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**PAKISTAN**

## **ANNUAL REPORT**

December 2007 – December 2008

**Technical Assistance for Capacity Building in Midwifery,  
Information and Logistics (TACMIL) Health Project**  
(Pakistan Health Systems Strengthening Project)  
Contract No. GHS –I–00-07-00003-00

**January 31, 2009**

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## Glossary of Acronyms

AASA	Anjum Asim Shahid Associates (Pvt.) Limited
ACNM	American College of Nurse Midwives
AKU	Aga Khan University
AMSTL	Active Management of State Three of Labor
BMC	Bolan Medical College
CMW	Community Midwife
CONs	College of Nursing
COP	Chief of Party
CTO	Cognizant Technical Officer
DFID	Department for International Development
DG	Director General
DHMT	District Health Management Team
DWTA	Diploma in Ward and Teaching Administration
EAD	Economic Affair Division
F&A	Finance and Administration
FALAH	Family Advancement for Life and Health
GoP	Government of Pakistan
GYN	Gynecology
ICM	International Confederation of Midwives
ICU	Intensive Care Unit
IT	Information Technology
LHV	Lady Health Visitor
LMI	Logistic Management Institute
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MAP	Midwifery Association of Pakistan
MDGs	Millennium Development Goals
MNCH	Mother/ Maternal and Child Health
MoH	Ministry of Health
MoPW	Ministry of Population Welfare
MoU	Memorandum of Understanding
MW	Midwife
NEB	Nursing Examination Board
NGO	Non Governmental Organization
NIPS	National Institute of Population Studies
NWFP	North West Frontier Province
OB	Obstetrics
PDHS	Pakistan Demographic and Health Survey
PIMS	Pakistan Institute of Medical Sciences
PMP	Performance Monitoring Plan
PNC	Pakistan Nursing Council

RM	Registered Midwife
RN	Registered Nurse
SAMA	South Asia Midwives Association
SOW	Scope of Work
STTA	Short Term Technical Assistance
TACMIL	Technical Assistance for Capacity building in Midwifery, Information and Logistics
TNA	Training Need Assessment
UC	Union Council
UNFPA	United Nation Fund for Population Assistance
UK	United Kingdom
USA	United States of America
USAID	United States Agency International Development
UTi	Union Transport Inc ( UTi Pakistan (Pvt.) Limited)

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**Technical Assistance for Capacity Building in Midwifery, Information and  
Logistics (TACMIL) Health Project  
(Pakistan Health Systems Strengthening Project)**

**ANNUAL REPORT  
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## **1. Goals and Objectives of TACMIL Health Project**

Pakistan is currently experiencing a major health and demographic transition. Pakistan's health statistics point to high infant and maternal mortality and very high morbidity. Double burden of disease with rising trends of chronic disease such as diabetes and hypertension has further complicated the management of health care delivery system. These mostly reflect a lack of institutional capacity to appropriately manage available limited resources. Several health systems reforms projects, including donor funded projects have been introduced during the last couple of decades but there has been no significant demonstrable changes in the health systems of Pakistan. The USAID funded TACMIL Health Project was launched with the goal of building institutional capacity of public and private health sectors in 20 districts of Pakistan, with specific interventions which complement and reinforce existing health assistance programs and target components that are critical to the operation of a strong health system.

The TACMIL Health Project has been designed to improve the effectiveness, quality and accessibility of health services in Pakistan through targeting specific areas that support the public and private health care delivery sectors in the country. TACMIL focuses on USAID's Strategic Objective 7, that is, to improve health of the most vulnerable populations of Pakistan, through its following four components:

1. Capacity Building
2. Targeted Health Information
3. Grants Program
4. Strengthening of Essential Drugs and Contraceptives Logistical Systems.

This two year program is linked to and interacts with a broad range of stakeholders including communities at grass-root levels, elected representatives at various constitutional fora, government ministries, semi-governmental institutions and private sector organizations (through public-private partnerships). This report provides a general overview of the activities and achievements of the TACMIL Project during its first year, followed by reports of project components, highlighting their objectives, important achievements, analysis of accomplishments, major challenges faced and lessons learned. A uniform format has been used for component updates to facilitate better understanding of project dynamics.

