerized project monitoring and reporting system and operationalizing it through training of project staff (JSI)
- Pre-award assessment of shortlisted NGOs (JSI)
- Organization of information sharing workshops for shortlisted NGOs (JSI)
- The PAIMAN Intranet will be ready for launching by the end of the next quarter (PC)
- Rehabilitation and furnishing of PAIMAN provincial offices (JSI)
- A 15 day ToT workshop on refresher midwifery training at Lahore.
- Rollout refresher training for midwifery at Lahore.

INTRODUCTION

The Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five-year project funded by the United States Agency for International Development (USAID). PAIMAN is committed to assisting with the implementation of the full spectrum of interventions necessary to address mother and newborn health, focusing on ten districts throughout Pakistan.

The PAIMAN consortium is led by John Snow Inc. (JSI), a U.S.-based public health organization, who signed a cooperative agreement with USAID in October 2004. Other partners include the Aga Khan University (AKU), Contech, Greenstar, Johns Hopkins University Center for Communication Program (JHU/CCP), PAVHNA, Population Council, and Save the Children/US.

This quarterly report covers the period between October 1 and December 31, 2005, which is the first quarter of the second project year.

BACKGROUND

In recent years, the GoP has made maternal and neonatal health a top priority. Pakistan is a signatory to the Millennium Development Goals (MDGs) which call for a reduction in the maternal mortality ratio by three quarters by 2015. With this in mind, several forums have been held, including the MCH Consultation in January 2003 and the National Conference on Maternal Mortality. A national Maternal, Neonatal and Child Health Strategy was adopted at the Public Health Forum in April, 2005. PAIMAN participated in the design and development of the national MNH strategy as a member of the Technical Advisory Group (TAG). The following priority recommendations for reducing maternal and neonatal mortality have been proposed:

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- Improve emergency obstetric and newborn care provision;
- Ensure essential obstetric and newborn care and prompt recognition, management/referral of obstetric/newborn complications through skilled birth attendants (SBA);
- Expand access to comprehensive Family Planning (FP) services;
- Increase community awareness about danger signs, birth preparedness, nutrition and demand for FP and SBA services, through a comprehensive BCC strategy;
- Address cross-cutting issues of low female social status, gender inequalities, illiteracy and poverty.

The National Strategic Framework on Maternal and Neonatal Health will clearly be the roadmap for the PAIMAN project in the coming years. To implement the MNH strategy, PAIMAN will work closely with the National Maternal and Child Health Program, which is now housed in the Federal Ministry of Health. This Program, with federal, provincial, and district partnership, will support MCH interventions for provision of an essential MCH package.

The first project year focused on establishing partnerships at all levels with stakeholders and consortium partners. The role and responsibilities were clarified, the strategic planning process was completed and the Work Plan was finalized in March 2005. The implementation started after the Work Plan was approved by USAID in April 2005. The district profiles, baseline survey, formative research and health facility assessment were all initiated during this first project year.

Intervention packages for public health facilities, the community and the private sector, were agreed upon to achieve the overall goal and objectives of PAIMAN. The concept paper to strengthen the DHMTs was developed and the sensitization of district health managers to use district specific information for decision making was undertaken.

GOAL AND OVERALL STRATEGIES

PAIMAN intends to contribute directly to reducing maternal, newborn, and child mortality in Pakistan through viable and supportive initiatives. These include the capacity building of existing programs and structures within health systems and communities to ensure improvements and the creation of supportive linkages in the continuum of health care for women between the home and the hospital.

Outcomes:

- Reduction in neonatal mortality rate
- Increase in proportion of live births assisted by SBA

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Overall project strategy and guiding principles

PAIMAN will use the "Pathway to Care and Survival" continuum of life saving and protective care to respond to the needs of mothers and newborns. Under the devolved system in Pakistan, the Provincial Departments of Health provide safe motherhood and newborn care services through a four-tier system – community-based activities through LHWs and TBAs; primary health care (PHC) facilities such as maternal and child health centers (MCHCs), basic health units (BHUs), and rural health centers (RHCs); first referral facilities such as Tehsil Headquarters (THQ) and District Headquarters (DHQ) hospitals; and tertiary care facilities. PAIMAN will work with all these tiers in both the public and private sectors to strengthen capacity and ensure a wider access to quality services through skilled attendance at all levels, including the community.

For a more detailed description of PAIMAN's strategic approaches, the reader is referred to the PAIMAN Strategic Framework.

STRATEGIC OBJECTIVES

The project is based on the "Pathway to Care and Survival" framework. The five major strategic objectives are to:

1. Increase awareness and promote positive maternal and neonatal health behaviors
2. Increase access to and community involvement in maternal and newborn health services (including essential obstetric and newborn care) and ensure services are delivered through health and ancillary health services
3. Improve service quality in both the public and private sectors, particularly in relation to the management of obstetrical complications
4. Increase capacity of district MNH managers and care providers
5. Improve management and integration of health services at all levels

ACTIVITIES & ACCOMPLISHMENTS FOR PAIMAN YEAR 2, QUARTER 1

Strategic Objective 1: Increase awareness and promote positive maternal and newborn health behaviors

Activity 1: Conduct formative research.

During the course of this quarter Arjumand and Associates (AAA) developed, translated, pretested and finalized the BCC formative research tools. The formative research is divided into two studies: (1) Study 1, using in-depth interviews (IDIs) with women, men, and male/female family members to determine health-seeking behaviors and cultural practices related to maternal and newborn health. (2) Study 2, using focus group discussions and IDIs with women, men, and male/female family members, and healthcare providers, to determine knowledge about maternal complications, healthcare resources, perceptions of healthcare, and provider perceptions of maternal and neonatal

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responsibilities. Data collection commenced in December and the data collection phase is scheduled to be completed by January 7, 2006. AAA will analyze the data and submit a report of the findings from the formative research to PAIMAN/BCC by the end of March, 2006.

Activity 3: Develop a Communication, Advocacy and Mobilization (CAM) strategy

During the first project year, PAIMAN had been pursuing the development of a National MCH Communication Strategy by partnering with the National MCH Cell of Ministry of Health. A National Communication Strategy in MCH would help all the MCH programs in the country including PAIMAN, to reach out to the communities with the complementary and reinforcing messages, and avoid duplication of efforts and confusion amongst the intended audiences. During the Technical Advisory Group (TAG) meeting on October 4-5, 2005 the BCC team suggested that while PAIMAN should continue its supportive role towards the development of a National MCH Communication Strategy, the partners need a communication 'roadmap' related to its program's specific objectives so that unnecessary delays could be avoided.

During this quarter the BCC team developed a draft Communication, Advocacy and Mobilization (CAM) roadmap based on BCC literature review, existing MNH data and international best practices. The draft roadmap was circulated among PAIMAN partners and a CAM (previously BCC) Thematic Group Meeting was convened to discuss the draft roadmap on November 29, 2005. The BCC team has incorporated the inputs of the Thematic Group and has finalized the CAM roadmap. The roadmap will provide a framework for all CAM activities in the 10 PAIMAN districts. It is intended to be a "living" document, reviewed and revised as the formative research and baseline results become available and as the program progresses. A detailed timeline will be completed to accompany the roadmap in January 2006.

Activity 4: Support MCH Cell to Develop and Implement a National Communication Strategy:

The BCC team remained in contact with the MCH cell and MoH officials regarding the development of a national MNH communication strategy. MoH however could not take a lead in the process due to its focus on rehabilitation of earthquake victims.

Activity 5: Design, produce and pretest communication packages for household/community level (by district) based on strategy

The BCC team has reviewed and rated a number of IEC materials for various audiences. During the CAM Thematic Group Meeting held on November 29, 2005 the group agreed to use the IEC materials approved and being used by the National Program for FP & PHC in order to give uniform messages at all levels. Three specific items were chosen from the list of materials reviewed by the BCC team. The materials were produced for Lady Health Workers under Ministry of Health's Women Health Project and focus on birth preparedness. PAIMAN has requested that the National Program for FP & PHC allow PAIMAN to use its materials. Once approved, the selected materials will be reproduced and sent to all community mobilization partners for use in their

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mobilization campaigns. New IEC material needs will be assessed as per findings of PAIMAN baseline survey and formative research and more materials if required, will be developed.

As decided by BCC Thematic group, IEC materials used by the National Program (NP) will be used. There is no need to pretest this material as was already pretested before being approved by the NP.

The senior community mobilization officers (SCMOs), based in the districts, have continued the mapping activities in their intervention areas chosen on the basis of the selection of the health facilities to be strengthened. The SCMOs have identified influential people from the area as gate-keepers or entry points who have been sensitized for PAIMAN and they shall lead in starting up the community mobilization tasks, increasing ownership of the program. These include elected local body representatives such as District Nazims, Tehsil Nazims, UC Nazims, male and female councilors, and religious leaders.

Activity 6: Sensitize and Gain Support of Stakeholders for CM strategy

The BCC team has developed a community mobilization tool kit to help the community mobilization staff in planning and implementing activities at the field level. The tool kit is based on international best practices and the ground realities of PAIMAN districts. It provides detailed step by step guidelines for field activities including conducting mapping of communities, stakeholders meeting and group discussions.

The BCC team held meetings with three PAIMAN Community Mobilization partners (Save the Children US, PAVHNA and Greenstar) to understand their communication needs and what support from JHUCCP would be appropriate to ensure that all the PAIMAN CM partners are essentially following the same process. In light of the discussions, the BCC team is preparing individualized Urdu brochures describing the MNH situation in each district; and highlighting the roles that different stakeholders can play in the respective districts. The brochures will be distributed through Community Mobilization Officers to help them sensitize and mobilize district level gatekeepers and stakeholders on MNH.

Meetings were held with the major line departments that shall be involved in the community mobilization activities such as the office of the EDO health, National Program, social welfare department and community development department. Meetings were also held with the LHWs and LHSs in the catchments of the facilities to be strengthened.

The NGOs and CBOs in the areas were sensitized on the PAIMAN activities generally and on the and CM activities specifically. The CBOs and NGOs already working in the health sector are now interested to take maternal and newborn health as their priority area of intervention in the health sector.

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Meetings were held with the Nazims and elected representatives at district, tehsil and Union Council levels to sensitize them about PAIMAN activities.

Activity 7: Implement CM strategy

CM partners are currently engaged in community mapping and initial community level meetings. With the training of lady health workers and the selection of NGOs through the PAIMAN grants mechanism, male and female support group meetings and other activities will begin soon.

The facilitation and revitalization of the facility-based health committees is an activity which needs to be carried out through partnership with the National Program for FP and Primary Health Care. The MOU with the program at the Federal level has not been signed yet. Therefore, the activities related to the LHWs and the health committee workers are pending and shall be initiated as soon as the MOU has been signed.

Activity 8: Capacity building of partners/managers/health providers (public and private) in communication

The BCC team conducted an intensive training workshop Leadership in Strategic Health Communication from December 1-14, 2005 at Islamabad. The two week course was tailor made for health education officers, program managers and communication professionals to help them understand research findings and develop communication plans as per their specific needs. A team of communication experts led by Dr. Benjamin V. Lozare, Associate Director JHUCCP, facilitated the workshop. Thirty eight senior professionals belonging to public and private sector organizations including Ministry of Health and allied departments, district social welfare departments, local NGOs working in PAIMAN districts; and teaching staff of postgraduate academic institutions participated in the workshop.

The graduates of the workshop have formed an email list to exchange ideas on issues related to MNH and health communication.

Activity 9: Conduct advocacy campaigns based on the CAM strategy

The BCC team organized a one day seminar on "Strategic Communication for Health Policymakers: Lessons from Around the World" on December 15, 2005 at Bourbon. The objective of the seminar was to highlight the importance of health communication in public health planning and to sensitize senior health managers to the importance of MNH issue. The seminar was attended by Directors General Health, District Coordination Officers (DCOs) and Executive District Officers (EDOs) Health from PAIMAN districts. Minister for Health, NWFP was the chief guest on the occasion. Dr. Benjamin Lozare, Associate Director JHUCCP conducted the seminar.

The BCC team produced and distributed the Urdu version of PAIMAN brochure to help CM partners introduce PAIMAN at the district / field level.

For greater visibility and support for PAIMAN, special give-away items with the PAIMAN logo and slogan "a promise to saving mothers and newborns" have been ordered. The give-aways would be distributed among senior policymakers, planners and supporters of PAIMAN activities. Another set of

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items consisting of a wall calendar, a table calendar and a monthly planner have also been ordered after going through a series of process to select the main theme. The selected theme for 2006 was 'gender'. The calendars and planner position the women as the most important figure of life.

Activity 10: Strategize social marketing of health products (e.g. CDKs, iron tablets) and link to CAM strategy and capacity building plans

Discussions with partners, health experts, and the Greenstar provider network, confirmed that Clean Delivery Kits and iron plus micronutrient supplements for women of reproductive age and pregnant women were the principal health product interventions for social marketing under PAIMAN. This is in addition to the comprehensive range of contraceptives offered by Greenstar (funded through a separate agreement with USAID). Together these would directly contribute to the Strategic Objectives for reduced maternal and neonatal mortality and morbidity.

All products will be subsidized for their marketing and support costs, but will be launched near full commodity cost recovery to ensure long-term sustainability, particularly given that they are locally manufactured and relatively affordable to the target audience.

Clean Delivery Kit

The objective of using Clean Delivery Kits (CDK) is to make the home delivery cleaner by providing the delivery attendant with all necessary equipment in one convenient package. The product has already been used in a number of developing countries to facilitate home births, as its correct use is likely to reduce the chances of tetanus and neo-natal and maternal sepsis which occur during delivery. It has been very useful especially in low income areas where there is a lack of hospital facilities.

The Clean Delivery Kit of Greenstar has been offered for some time, however, without funding; there was no promotion for increasing its use. It was also felt necessary to revise its contents and packaging as per the feedback given by the providers. The older kit is being sold continuously till the time it is replaced by the new kit.

The kit new was supposed to be launched in December but due to some technical difficulties, the launch has been delayed till February 2006.

Total sales of CDK in the reporting quarter for the 10 PAIMAN districts were 756:

Iron-Folic Acid Supplements

The main achievement in this arena during the first quarter is that Greenstar's Good Life brand of family health products has begun the procurement process of iron-folic acid with an identified manufacturer. This has come after a laborious and lengthy process of discussions with the manufacturer on the formulation of the supplement, market research around packaging and branding and other efforts related to bringing this product to the market.

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Qualitative research was carried out to:

- To identify the perception of audience about iron tablets.
- To identify any prior experiences with iron tablets.
- To identify a name & suitable format (capsule or tablet) for the iron-folic acid supplement.
- To identify a suitable packaging (Primary and Secondary) (color and size) for the iron folic acid supplement.

The preferred name which has come out of this research is Energy Vit. Other details of the research are mentioned in another section on “Special Studies and Assessment”.

The current Marketing Plan of CDK covers all necessary points including: background, current market scenario, product content (as per Population Council recommendation) and distribution strategy. This will be integrated in future with the training and CAM (Community, Advocacy and Mobilization) strategy.

Activity 11: Monitor CAM activities and improve/refine campaigns and initiatives

In order to monitor the ongoing formative research in seven districts of PAIMAN, the BCC team developed a check list for various tasks and conducted field visits. For other BCC activities further tools will be developed, hence tools development is shown as an ongoing activity in the Activities Matrix.

The team found the quality of work satisfactory. In addition, a research consultant was brought in to help Arjumand and Associates monitoring their progress during the fieldwork. BCC team also provided the needs based supportive monitoring to CM partners in their fieldwork.

Strategic Objective 2: Increase access to (including emergency obstetric and newborn care) and community involvement in maternal and child health services and ensure services are delivered through health and ancillary health services.

Activity 1: Support drafting and finalization of national SBA strategy

A draft of the National SBA strategy has been prepared and finalized by the MOH after many consultative meeting with the stakeholders. The draft was also shared with the Provincial Health Departments before finalization. JSI facilitated these meetings as a member of the National SBA Technical Advisory Group.

Activity 2: Health Facility Assessment (HFA) for MNH services

During this quarter, Provincial Consultative Meetings for Balochistan, Punjab and NWFP provinces were held on 12th & 14th October and 17th November respectively to discuss the MNH equipment and Civil works under RHFA. The

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preliminary table showing the need for equipment and civil works were shared with provincial/district governments before holding consultative meetings. On the basis of these tables, the needs were discussed in the above mentioned provincial meetings. During these meetings, one district level hospital, one tehsil level hospital and one rural health center were selected from each district for upgradation as a priority and it was decided to revalidate the data in consultation with respective district health authorities.

Activity 4: Sensitize and Gain Support of Stakeholders for CM strategy

The BCC team has developed a community mobilization tool kit to help the community mobilization staff in planning and implementing activities at the field level. The tool kit is based on international best practices and the ground realities of PAIMAN districts. It provides detailed step by step guidelines for field activities including conducting mapping of communities, stakeholders meeting and group discussions.

The BCC team held meetings with three PAIMAN Community Mobilization partners (Save the Children US, PAVHNA and Greenstar) to understand their communication needs and what support from JHUCCP would be appropriate to ensure that all the PAIMAN CM partners are essentially following the same process. In light of the discussions, the BCC team is preparing individualized Urdu brochures describing the MNH situation in each district; and highlighting the roles that different stakeholders can play in the respective districts. The brochures will be distributed through Community Mobilization Officers to help them sensitize and mobilize district level gatekeepers and stakeholders on MNH.

Meetings were held with the major line departments that shall be involved in the community mobilization activities such as the office of the EDO health, National Program, social welfare department and community development department. Meetings were also held with the LHWs and LHSs in the catchments of the facilities to be strengthened.