## **2. General Overview of Year 1**

The first half of Year 1 focused on startup activities including: setting up of the project office; staff hiring; discussion and finalization of SOW of different sub-contractors; and above all,

networking and relationship building with project stakeholders, the most important being MoH and MoPW. The start-up timing of the TACMIL Health project coincided with transformational changes taking place in the political, economic and security scenarios of Pakistan. Changes in the country's political situation, such as the deferment of elections and then the transition to a new government in Pakistan impacted the pace of project activities. Inside the government, caretaker office holders ended their terms and certain new office holders were transferred to other departments. Similarly, changes in cabinet due to resignations of coalition ministers and dual portfolios held by ministers on one hand over-burdened the ministers; it also slowed down the policy formation and direction setting of the ministries. New office holders in government required re-orientation about the TACMIL Health Project. The project's official launch of was also delayed due to transitions on the Government of Pakistan's side (GoP) as well as changes in project leadership 3 months into the project. The launching ceremony took place on August 30, 2008 and was attended by a variety of stakeholders. The pace of work started picking up in Quarter 3 when hiring, procurement, planning, relationship building and finalization of SOW for sub-contractors concluded. During a two month period (May to July 08) TACMIL was managed by the project's Senior M&E Advisor, with support from Abt Associates Inc., headquarters and the project's CTO.

TACMIL is providing district level inputs to the following 20 districts:

Sindh	Balochistan	NWFP	Punjab
Sukkur	Lasbella	Upper Dir	Jhelum
Dadu	Jaffarabad	Buner	D.G. Khan
Larkana	Zhob	Batagram	
Thatta	Turbet-Kech	Swabi	
Sanghar	Gwadar	Lakki Marwat	
Ghotki	Khuzdar	Charshadda	



COP Dr. Zafar Gill addresses in TACMIL's launching ceremony

### 3. Project Accomplishments during 2008

#### a. Component 1: *Capacity Building of the Nursing/Midwifery Profession and organizations, and GOP Health Sector Organizations*

##### Important achievements in Year 1:

- Midwifery Associates of Pakistan (MAP):
  - Provided financial, logistic and technical support for convening the National Midwifery Meeting attended by over 300 participants on December 15-16, 2008.
  - Initiated chapter formation in Karachi, Islamabad, Jhelum and Lahore, and the process will continue till chapters are not formed in all four provinces in year 2..
  - Provided office equipment including desktop computer, laptop, printer, multimedia with accessories, digital camera and UPS to MAPs Karachi office.
  - Provided financial support for members of MAP to attend two international conferences in India (7<sup>th</sup> Annual Conference of Society of Midwives of India) and Bangladesh (Partnership for Maternal, Newborn and Child Health sponsored workshop, “The role of health care professionals in achieving MDG4 & MDG 5”)
  - Supported MAP in increasing membership 51% since start of project (from 235 members in March to 459 by the end of 2008.)
- Pakistan Nursing Council (PNC):
  - Provided technical assistance for a national meeting on Community Midwifery Examinations held on September 10-11, 2008.
  - Provided technical assistance for holding stakeholder meeting on developing online registration system.
  - Conducted an assessment of the current computerized registration system and made recommendations for improvement.
- Emerging Midwifery Leaders:
  - Determined selection criteria, selected 14 emerging leaders and sponsored them to attend ICM conference in Glasgow, Scotland (**Annex 1**).
  - Sponsored all emerging leaders (14) to attend Midwifery Professional Update in Intrapartum Care Course held in Sialkot in October.
  - Followed up with leaders to encourage and support them in making changes to strengthen midwifery in their areas of influence (clinical sites, schools, etc.)
- Strengthening the Clinical Skills of Midwifery Tutors:
  - Visited various colleges of nursing (CONs), and provided STTA with the American College of Nurse Midwives (ACNM), a TACMIL partner, to train/update 15 midwifery tutors who participated in the Professional Update in Intrapartum Care course (**Annex 2**)