Activity 5: Capacity building of village/community health committees

Developing the capacity of village health committees will be done with the LHWs of the area. Initiation of this activity is dependent upon the signing of an MOU with the National Program (NP), hence this task will need to be rescheduled until this MOU is signed.

Activity 7: Provide 24 Hour basic EmONC Services through selected RHCs

A concept paper on the need to establish 24 hour EmONC services at RHCs and THQ/DHQ hospitals has been developed and shared with Provincial Governments. Specific RHC/THQ/DHQs in each district have been selected by Provincial Governments for upgrading in all 10 pilot districts. These were confirmed during a series of consultative meetings with these district and provincial government representatives and officials. Provision of 24 hours EmONC services at these selected public health facilities was successfully negotiated with the Provincial DOHs.

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Strategic Objective 3: Improve service quality in both the public and private sectors, particularly related to the management of obstetrical care and newborn complications

Activity-1: Make available MNH service standards and standard protocols for quality improvement at each level of facility, both in public and private sector.

As decided in the PAIMAN TAG meeting, PAIMAN will use the Women's Health Project (WHP) standard protocols developed by the Ministry of Health Islamabad. A letter in this regard has been written to the PD WHP for issuance of NOC to reprint and develop these standard protocols. As soon as the permission is granted from MOH, these standard protocols will be printed and distributed in 10 PAIMAN districts.

Activity-2: Up gradation of selected referral health facilities (Public/Private) according to quality standards.

The Rapid Health Facility Assessment (RHFA) in the 10 PAIMAN districts is complete (see M&E section, Activity 8, Rapid Health Facility Assessment.) The results of this Rapid Assessment are being used to prepare a procurement plan for civil works and equipment for the initial 31 health facilities (RHCs and THQ/DHQ hospitals) selected by the provincial and district governments for up gradation.

Provincial Consultative Meetings for Balochistan, Punjab and NWFP provinces were held on 12th & 14th October and 17th November respectively to discuss the MNH equipment and Civil works under RHFA. Preliminary tables specifying equipment and civil works requirements were shared with provincial/district governments before holding consultative meetings. On the basis of these tables, the needs were discussed in the above mentioned provincial meetings. During these meetings, one district level hospital, one tehsil level hospital and one rural health center were selected from each district for up gradation on priority and it was decided to revalidate the data in consultation with respective district health authorities. A total 31 health facilities have been selected (3 from each intervention district with the exception of 4 from Rawalpindi).

The names of selected facilities are given below:

DISTRICT	NAME OF SELECTED HEALTH FACILITY		
	DISTRICT HOSPITAL	TEHSIL HOSPITAL	RURAL HEALTH CENTER
District Sukkur			
	Civil Hospital Sukkur	Taluka Hospital Rohri	RHC Kandra
District Dadu			
	Civil Hospital Dadu	Taluka Hosp. Khairpur Nathan Shah	RHC Sita Road
District Jaffarabad			

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DISTRICT	NAME OF SELECTED HEALTH FACILITY		
	DISTRICT HOSPITAL	TEHSIL HOSPITAL	RURAL HEALTH CENTER
	DHQ Hospital Dera Allah Yar	Civil Hospital Usta Muhammad	RHC Rojhan Jamali
District Lasbella			
	DHQ Hospital Uthal	Jam Ghulam Qadir Hosp. Hub	RHC Bela
District Buner			
	DHQ Hospital Daggar	Civil Hospital Chamla	RHC Jawar
District Upper Dir			
	THQ Hospital Dir Khas (as DHQ hospital)	RHC Warri (as THQ hospital)	RHC Barawal
District Dera Ghazi Khan			
	DHQ Hosp. D.G. Khan	THQ Hospital Taunsa	RHC Choti Zarin
District: Khanewal			
	DHQ Hospital Khanewal	THQ Mian Channu	RHC Kacha Khuh
District: Jehlum			
	DHQ Jehlum	THQ, Sohawa	RHC Domeli
District Rawalpindi			
	-----	THQ Murree THQ Gujar khan	RHC Phagwari RHC Mandra

Subsequently different teams were assigned to collect the necessary data for revalidation at these selected facilities with the FOMs. The teams paid visits to the selected facilities and revalidated information in consultation with respective EDOs (H) and facility incharges.

Re-validated data was entered for analysis, which has been completed at facility, district and national level. In addition, a distribution plan of each item has also been prepared. Finally, Contech has prepared technical specifications for each item. Packaging of items is in process and development of a procurement plan will be completed in the next quarter.

Activity 6: Development of reward system for improved health facility performance.

A series of meetings were held with Provincial and District Governments to discuss the various incentives for the HCPs. All the Governments have agreed to some form of incentives. These non-monetary incentives can include training, appreciation letters and certificates. There may be some financial rewards funded by Government. For example, the Government of NWFP has agreed to double the salary of WMOs working in the remote health facilities.

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Strategic Objective 4: Increase capacity of MNCH Managers and HCPs.

Activity-1: Training Needs Assessment (Public & Private Sector)

The Training Need Assessment (TNA) was envisaged to identify the gaps in the knowledge and skills component of health care providers. TNA tools were developed by AKU and NCMNH in consultation with all the partners to assess the knowledge/ practices and skills for various categories of staff i.e. (1) Doctors/RMO, (2) LHV-Midwife-Nurse and (3) LHW, whereas Contech carried out the field work. To carry out the TNA activity, Contech worked as a collaborating partner with AKU and organized the workshops at district level in all the four provinces. In Punjab province, a TNA was conducted by the Institute of Public Health, Lahore, while in Sindh, the TNA was accomplished by Provincial Health Development Center (PHDC) Sindh. The Directorate of Human Development Balochistan, Quetta carried out this activity in Balochistan province while in NWFP province, the TNA was completed by Provincial Health Services Academy (PHSA) Peshawar.

Data collection in all pilot districts was completed and after examination, completed, category specific TNA tools were forwarded to AKU for analysis and report writing. AKU received a total of 878 questionnaires from Contech International from the 10 Paiman districts. The questionnaires were marked according to the key and the TNA tools analysis was performed.

The knowledge, skills and attitude of these health care providers were assessed by AKU. The health workers from the districts that fared the best were Jehlum and Rawalpindi, averaging more than 60% in all three tools. Lasbella was at the bottom of the PAIMAN districts with a score of 47.4%. Detailed report of TNA analysis has been forwarded to JSI.

The Department of Community Health Sciences completed the Training Need Assessment (TNA) process for the senior district managers in the month of October. This included six in-depth interviews with the district managers in Sukkur (EDO health, DCO and the DPWO) and Rawalpindi (EDO health, DCO and the MS of DHQ hospital). Those in-depth interviews were conducted in order to enhance the validity and generalizability of the data collected. Earlier, in July 2005, 20 district managers had participated in the two Focus Group Discussions at AKU in Karachi.

Activity-2: Curriculum review, modification & development of training material for EMNC training of HCPs (Male and Female doctors, staff nurses, community midwives, LHVs)

The Technical Advisory Group (TAG) recommended adapting the Essential Maternal and Newborn Care (EMNC) training package of Save the Children's Saving Newborn Lives (SNL) Initiative to train Health Care Providers (HCPs) in maternal and neonatal health. A curriculum review meeting was held at National Commission for Maternal and Neonatal Health (NCMNH), Karachi on the 10 and 11 November 2005, to strengthen the maternal component of EMNC package. All the partners responsible for curriculum modification

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participated to finalize session outlines and objectives, training methodology and teaching aids. A zero draft training manual was thus prepared.

Consensus on the zero draft of the training manual and training materials was reached in a meeting held on November 26 in Karachi in which representatives from John Snow International, Inc. (JSI), NCMNH, Aga Khan University (AKU), Greenstar and Save the Children participated. The meeting was followed by two day orientation of resource persons on the same. A detailed implementation plan (DIP) for the Training of Trainers for each province was also prepared.

The process has been shared with all partners of consortium at different stages and the following products have been developed

Manual	Methodology used	Phase /Stage
Reference Manual for Newborn Health for Health Care Providers(Trainers)	Comprehensive review of all available curricula.	Completed
Trainers Manual	Comprehensive review of all available curricula (list of curricula was given in previous quarterly report) has been completed. Novel manual designed.	Completed
Trainee's manual	Novel manual designed incorporating recent innovative, replicable approach to teaching and training.	Completed

AKU is also working in collaboration with Greenstar for developing training curriculum for the health care providers of private sector.

Quality assurance is important both in terms of maintaining as well improving the quality of trainings. It also helps to standardize the trainings for the private sector providers. For quality assurance purposes, Greenstar has trained its master trainers for quality testing of various kinds of trainings.

In addition, Greenstar has developed quality assurance tools in order to cater to the above tasks. These tools exist in the form of Pre-Post test, evaluation form and monitoring tools. One of the ways Greenstar does this is to utilize the services of the Manager Health Services in each of the three regions, who monitors the training using the flow sheet which has been developed for the facilitator. Some of the trainings are monitored by the external monitors that make use of the checklist for monitoring the training.

Curriculum on maternal part of EMNC for doctors has been developed and copies of the trainer's manual have been provided to the trainers. For the trainees manual Greenstar is using the EMOC manual developed by NCMNH which exists in printed form.

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Purchase of mannequins and other training aides have been delayed due to difficulty in identifying the vendors. Hence, Save the Children was requested to help in the procurement of the models. It was only in late December that they identified one vendor and negotiations are now underway to procure them.

Activity 3: Curriculum review, modification and development of training material for EmONC trainings of specialists (obstetricians, pediatricians, anesthetists)

The EMONC curriculum was reviewed and training materials were identified, synthesized and agreed with partners. The development of training quality assurance criteria is almost completed. The training documents will be printed next quarter.

Activity 4: Curriculum review, modification and development of material for the training of LHWs

The existing LHW curriculum, training materials and training quality assurance criteria were reviewed and partners agreed that it fulfilled the PAIMAN maternal and newborn training needs for the PAIMAN Project. As soon as an MOU is signed with the NP, the training documents will be printed and the training aids purchased.

Activity 5: Curriculum review, modification & development of training material for TBA

The training of TBAs will be an important component, as they represent the majority of the delivery attendants present in some of the under developed districts. There has been a lot of internal discussion on the training of TBAs and their role in PAIMAN. The consensus has been that Greenstar should do an orientation rather than a full fledged training. The orientation of TBAs will include:

- Use of clean delivery kit
- Recognition of danger signs
- Referral mechanism
- Family Planning Counseling

Materials from different curricula have been collected, which will be used for the development of the curriculum. The development process of curricula has been initiated.

Other tasks are expected to be completed once the Interpersonal Communication (IPC) work starts in the field as these activities are linked to IPC work.

Activity 7: Develop training software database

As mentioned in the July-September 2005 report, the training database software used by Catalyst Consortium is to be modified and used by PAIMAN. With the finalization of the knowledge questionnaire and skills checklists in the current reporting quarter, definition of the necessary fields in the software will be completed in the coming quarter.

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Activity 8: Strengthening of teaching and training institutions (PHDC/PHSA/DHDC)

Training institutions have been identified along with their development and training needs. A procurement plan to address these needs was finalized in December 2006. Contech has also prepared a distribution plan and technical specifications of each item. A packaging plan for delivery of these items is being prepared.

Activity 9: Assess midwifery schools, public health and nursing schools in public & private sector

Schools have been identified and their needs also have been assessed. Provincial governments are being requested to appoint and post midwifery tutors at these schools. Identification of the institutions for hands on training is in process. Identification of existing midwives is being undertaken with the help of Pakistan Nursing Council (PNC) and the partners. PNC has written letters to about 2000 existing midwives and about 400 have sent a reply to PNC identifying their training needs. Master trainers for the refresher training of existing midwives have also been identified.

Activity 11: Training of Trainers (from PHDC/ DHDC/ DHQ)

A list of trainers in Essential Maternal and Newborn Care (EMNC) were identified by district EDOs (H) in the 10 districts in the last quarter.

The TOT workshops for the province of Sindh and Balochistan in EMNC were conducted by AKU in collaboration with NCMNH on 18th -24th December for Sindh, 25th to 31st December for Balochistan. The maternal component was facilitated by NCMNH and held at JPMC whereas the newborn component was facilitated by AKU and held at AKU Campus. The total duration of workshop was 7 days. The maternal and newborn components were given three days each. A total of 29 participants attended the workshop belonging to Sindh and Balochistan. The participants were selected by Save the Children after consulting health system managers of the respective districts.

The workshops focused on the essential knowledge and skills of maternal and newborn care. Diverse methods of training were adopted, such as PowerPoint presentation, case studies, role plays and interactive discussion. Video clips were used to enhance their knowledge and training skills. Resuscitation was demonstrated on mannequins and participants were given time to practice. The opportunity for hands on practice in newborn examination was provided in the AKU Hospital nursery. Both the knowledge and skills of participants were assessed by Pre and Post test.

Success Story

Solving the Right Problem

“What happens if there is a prolonged labor and neonate needs resuscitation?” asked Dr. Rubina, one of the members of team of Experts for “Training Need Assessment” during a TNA workshop at a Govt. Health facility in one of the PAIMAN districts in Pakistan.

“God saves the child if it’s born alive! What can we do? We have never been trained in Resuscitation Skills.....” responded Medical Officer working in the District Headquarter Hospital, selected project facility for up gradation and capacity building in Punjab.



*Photograph by:
Contech.Int.Health
Consultants,
PAIMAN
consortium
partners*

*Team of
technical expert
assessing
Training Needs
of one of the
doctors at District
headquarter
hospital in
District
Lasbella.,Balochi
stan Province,
Pakistan*

*Doctor Demonstrating the resuscitation skills on a dummy neonate.
Technical expert assessing the current level of skills and recording the
needs for further training through a structured TNA tool*

Its not the only district with about 2 million population with a high maternal and infant mortality rates, where the biggest health facility of the district does not have a doctor skilled in lifesaving techniques, there are so many more.....where mothers die waiting to hear the cry of live baby and babies die before their mother can enjoy the smile of a newborn..... or both die together abandoning the whole family crying behind.....

The Pakistan Initiative for Mothers and Newborn (PAIMAN) is a USAID funded project implemented by a Consortium led by John Snow Inc. It has been initiated in 10 selected districts of Pakistan to contribute to survival and health of mothers and newborns.

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Training need assessment was conducted as a part of PAIMAN activities in all 10 selected districts by a team of Technical Experts. Specialists, medical officers, paramedics and outreach staff were assessed for the live saving resuscitation skills.

According to Dr. Benjamin Lozare, professor at communication Department, Bloomberg School of Public Health, John Hopkins University “solving the right problem is the first step towards the successful achievements of goals” but solving the right problem is only possible if right problem is identified in time so we don't waste time in solving the wrong problem.

Though its not *early identification* as most of the health providers have been working in the districts without life saving skills and many precious lives are being lost every day due to lack of saving capacity ,but at least through PAIMAN we have identified the right problem and are on way to its solution.

Following the TNA, training of the provincial trainers has been completed who are going to start the trainings of district master trainers in Jan 2006, in almost all provinces. These master trainers will keep on training the district health providers of different cadres in their respective districts.

During the process of TNA Provincial and district health authorities also realized that lack of live saving skills among health providers working in Public Health Facilities is a crucial problem and requested to initiate the training as soon as possible. They have pledged their best cooperation and support in undertaking these training activities at Provincial and district levels.

Quality and sustainability of training program has been kept in focus by the PAIMAN team and will hopefully have a contribution in reducing maternal and neonatal mortality.

“Solving the right problem is first step towards success.....”

Greenstar works in the private sector, so trainers have been identified from within Greenstar and also some external faculty members have been identified for the trainings in EMNC. These trainers held workshops on EMNC during this quarter.

A detailed implementation plan for training in Comprehensive EmONC for private sector will be developed in the next quarter by Greenstar.

A Detailed Implementation Plan for EMNC in the private sector has been developed and is reflected in the Work Plan. As per the plan there will be a phased implementation of training in different districts. In the first phase trainings will be conducted in Sukkur, D.G. Khan and Rawalpindi. In the second phase the trainings will be conducted in Jehlum and Lasbella, while in the third phase the districts of Khanewal and Dadu will be included. Greenstar has already conducted one training in the district Khanewal. In the 4th phase districts of Upper Dir, Buner and Jaffarabad will be included.

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Since LHWs fall in the public sector their trainings will be conducted by SC. However, it has been agreed that in each of the training an hour will be given to Greenstar for orienting them to the Greenstar products.

A detailed implementation plan for orienting TBAs in each district will be prepared in the coming quarter by Greenstar. There has been delay in the implementation of TBA trainings as this activity is linked with the IPC activities which will start shortly.

Activity 12: Roll out Implementation of trainings

The list of trainees for the ten districts has already been prepared. Training scheduled to start in December 2005 will now begin in January 2006 due to the delay in some TOT workshops (see Activity 11 above).

Mapping of private health care providers has been completed. However, there will be ongoing changes as private providers tend to move from one place to another quite frequently. Contech, in collaboration with Greenstar, has done this mapping exercise. Lists of Health Care Providers in each of the 10 PAIMAN districts are now available and have been included in each District Profile.

Contech has supported and assisted NCMNH to organize two TOT workshops for medical officers at AKU in Karachi. These training workshops were important part of upgrading the district health delivery system.

The training of TBAs will start once Greenstar initiates IPC work in the districts.