## Brief analysis of C1 accomplishments

Expected Outcomes	Current Status	Reason for under/over achievement
<b>1. Develop capacity of MAP</b>		
<b>Significance:</b>		
MAP's needs identified	Not done	MAP needs to initiate the process with TACMIL's assistance. TACMIL will provide an STTA in year 2 for preparing a 5 year strategic plan.
Technical inputs for MAP's strategic 5 year planning	Not done	TACMIL will provide an STTA in year 2 for preparing a 5 year strategic plan
Identified material/equipment needs for office and procured equipment	Accomplished	
Sponsored MAP delegates to attend selected regional and international meetings	Accomplished	
Supported MAP to convene national midwifery meeting	Accomplished	
Supported MAP in formation of chapters	Ongoing/there were no MAP chapters at project start	Pre-chapter formation meetings were held in Jhelum, Islamabad and Lahore. There were enough members for chapter formation in 5 cities by the end of Y1 (30 is required). Chapters will be formed early in Y2.
<b>2. Develop capacity of PNC</b>		
<b>Significance:</b>		
Conducted situational analysis of current examination system and work to date with provincial NEBs	In process	Awaiting results from situational analysis commissioned by PNC with UNFPA funding; how the system currently works is detailed in report of Sept 10-11 workshop
Technical assistance needs identified regarding examination system	Accomplished	
Stakeholder group for examination system identified	Accomplished	
Stakeholder meeting/workshop on examination system held	Accomplished	
Identified technical assistance needs for accreditation of educational program	Accomplished	
Collected and reviewed accreditation standards from other countries	Accomplished	
Identified technical assistance needs for accreditation system at PNC	Not done	Will be addressed in year 2, since it was felt that examination system and computerization were higher initial priorities

<b>3. Online nursing/midwifery registration system developed</b>		
<b>Significance:</b>		
Existing online system assessed	Accomplished	
STTA identified	Accomplished	
Stakeholder meeting conducted to define requirements of system	Accomplished	
<b>4. Public relations plan designed and enacted to promote to the Pakistani public the value of nurses/midwives to their health status and wellbeing.</b>		
<b>Significance:</b>		
Arranged media coverage to highlight/publicize experiences of emerging leaders attending ICM	Not done	This will be done in year 2 with expanded scope covering, besides ICM, all events in which emerging leaders have been involved including training, clinical activities etc.
<b>5. Emerging nurse/midwife leaders identified and involved in advocacy and governance activities</b>		
<b>Significance:</b>		
Determined selection criteria for emerging leaders	Accomplished	
Selected emerging leaders in coordination with stakeholders, partners and USAID	Accomplished	
Involved leaders in ongoing activities to sensitize them to advocacy and governance issues	In process	This was partly done to provide exposure at the international level at ICM, partly through being involved with MAP and MAP chapter formation. TACMIL will continue assessing in Y2 whether other additional external inputs are needed.
<b>6. Outcome oriented learning opportunities provided to emerging nursing/midwifery leaders</b>		
<b>Significance:</b>		
Sponsored core group to attend ICM	Accomplished	
<b>7. Career ladder structure designed and advocated</b>		
<b>Significance:</b>		
Meetings with Commission held to raise issues of midwifery	In process	
Made recommendations regarding career pathways once nursing and midwifery are delinked	In process	Some comments regarding pathways is included in briefing note by Ms. Della Sherratt ( <b>Annex 3</b> )
<b>8. Financial and incentive package to increase midwife retention designed and advocated (This task had no deliverables in Y1)</b>		
<b>Significance:</b>		
<b>9. Prepare in-service courses in maternal, child and reproductive health and retrain 1000 nursing/midwifery cadres</b>		
<b>Significance:</b>		
Map all relevant in service courses held in target districts.	Not done	After visits to many clinical sites, interactions with the emerging leaders, CMW tutors, MAP and discussions with CTO, it has been decided to focus updates on specific
Obtain and review copies of curricula for all courses.	Not done	
Initiate Delphi study to identify gaps	Not done	