Activity 13: Performance Assessment (assessment of providers six months after the initial training on an ongoing basis)

Monitors have been identified for the public sector trainings. As the trainings in the districts will be monitored by PHDC/PHSA, three participants each from PHDCs Sindh and Balochistan have been trained in the ToTs conducted till December 2006, to assist them to monitor trainings in the districts. Orientation of monitors is planned for January 2006.

Greenstar will have monitors internally as well as externally to assess the training courses for the private sector. Roughly 10% of the training courses will be monitored. Monitoring results will be analyzed and feedback provided for corrective measures to be taken.

MNCH and some other training require that trainers have extensive clinical experience. In designing the curricula, specific sessions have been earmarked for guest speakers referred to as adjunct faculty with the relevant clinical skills. PAIMAN has a list of resource persons that it plans to use in its trainings. Greenstar utilize the same or other locally available specialists.

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Activity 14: Curriculum development (Private sector)

The curricula for maternal advanced and maternal basic components has been developed. The copy of these curricula (soft copy) have been shared with the partners. The curriculum mainly focuses on behavioral psychology using the Competency Based Approach. The essential components of the curriculum include: Objective, Content, Methodology and Assessment. During the development of curricula care has been exercised to include the same common messages as are being delivered in the public sector. GS is in the process of translating the Advanced and Basic curricula into Urdu.

Activity 15: Training of Trainers (Private sector)

The training of trainers for the basic maternal component was held in the month of November 2005. It was attended by Assistant Managers Health Services (trainers) of GS from across the country. The workshop was mainly facilitated by outside consultants.

Activity 16: Training of providers in districts (Private sector)

The training of providers in the maternal component has started during the last quarter. Following are the details of the trainings that took place during the last quarter.

	October' 05		November' 05		Dec-05	
	# of#	of#	of#	of#	of#	of#
	Activ.	Providers	Activ.	Providers	Activ.	Providers
AN/PN	1	4	2	18	3	33
EmONC					4	43

EmONC = 1 Rawalpindi, 1 D.G. Khan, 1 Sukkur, 1 Khanewal

Six Antenatal/Postnatal trainings were conducted during this quarter in which 55 providers were trained. EmONC trainings started in the month of December and four trainings were attended by 43 participants.

Strategic Objective 5: Improve management and integration of services at all levels

1. Integration of district MNH plans into the District Health Plan

Activity 1: District Health Management Teams

District Health Management Teams (DHMTs) will be the lead management unit in the PAIMAN districts. PAIMAN intends to provide support to institutionalize District Health Management Teams (DHMTs) through their operationalization and capacity building of its members. Skill based training will be offered in areas including administration, planning, human and logistic resource management, financial management, and monitoring and evaluation.

In this quarter, the DHMT concept paper has been finalized after incorporating the comments from COP/DCOP. It has been drafted and revised during last quarter through a series of individual and group meetings with the

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stakeholders involved in the constitution and operationalization of DHMTs at federal, provincial and district levels.

In order to proceed, a copy of final DHMT concept paper has been circulated among PAIMAN districts.

Consultation with districts and provincial stakeholders has started. Draft district work plans have been developed in consultation of Contech technical team members to cover the following points:

- Share the DHMT concept paper with districts and scheduling of first DHMT meeting in the 10 PAIMAN districts
- Conduct first orientation meetings in 10 PAIMAN districts
- Provide technical support in preparation of district health plan
- Identify Institutions for curriculum development and training of DHMTs
- Provide skill based trainings to DHMT members
- Provide technical support to DHMTs on conduct of regular meetings

Tasks 4 and 5 have been postponed until the Household Survey, Health Facilities Assessment and Formative Research results are available in the next quarter to review with the DHMTs.

2. Use of HMIS information for informed MNH decision making for service delivery strengthening

Activity 7: Use of information for district health management

During this quarter, workshops for districts of Dadu and Lasbella and PHDC/IPH/HAS/and PHSA Staff on “***Evidence Based Decision Making/ PAIMAN Pilot Districts Workshops***” were conducted on 6th-9th October, 05 and 16th -19th November, 05 respectively. These four day workshops were designed to develop the basic skills for day-to-day decision making using HMIS information at district level, including data analysis and interpretation for district managers. These two workshops completed a series of six Evidence Based Decision Making workshops started in the previous quarter for managers in all PAIMAN Districts.

In addition to Evidence Based Decision Making for managers, refresher trainings on HMIS Data Collection Tools and Methods were carried out in this quarter for doctors, LHVs and paramedics at district level. A total of seven workshops have been conducted in districts Jehlum, Khanewal and Dadu including one orientation meeting in Islamabad.

3. Successful implementation of district plans contributing to achievements of MNH targets

Activity 10: Utilization of Budgeted Resources

PAIMAN provides support to the districts in achieving timely expenditure of allocated budgeted resources including maternal and neonatal components. During this quarter, an assessment study has been undertaken to review the financial flow system focusing on utilization of budget within the district.

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The objectives of the study were to:

- Review the post devolution financial flow system and tracking the channels through which the funds have to go in order to reach the health facilities;
- Review the legislation governing the Local Government (LG) and LG financial mechanism;
- Identify bottlenecks in the current financial system which impedes the delivery of health services in an effective and efficient manner; and
- Make recommendations to improve the current financial flow mechanism.

The assessment used a mix of quantitative and qualitative data gathered from districts and a selection of Tehsil/Taluka within these districts, through field visits and using open-ended self administered questionnaires. The districts selected for this assessment were Khanewal, Sukkur and Jaffarabad. Field visits were made during October–November, 2005.

A comprehensive analysis was performed on LG finances. Some issues identified were cross-cutting and will require legislative changes while others can be tackled by building the capacity of the district managers. The major issues identified were:

- Provincial transfers, as LGs rely heavily on them due to weak tax base;
- The budgets in the districts are still prepared in the traditional manner; little consideration is given to keeping the local requirements of the districts in the budget. The district managers skills in budgeting and management are limited;
- The districts are facing the problem of allocations, releases and reallocations which are not being done in time due to political reasons and due to shortage of staff.
- Some districts are lacking capacity to effectively plan the expenditure of their funds.
- Financial Powers delegation rules are not in line with the LGO 2001, which cause problems in the financial flow system;
- Vertical programs have a significant impact on the health indicators of the district, but interfere in the development of an autonomous, devolved district health system.
- Devolved procurement procedures to the district level are not yet clearly defined.

Keeping these findings in view, a comprehensive set of recommendations was made, the highlights of which are presented below:

- Strengthen the concept of strategic planning in all PAIMAN districts.
- Increase the capacity of the health sector staff by trainings using simulations and experiential learning techniques. Furthermore, the district should be provided with hands on support while planning and budgeting over the next 2-3 years.

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- Improve the budgeting process by introducing new budgeting techniques and linking the budget process with strategic planning. HMIS data should be used while preparing district budgets so as to achieve a needs based budget.
- Financial rules need to be re-aligned with the LGO 2001;
- Provide incentive to the LGs for ensuring their active participation in vertical programs; and
- Automate the budgeting process through development of a district planning and budgeting software to aid the process of planning and budgeting and moreover to provide a comprehensive financial analysis.

4. Implementation of innovative models of collaboration of districts with CBOs, NGOs and private sector

Activity 12: Initiate the development of regulatory framework including MNCH services

A consultant has been assigned and relevant information has been collected for the development of regulatory framework for MNH services of the private sector. This consultant will work to initiate and facilitate the process of developing of a regulatory framework to be administered by the government for the private service providers (including Hospitals, Maternity homes, general practitioners, Hakims, Homeopaths and TBAs) to ensure quality service delivery, particularly for MNCH care. This task is partially completed and meetings to initiate the dialogues with service providers, policy planners and implementers are in process.

Activity 13: Develop different models of PPP to deliver MNCH services

One of major responsibilities of Contech and Greenstar is to develop sustainable Public Private Partnerships (PPPs) to deliver MNH services. PAIMAN will assist the District governments to pilot the proposed models to be scaled up if successful. The overview of existing models which are being implemented nationally and internationally has partially been completed. Based on this review, workable models will be proposed to be piloted in the districts.

The key points that have emerged from national and international experience for successful implementation of PPPs include the following:

- High level political and institutional support is critical for PPPs.
- Government has a central role in defining what it wants and is the regulator.
- PPP deals must make sense in terms of delivering both the desired outcomes and commercial returns.
- Good PPPs involve optional risk allocation, demonstrable value for money, clarity of affordability and certainty of public service payment obligations based on delivery of outputs.
- Output based techniques are important for targeted and efficient subsidy allocation.
- A well defined policy framework is required that (a) sets out clearly the processes, priorities and scope of PPP; (b) drives transparent

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procurement processes; (c) includes a communication strategy to improve public and private sector understanding of PPPs; (d) provides clarity of long term government obligations that work across federal and provincial levels; (e) includes mechanisms to recognize implicit/explicit government liabilities and public sector balance sheet requirements; and (f) includes mechanisms to deal with incumbents.

- A well defined legal framework is required that provides clarity, defines contracting authority powers, minimizes procurement costs and timetables, for example, through standard/model contracts, improves dispute reduction, and accommodates future development.
- Private sector/supply side issues should be addressed including availability of long term local currency finance, PPP bid capacity and financing skills, and building capacity of local skills.
- Early identification of projects and pre-feasibility studies for prospective investors

Activity 14: Develop referral linkages between public & NGO/private providers

Under this activity, identification of public sector health facilities providing maternal, neonatal and child health services has been completed, as part of Health Facility Assessment (HFA) and Contech has successfully generated list of such health facilities by district.

Mapping of private service providers has been completed in all ten districts, and the associated directories will be shared with the district government counterparts as well as the PAIMAN partners. This public and private facilities database is essential to facilitate the development of referral linkages between the public and private sectors.

GRANTS MANAGEMENT

Goal of the Grants Program is to develop community-level infrastructure able to implement and contribute to community-based interventions promoting the use of maternal health, newborn care and contraceptive services as well as to reduce the barriers affecting the use of such services. In areas where there are no established non-governmental organizations (NGOs), the program will support small community based organizations (CBOs) with potential to grow and serve a larger population. The program will provide them with financial support for one year, after completion of the first year they will be evaluated for full grant funding.

• Mercy Corps Grant

Mercy Corps grant was finalized and executed during the reporting quarter. Discussions were held prior to finalization for the adjustment of budget. The final grant document was forwarded to Mercy Corps for their review and signatures.

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- **Request for Application**

The Grants Strategy was reviewed and finalized after approval from USAID and JSI headquarters Boston. As per approved Grants Strategy, a Request for Application (RFA) was prepared and shared with USAID and JSI headquarters in Boston. After approval the RFA was published in Daily News and Dawn on December 4, 2005. The last date for submission of requests was December 30, 2005. The JSI office received 104 applications: Islamabad (13), Punjab (28), Sindh (28) and Balochistan (35). Advertisement of RFA for NWFP was postponed at the request of the DOH. The DOH will give guidelines for this activity shortly.

MONITORING AND EVALUATION

The main monitoring and evaluation activities during this quarter focused in baseline assessments. Data collection has been completed and analysis of the data is in full swing. It is proposed to organize district and national level dissemination workshops starting in April which would integrate the results of the District Profiles, Household Survey, Health Facility Assessment and Formative Research.

Activity 1: Substantial progress has been made in developing a web-based monitoring and reporting system (M&RS) with the assistance of a consultant. Most modules of a M&RS have been developed and are being tested. Launch of the M&RS will take place next quarter with training sessions for all PAIMAN partner users. PAIMAN partners submit quarterly progress reports to JSI using the established reporting format. These are compiled by JSI in its Quarterly Report to USAID which is disseminated to all PAIMAN Partners.

Activity 2: Reports from HMIS

This activity has been postponed until the Household Survey, Health Facilities Assessment and Formative Research results are available in the next quarter to finalize the PAIMAN indicators for review with the DHMTs.

Activity 4: Small Scale Annual Household Surveys for PAIMAN Indicators

This Activity has not yet begun, as the Baseline Household Survey is not completed and PAIMAN indicators need this information to be finalized.

Activity 5: Small Scale Health Facilities/LHWs Surveys for PAIMAN Indicators

This Activity has not yet begun, as the HFA Survey Baseline is not completed and PAIMAN indicators need this information to be finalized.

Activity 6: District Health Profile

Preparation of the district health profiles was one of the first initiatives to facilitate PAIMAN and DHMTs in making informed decisions and planning effectively for future activities.

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During this quarter, draft versions of five district profiles have been revised based on comments received from consortium partners, JSI and district health departments. These have been sent to relevant districts for review and verification. Comments from district Lasbella, Upper Dir, Jehlum, D.G. Khan and Rawalpindi have been received. The remaining districts are being asked for their feedback and verification. These reports will be finalized and this baseline information combined with the baseline results of the Household Surveys (HHS), Health Facility Assessments (HFA) and the Formative Research (FS) for review and dissemination at district, provincial and national levels in April and May.

Activity 7: Baseline Household Survey

The Population Council has designed a baseline household survey of all ten PAIMAN districts to obtain health and population status indicators of each district. The implementation of the fieldwork of the household survey (HHS) was assigned to National Institute of Population Studies (NIPS) by JSI. The fieldwork was started in October and has been completed in all districts except 4 areas of Upper Dir due to snowfall. Enumeration of these areas will be completed after the snow melts. Currently, NIPS is in a process of editing and data entry of the questionnaires. Data entry is expected to be completed in mid-February and the tabulation of the required indicators by the end of February. The dissemination of the results of the HHS baseline information will be combined with the HFA and FR baseline results and dissemination at district and national level is planned to begin in April (see *Activity 6 above*).

Activity 8: Health Facility Assessment (HFA)

I. Rapid Health Facility Assessment (RHFA)

The Rapid Health Facility Assessment in the 10 PAIMAN districts is complete. The list of equipment and the specifications for civil works for obstetrical and newborn care have been finalized, shared and agreed with the provincial and district governments. (see SO3, Activity 2 for details) The results of this Rapid Assessment are being used to prepare a procurement plan for civil works and equipment for the initial 31 health facilities (RHCs and THQ/DHQ hospitals) selected by the provincial and district governments for up gradation.

II. Detailed HFA

The overall objective of the study was to describe and map the availability, functioning and quality of the health care delivery system in the public and private sector health facilities which offer maternal, newborn and child health services.

After data collection, data cleaning was conducted by experts and some information was re-validated from the field. Data entry has been completed and an analysis plan was prepared in detail to get maximum information from the available data. Basic tables for final data analysis have been prepared using SPSS ver.12. Report preparation is in progress.

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Activity 11: Operations Research

A concept paper on Operations Research was shared with members of TAG and partners during TAG meeting held on October 5-6, 2005. A number of meetings were conducted with partner organizations by Deputy Country Director (PC) and Operations Research Coordinator in November and December to share ideas on Operations Research. These partners included Greenstar Social Marketing, Save the Children, JHU-CCP, Mercy Corps, PAVHNA, NCMNH and HANDS.

Activity 12: Knowledge Management

The work that began in project year 1 on the Population Council (PC) Information Resource Centre (IRC) was taken up again and a small survey was conducted within IRC to build on the initial work done to strengthen the available MNH resources for PAIMAN. PC is continuing to order PAIMAN-relevant resources for the IRC. Further, the IRC will increase storage capacity and user friendly access so that both the Islamabad-based partners and visiting out-of-town partners can use the IRC resources with ease.

For the purpose of collecting resources from MNH projects in Pakistan, PC has been in contact with UNFPA, CIDA, ADB and other organizations. PC has made an effort to contact the concerned persons at these organizations through face-to-face meetings, postal and email correspondence. Material on these projects has been periodically disseminated to PAIMAN partner organizations. In addition, internationally published MNH documents that are relevant to PAIMAN are also being disseminated periodically to all concerned partners.

Research on knowledge mapping and some work in this area has been done within PC, which is being used as a pilot for the rest of the consortium. For this purpose, the contact list for PAIMAN is also being updated. Collaboration with international KM experts is being explored.

The domain ownership of www.paiman.org.pk was changed from PC to JSI and after the decision was made to build the site in PHP, the web hosting company was changed to one that had better support for this language. The development of the public website was postponed until after the Intranet is developed. The Intranet is being developed in house by PC.

PROJECT MANAGEMENT

Project Planning

In early October a series of key consultative meetings were held to review and assess the first year of the PAIMAN Project. The PAIMAN Technical Advisory Group (TAG) consisting of national and international experts first met with all Consortium and USAID representatives and advised on how to strengthen project strategies. This was followed by a review and revision of the PAIMAN Strategic Framework by representatives of the PAIMAN Consortium and USAID. Next the October 2005-September 2006 Work Plan was reviewed in detail and revised in light of the TAG advice and resulting modifications to the Strategic Framework. These two amended documents were forwarded to

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USAID approval which was received. Thus, during this quarter implementation of the revised Work Plan has been initiated.