in clinical skills.		content known to decrease maternal mortality/morbidity, such as: Active Management of State Three of Labor (AMSTL) [reduction of postpartum hemorrhage], partograph [reduction of obstructed labor], and infection prevention [reduction of puerperal sepsis]
<b>10. Assist MAP and others to expand continuing education offerings</b>		
<b>Significance:</b>		
Assist emerging leaders of MAP to develop continuing education offerings	Not done	This will be followed after MAP chapters are formed.
<b>11. Develop and institutionalize a M&amp;E program to determine effectiveness of in-service trainings</b>		
<b>Significance:</b>		
Develop competency based assessments during delivery of in-service trainings	Ongoing	Developed pre and post course evaluations and skills checklists
<b>12. Design small business courses for developing private midwifery practices, train trainers, and assist the MAP to provide the course to 400 trained midwives (This task had no deliverables in Y1 )</b>		
<b>13. Increase number of long and short term midwifery instructors</b>		
<b>Significance:</b>		
Identified content, developed materials, identified and prepared clinical sites, selected participants, identified STTA, conducted clinical updates.	Conducted first 2 updates/ongoing	Held 2 in Sialkot for 33 participants
Identified TA for teaching update	In process	Will be done in year 2
<b>14. Set standard qualifications for midwifery tutor education</b>		
<b>Significance:</b>		
Identified TA to set standards	Not done	Will be done in year 2
<b>15. Advocate for midwifery teaching specialization course</b>		
<b>Significance:</b>		
Assess postgraduate programs in MW	Accomplished	
Review DWTA training materials	Accomplished	

### Major Challenges Faced:

- Delay of key stakeholders to 'buy in' to activities proposed or support offered by TACMIL
- Lack of any 'institution' to which project activities can be linked for ongoing sustainability.
- Lack of understanding on any level within federal or provincial health departments of uniqueness of midwifery as a profession distinct from nursing.

Key stakeholders seemed to have expectations that (given the constraints of our contract) TACMIL could not address. On some level, stakeholders seemed resistant to the deliverables TACMIL is contractually obligated to deliver. Although this has improved as TACMIL and stakeholders have worked together, this made initial interactions challenging and seriously delayed progress on certain activities.

Initially, it was hoped to focus on the three post-graduate colleges of nursing offering post-graduate midwifery specializations as sites to strengthen and ‘house’ certain capacity-building activities. This idea, however, has been abandoned due to the fact that the colleges are very weak and (with the exception of the one) have faculty with limited current midwifery knowledge or clinical skills. Faculty positions appear to be awarded on the basis of years of service rather than clinical expertise in a specific area. TACMIL also considered tying in activities with those of MNCH<sup>1</sup> program, but this too has proven impossible due to issues within the MNCH program. TACMIL also wanted to tie activities into MAP, but at present MAP as an organization does not exist except for the President and the handful of people who help her in Karachi. With formation of local chapters in the upcoming year, it is expected to have actual groups of people to work with to build capacity and base activities.

Because midwifery is not seen as a distinct discipline, everyone seems confused about the role. It gets enmeshed in nursing, and this seriously affects everything in the project such as determining their career pathway, capacity building needs etc. This is evident at PNC as well as within nursing education circles and in recent proposals of the new PNC president. TACMIL has been able to address the uniqueness in work with the emerging leaders by exposing them to the profession internationally (through ICM, and time during updates with ACNM consultants from USA and Indonesia) and to the clinical role (through the course in Sialkot).

#### **Lessons Learned:**

**Exposure helps.** Because midwifery is not currently viewed within government service, clinical service or educational institutions as a distinct profession, the only way to communicate what midwifery is, is by exposing people to the actual role. That is the primary reason for the selection of the Sialkot site for the clinical update course—because midwives there practice clinical midwifery. Most of the participants were eager to embrace the role, hungry for the knowledge and opportunity to get mentored ‘hands-on’ clinical practice and seem to have been able to facilitate changes supportive of midwifery clinical practice upon return to their work sites. A big difference can be seen between those who’ve been exposed to ICM and the clinical updates and those who have not, in terms of their understanding of the profession of midwifery.

**Strengthening midwifery tutors.** It is very unlikely that tutors, who have not delivered a baby in decades, have never worked in clinical midwifery practice and do not have updated knowledge of current evidence based best practices, will be able to prepare CMWs as competent clinicians. Based on experiences and what TACMIL has learned so far, the primary issue is **not** how midwifery faculty teach, but whether midwifery faculty have current clinical knowledge and skills and understanding of what the profession actually is (see above). Admittedly, there is much work to be done on updating those teaching midwifery in adult educational methods, but TACMIL has chosen to focus first (during the very short time in this project) on updating and strengthening the clinical knowledge and skills of midwifery tutors and those who supervise students in the clinical areas. TACMIL has also focused on fostering bonds between the two groups in an effort to strengthen the clinical sites for students as well as hopefully prevent the

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<sup>1</sup> This US \$ 250 million project aims to improve accessibility of quality MNCH services through development and implementation of an integrated and sustainable MNCH program in all 134 districts of the country. More than 60% funding will come from Government of Pakistan while rest will be contributed by DFID

common problem of students learning one thing in the classroom and seeing something completely different practiced in their clinical sites.

**Need for critical mass.** In light of the institutional and management challenges faced by the institutions TACMIL considered linking with, further efforts should be focused on developing critical mass of trained midwives at selected hospital sites which will be developed into centers of excellence. One of the most significant challenges of strengthening midwifery in Pakistan is the fact that no matter how well midwives are trained in clinical skills, they often return to work sites where they do not have ‘enabling environments’ to support them in practicing their new skills. By developing the centers of excellence in conjunction with provincial and federal DGs of health, hospital administrators, and heads of obstetrics/gynecology, it is hoped that we can develop sites where supportive environments are continuously created, where current evidence-based midwifery practice is happening so others can be exposed. These centers of excellence will serve as ‘refresher’ sites for midwifery faculty and clinical sites for students. This way if one or two people resign, retire or are transferred, there will still be a critical mass left that can model midwifery practice in a site which can be used continuing education after the completion of TACMIL. Developing centers of excellence seems the best way in the current context to institutionalize and sustain deliverables of this project.



**National Midwifery Meeting in Islamabad – December 15-16, 2008**

## ***b. Component 2: Targeted Health Information***

Component 2 intends to raise awareness of stakeholders through effective approaches to communication and information dissemination and encourage them to hold government accountable for providing quality health services. The component focuses on public health advocacy activities through: information dissemination seminars, awareness raising sessions, constituent events, regional competitions for improving health indices, and training of journalists.

### **Important achievements in Year 1:**

- **Networking and relationship building**

The TACMIL Component 2 team held a series of meetings with partners and stakeholders to introduce the project and its objectives, and to begin building working relationships with each entity. The meetings were attended by project partners/sub-contractors (NIPS, AASA, AKU, and Internews), USAID partners (PAIMAN and FALAH), local GOP Officials (Thatta and Gawadar districts), national and provincial legislators (Thatta and Jafferabad), and representatives of several NGOs and civil society organizations.

- **PDHS dissemination seminars**

TACMIL assisted NIPS in organizing 4 provincial PDHS dissemination seminars (Karachi, Lahore, Abbottabad and Quetta) and 1 district oriented seminar in Karachi. These seminars were attended on average by 977 stakeholders consisting of mainly government of Pakistan officials, legislators, health program leaders and implementers, representatives of research and academia, international donor organizations and NGOs). Issues covered during these seminars included maternal health, infant & child health and family planning. Besides dissemination of PDHS findings, an important thrust of these seminars have been to discuss the health status in relation to the progress on MDG 4 and MDG 5.