Administration:

The major activities/events where the administration section was involved were:

1. **Hiring:** Hiring process consisting of short-listing, conducting interviews and written tests was completed for the following staff:
 - a. Admin & Finance Assistant for FOM, Punjab
 - b. Admin & Finance Assistant for FOM, Balochistan
 - c. Admin & Finance Assistant for FOM, Sindh
 - d. Admin Assistant for JSI Islamabad Office
2. **Transfer of Equipment & Furniture:** As a consequence of closing down of Catalyst, a USAID, project, JSI was asked to take over equipment and furniture as required for JSI and sub-grantees. A list of equipment and furniture taken over is attached in the Procurement of equipment (Annex 2).
3. **Meetings:** Complete logistics and administrative support was provided for holding following meetings/workshops:
 - a. A 15 day workshop "Strategic Communication for Health Policymakers: Lessons from Around the World."
 - b. A one day "Pakistan Leadership in Health Communication. "
4. **Contracts/Consultancies:** Contracts for following consultants was prepared:
 - a. Dr. Imran Hamid: To collect and incorporate feedback from national experts in the CMWs curriculum.
 - b. Evernew Concepts: Concepts for printing of Calendars & Planners.
 - c. Interflow: For shields and giveaways
5. **Logistics:** Support was provided for the publication of RFA for grants to NGOs.
6. **IT:** Web based M&R (Monitoring and Reporting) System is under development. An orientation meeting was arranged on 13th December 2005. All Consortium partners' representatives attended the meeting. After launching this project, all consortium partners will be able to manage their activities and tasks through this system. This system will enable us to monitor PAIMAN activities efficiently. The launch of the M&R System is planned for January 2006.
7. **Procurement:** Though the major work towards developing a procurement plan for health facilities up gradation was undertaken by Contech, the Administration section was involved in helping with the packaging of the overall procurement plan. The Administration section

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will be heavily involved in the procurement once the plan has been completed and approved.

Work on revised procurement plan for JSI and sub-recipients was completed and the plan has been submitted to USAID for approval. No major procurement was done in the current quarter since a substantial number of items were taken over from Catalyst.

Finance

Summary:

During the reporting period the financial management activities included extensive coordination with the financial managers of the partner organizations that are locally based for the submission of the 4th Quarter FY 2005 financial reports. These organizations include, Greenstar Social Marketing, Contech International, Pakistan Voluntary Health & Nutrition Association (PAVHNA), and Aga Khan University.

Further, the Grants Management Guideline was finalized in close collaboration and support of JSI/Boston. The Senior Budget and Accounts Manager traveled to Uganda to participate in the Annual Financial Managers Meeting of JSI. Regular monthly accounts were submitted to JSI/Boston along with all originals and supporting documents. The finance office continued to facilitate and provide guidance to the partner organization in the financial management operations as stipulated in the sub-agreement, these included, responding to various questions, clarification and maintaining close liaison.

During the reporting period the following activities were carried out.

1. Timely submission of the Quarterly Financial Report for the period (July to September 30, 2005) to the Mission.
2. Provincial field office financial operations were mobilized with the opening of bank accounts and appropriate monthly cash flows requests including guidance and orientation was provided to the JSI Field Office Managers (FOMs) in the Provincial Financial Management manual.
3. Quarter ending financial reports submitted by the partner organizations were reviewed, along with their advance requests for funds for the next quarter. Based on their reports and review by the Finance office, advance requests were processed in a timely manner for the partner organizations to ensure continuity of program activities.
4. The first grant with Mercy Corps was finalized along with the budget. The grant document along with the budget were prepared, reviewed and coordinated with the grantee specifically in the area of budget, before final execution of the grant document.

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5. During the reporting period, disbursements worth Rs.43,068,835 Equiv to US \$717,814 (1US\$=Rs.60) were reviewed, approved and processed.
 6. Internal review of filing and documentation including supporting documentation was carried out. This is a regular part of finance section operations.
 7. Regular and timely submission of monthly expenditures to JSI/HQ. Review of each expense and supportive documentation. Processing requests for monthly cash flow requests from JSI/HQ.
 8. Senior Budget & Accounts Manager attended and participated in JSI Finance Managers meeting in Uganda. In this meeting, all finance managers representing various JSI managed project participated and the meeting focused on discussion and review of various problems that are encountered in the field. The meeting brought together experiences of finance managers working on various projects worldwide with JSI and addressing those issues. The meeting was very useful and provided an opportunity to share with other JSI colleagues the financial management systems that are being used in Pakistan program.
 9. The Finance team visited the partner organizations for streamlining and reporting of cost share. In these visits, the partner organizations were specifically encouraged to maintain verifiable supporting documentation of the cost share that is reported by them
 10. In order to ensure that the banking operations are efficient and effective, meetings were held with the senior management of the bank. Discussions in these meetings included providing efficient salary transfers to the employees account, facilitate opening of accounts of staff newly hired.
 11. The Finance office processed waiver for the purchase of vehicles and motorcycles for the partners, for Mission's review and approval. Mission's queries and questions were appropriately responded to obtain the approval.
 12. The Finance office participated in the recruitment of Admin/Finance assistants for the provincial offices, along with the Admin section. Developed written questions did the respective scoring.
 13. The Finance section participated in regular in-house staff meetings to give an update status of activities, review any problem areas and or issues in light of its operations.
- **Staff Changes:**

The Grants Financial manager, Mr. Sheeraz A. Khan, resigned from JSI and joined Save the Children UK office in Pakistan. The Finance section is in the process of recruiting finance officers to fill current vacancies.

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- **Sub-Grant:**

The Mercy Corps sub-grant was finalized and executed during the reporting quarter. (see Grants Management section above). After the final execution, Mercy Corps formally generated their request for advance of funds to mobilize the activities which was processed in a timely manner. A financial review meeting with Mercy Corps is planned in the next quarter.

CONSTRAINTS AND CHALLENGES

Strategic Objective 1: Increase awareness and promote positive maternal and newborn health behaviors

1. The field based staff are holding frequent meetings with key community influential people; however, they lack printed information material in local languages regarding PAIMAN and the existing situation on maternal and newborn health.
2. Female participation is a very critical part of community mobilization. Community-based teams have to put in a lot of effort into increasing access to women in the community. Preparation for a group activity requires more time owing to the conservative traditions and non-mobility of the females outside their households. The interventions in NWFP will require a different approach for CM and more time to produce results.
3. There are no established sources of data available at the community level. Collecting data required for community mapping has been a time consuming process.
4. Messages and tools for social mobilization and clarification of public and private sector roles and tasks are needed to support CM in the field.

Strategic Objective 2: Increase access to (including emergency obstetric and newborn care) and community involvement in maternal and child health services and ensure services are delivered through health and ancillary health services.

5. The health committee meetings and support groups with the LHWs are interventions to be carried out through the National Program for FP & PHC. The activities could not be initiated as the MOU needs to be signed prior to involving LHWs in these activities.

Strategic Objective 4: Increase capacity of MNCH Managers and HCPs.

6. Different partners had diverse views on the TNA tool methodology and its utility. The involvement of different partners in the TNA design and implementation strategy at different phases created confusion and role ambiguity which took time to resolve and delayed finalization of the TNA tool.
7. Collection of the most recent material for MNH curriculum review and development was time consuming. In addition, it was difficult to

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synthesize, adapt and develop the curricula, achieve standardization and address national health training needs while simultaneously keeping the curricula relatively straight forward to implement.

8. Over a short period it was difficult to train trainers belonging to diverse cultural groups in maternal and newborn health, so that they are able to effectively replicate the training at district level.

Strategic Objective 5 : Improve management and integration of services at all levels

9. Many of the district health management team members are not available to work with the PAIMAN team for almost 10 working days per month while they committed to the monthly Polio Days.

MONITORING AND EVALUATION

10. There was a delay of almost one month in completing the field data collection for the baseline Household Survey. One reason for this is that NIPS took an extra month to send the trained data collection staff into the field. This in turn has delayed data entry, tabulation and dissemination of results. In addition, data entry was also delayed for a month due to inadequate planning for data editing staff.
11. The time required to educate partners regarding operations research (OR) approaches and opportunities has been longer than expected; hence special efforts have been made to meet with partners to develop OR ideas and proposals.
12. The KM quarterly meeting could not be held as scheduled in December, as the end of the year was very busy for everyone. It is now planned for early February.
13. A conceptual framework for M&E capacity building is being developed, but has not yet been completed which has delayed the subsequent capacity building tasks. The primary reason for this delay is that the Director of M&E was significantly committed to the Household Survey.

LESSONS LEARNED

1. Working with multiple partners brings rich experiences, but, at the same time there are various bottlenecks and planned activities get delayed due to interdependency. Improved coordination and communication among PAIMAN partners at district, provincial and national levels during this quarter has yielded mutual benefits in terms of more effective planning and collaboration of field activities.
2. With finalization of the list of health facilities to be upgraded by PAIMAN in the first phase, there is a window of opportunity for all community mobilization partners to muster more political and administrative support for our work by lavishly sharing the credit of up-gradation of facilities with all community leaders and gatekeepers.

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3. Greenstar promotes the social marketing of MNCH products. The time required in developing each of these products is immense and hurdles many. It requires product identification, its formulation, market research, branding research, registration with the Ministry of Health and so on. It requires sustained effort by many people in marketing, sales and health services.
4. Sharing of knowledge and its management between consortium partners as observed in this quarter is most important to achieve better results.
5. Hand in hand coordination of PAIMAN with Government at all three levels (National, Provincial and District) is required for smooth accomplishment of activities

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PRIORITIES FOR NEXT QUARTER

Strategic Objective 1: Increase awareness and promote positive maternal and newborn health behaviors

- Finalizing data analysis and report writing on the formative research study (JHU)
- Development and distribution of CAM roadmap implementation plan (JHU)
- Finalization and distribution of community mobilization tools (JHU, CM partners)
- Capacity building on community mobilization techniques (JHU for CM partners)
- Advocacy seminars for government decision makers at national and provincial levels (JHU)

Strategic Objective 2: Increase access to (including emergency obstetric and newborn care) and community involvement in maternal and child health services and ensure services are delivered through health and ancillary health services.

- Orientation and sensitization seminars for health facility staff on community-facility linkages (MC, PAVHNA, SCUS)
- Organization/strengthening of facility-based health committees in the catchment area of health facilities (MC, PAVHNA, SCUS)
- Sensitization of Village Healthy Committees to take responsibility for organizing community transport to deal with MNCH emergencies (MC, PAVHNA, SCUS)

Strategic Objective 3: Improve service quality in both the public and private sectors, particularly related to the management of obstetrical care and newborn complications

- Development and implementation of a comprehensive procurement plan for up gradation of health facilities in the ten PAIMAN districts (JSI)

Strategic Objective 4: Increase capacity of MNCH Managers and HCPs.

- TOT workshops on EMNC (SCUS)
- Development of strategic plan for training impact assessment (AKU)

Strategic Objective 5 : Improve management and integration of services at all levels

- Sensitization workshops for District Nazims (Contech)
- Orientation meetings of DHMTs (Contech).
- Development of the Good Life network (GS).
- Participation in pilot testing the integrated district HMIS in collaboration with JICA team (JSI, Contech).
- Training workshops on sensitization of DHMTs on needs & benefits of collaboration between private and public sector (Contech)

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- Meetings with service providers, policy planners and implementers for the development of regulatory framework for the private sector including MNCH services (JSI, Contech, GS)

MONITORING AND EVALUATION

- Finalizing data analysis and report writing on all baseline assessments and exchange of drafts with the PAIMAN DHMTs (PC, CONTECH)
- Finalizing design of the computerized project monitoring and reporting system and operationalizing it through training of project staff (JSI)

Grants management

- Pre-award assessment of short listed NGOs
- Organization of information sharing workshops for short listed NGOS

Project management

- The PAIMAN Intranet will be ready for launching by the end of the quarter (PC)
- Rehabilitation and furnishing of PAIMAN provincial offices (JSI)

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III. Annexures

1. Minutes of meeting at NCMNH to review EMNC curriculum.



2. Quality Assurance Tools



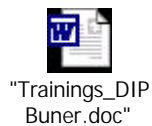
3. Minutes of Orientation of resource persons on EMNC training curriculum.



4. DIPs



5. DIPs for Sindh& NWFP



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ANNEX 1. CONSORTIUM PARTNERS

The Paiman Consortium is led by **John Snow Inc. (JSI)**, a US-based public health organization. **JSI** is partnered with international and Pakistani organizations which include **Contech International, Greenstar Social Marketing, Johns Hopkins University Center for Communication Program, PAVHNA, Population Council, Save the Children USA** and the **Aga Khan University**.

Contech International is the lead partner for health systems strengthening and is already present in all four provinces of the country, allowing for rapid initiation of field-based activities.

Greenstar Social Marketing is among the global pioneers for social franchising of health services in the private sector and the leading product social marketing organization in the country. Its main contribution to the PAIMAN project will be the improvement of private sector MNH services and product access (Clean Delivery Kits and Iron plus folic acid and multivitamins) for low income Pakistanis, as well as new public-private partnerships. Our strength lies in our national scale and outreach to all areas. We have national capacity and infrastructure for continuing medical education, product marketing and distribution and service provision through the franchise network of private sector health providers.

The **Johns Hopkins University, Center for Communication Programs (JHU/CCP)** is a global leader in strategic communication programs. **JHU/CCP** is responsible for development and implementation of a Communication, Advocacy and Mobilization Strategy for the project. It is also formulating programs to create a pool of communication experts capable designing research based health communication campaigns in Pakistan.

The **Population Council** is a leader in institutional and human resource development and in operations and social science research. The Population Council's main role in the project is to coordinate the M&E components of the program.

The **Pakistan Voluntary Health and Nutrition Association (PAVHNA)** is primarily responsible for undertaking community mobilization interventions in the Sindh Province.

Save the Children is the leading independent organization creating lasting change for children in need in the United States and around the world. For more than 70 years, Save the Children has been helping children survive and thrive by improving their health, education and economic opportunities and, in times of acute crisis, mobilizing rapid life-saving assistance to help children recover from the effects of war, conflict and natural disasters. As a partner in PAIMAN, Save the Children is responsible for capacity building in 10 districts of Pakistan and for community mobilization in four districts of Punjab and two districts of NWFP.

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The Department of Pediatrics and Child Health at the Aga Khan University (AKU) has particular expertise in child health and child survival and has been closely involved in the development of the main technical documents addressing these issues globally. It has also been the lead agency in developing the recent Pakistan Child Survival and Nutrition Strategy.

ANNEX 2. PROCUREMENT OF EQUIPMENT



Procurement

ANNEX 3. EXTERNAL PUBLIC RELATIONS

Launch of PAIMAN and District Consultation Meeting on PAIMAN Strategy was held on 3rd October, 2005, in District Rawalpindi (Punjab).

PAIMAN Technical Advisory Group (TAG) comprising of national and international experts in the field of maternal and newborn health, was formed and its inaugural meeting was held in Islamabad from 4th to 5th October, 2005, to review the PAIMAN Strategic Framework and Work Plan. The role of the TAG will be to contribute to the technical aspects of PAIMAN project in the implementation phase with specific emphasis on maternal and newborn care.



PAIMAN TAG
Meeting Report

Strategic Plan Review meeting was held on 5 – 6 October, 2005 in Islamabad. The annual work plan for fiscal year 2 was updated in the light of recommendations / suggestions.

Punjab Consultation meeting was held at Lahore on 19 October, 2005 and NWFP – Provincial Coordination Meeting was held in Peshawar on 17 November, 2005. These meetings were held to have consultation with the health authorities of the respective provinces on various program activities like selection of better facilities for up gradation, Rapid Health Facility Assessment, civil works, grants strategy and working RHCs 24 hour functional.

PAIMAN Coordination meeting was held on 14 November, 2005 to assess the progress of various activities of the PAIMAN by different partners. Basic purpose was to have coordinated and unidirectional efforts to achieve desired goals.

Meeting on Skilled Birth Attendance for the review of draft Midwifery Curriculum was held at Hotel Holiday Inn, Islamabad on 15 November, 2005. Issues and challenges beyond curriculum were also discussed.

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TAG meeting to discuss MCH strategy, at MCH Cell Ministry of Health Govt. Pakistan was attended by COP and P & G Manager on 23rd. Nov. The hands on training for MWs as well as CMWs and the training of tutors were finalized.

Sixth Annual Population Research Conference Linkages between Population and Millennium Development Goals, The Asian Perspective organized by Population Association of Pakistan was held from 29 November to 1 December, 2005. PAIMAN provided financial support for the conference and participated.

Meeting with Director General Health Services, MOH and development partners was organized on December 2, 2005 in which Ms. Beth Gragg, Senior Program Officer, World Education and Ms. Kathy Herschderfer, Secretary General, International Confederation of Midwives, presented the SBA training methodology.

Pakistan leadership in Strategic Health Communication, a 14 days workshop facilitated by Dr. Benjamin V. Lozare, Chief of Training Division, Johns Hopkins University Center for Communication Programs, Baltimore, USA, was held in Islamabad from December 1 to 14, 2005. The purpose of this workshop was to provide an intensive learning opportunity to decision-makers, health educators and communication managers to design and implement evidence based communication strategies.

One day seminar on “Strategic Communication for Health Policymakers: Lessons from Around the World” also facilitated by Dr. Benjamin V. Lozare was held on December 15, 2005 at Hotel Pearl Continental Bhurban. This seminar was specially designed for senior most health managers and policy makers in Pakistan to highlight the importance of communication in public health planning and to share insights from various projects all over the world.

Dr. Nabeela Ali attended the Board of Governor’s meeting on December 27, 2005 at the Health Services Academy Islamabad on vision for building capacity for district health managers.

Sensitization Seminar organized by MOPW for Parliamentarians was attended by COP on 26 December 2005.

Annex 4. Progress against Work Plan



Activity Matrix Q1
Yr2 2006

ANNEX 5. STUDIES AND ASSESSMENTS

Final report of Training Needs Assessment (TNA) of Senior District Managers was prepared by Department of Community Health Sciences (CHS), AKU.

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District Financial Flow system, review and recommendations was done by Contech International Health Services.

PAIMAN Rapid Health Facility Assessment report 2005 was done for all the ten PAIMAN districts by Contech International Health Services.

Draft of Public – Private Partnership (PPP) models and way forward for PAIMAN was done by Contech International Health Services.

JSI Research & Training Institute, Inc