- **Media relations training**

The project conducted two Media Relations training events in Islamabad and Karachi, attended by 17 district health managers. The purpose of these training was to enhance the capacity of government health officials in relation to access to appropriate health information and develop liaison with health journalists in their districts. The training focused on: citizen participation in addressing health issues; profile development of important local stakeholders and involve them in developing communication strategies; developing relationship with local media persons; use of available information to develop case studies/stories; and promoting use of media in addressing local health issues.



**Participants of Media-Relation training receives certificate from COP, TACMIL**



**Workshop on Media Relations - Islamabad**



Participants of the first “Workshop on Media Relations” with COP and the workshop Facilitator

### Brief analysis of C2 accomplishments

Expected Outcomes	Current Status	Reason for under/over achievement
<b>1. Develop fact sheets and other tools in collaboration with NIPS, to train in data for decision making.</b>		
Hold an introductory meeting with USAID, NIPS, and TACMIL staff to share information and establish working relationship	Accomplished	
Support NIPS to organize a national dissemination event of PDHS results	Pending	Political and security conditions intervened with this scheduled event twice. Presently, TACMIL awaits response from the Prime Minister to participate as Chief Guest. Currently scheduled for the end of March 2009.
Support NIPS to organize a provincial dissemination event of PDHS results in Sindh	Accomplished	
Support NIPS to organize a provincial dissemination event of PDHS results in Punjab.	Accomplished	
Support NIPS to organize a provincial dissemination event of PDHS results in NWFP.	Accomplished	

Support NIPS to organize a provincial dissemination event of PDHS results in Balochistan.	Accomplished	
Support NIPS to organize a district-focused dissemination event of PDHS results for Balochistan and Sindh.	Accomplished	
Develop Fact Sheets and Tools for Decision Making.	Ongoing.	Fact sheet, Technical Briefs and Policy Briefs for 8 TACMIL districts are completed. These will be sent for printing after the review from NIPS and Abt headquarter.
Conduct meetings with NIPS to discuss/update content, audiences, and approaches to prepare information dissemination tools	Accomplished	
Prepare and disseminated bi-annual policy briefs on selected priority health themes	Ongoing.	Policy Briefs for 8 TACMIL districts are completed. These will be sent for printing after the review by NIPS and Abt headquarter.
Prepare and disseminated bi-annual technical briefs on selected health priority themes	Ongoing.	Technical Briefs for 8 TACMIL districts are completed. These will be sent for printing after the review by NIPS and Abt headquarter.
Provide technical assistance to assess and upgrade NIPS website as an information dissemination tool	Ongoing.	Need assessment completed and further progress awaiting the formal signatures of MOU by NIPS.
Conduct one day workshop to establish applied research agenda on national health priorities	Accomplished	
Provide technical assistance for the capacity building of NIPS researchers	Ongoing.	An STTA consultant is supporting NIPS with the capacity building and on-job mentoring of the researchers.
<b>2. Foster Advocacy for Key Public Health Issues using Targeted Federal, Provincial and District data from DHS and HMIS to inform and educate key members of society</b>		
Hold an introductory and follow-up meetings with AKU to share information and establish working relationship	Accomplished	
Develop focused information outputs related to key health issues of provinces/ districts primarily using DHS secondary analysis, as basis for trainings.	Ongoing.	Fact Sheet, Technical Briefs and Policy Briefs for 8 TACMIL districts are completed. These will be sent for printing after the review by NIPS and Abt headquarter.
Hold meetings with USAID health project partners for coordination and discuss best practices	Ongoing.	
Identify Public and Private Sector Health Leaders and Program Managers, Members of Civil Society and Women's	Accomplished	

groups in Target Districts.		
Hold an introductory meeting with Public and Private Sector Health Leaders and Program Managers to share information and establish working relationship	In process. Two meetings held in Sindh and Balochistan.	
Hold an introductory meeting with Members of Civil Society and Women's groups to share information and establish working relationship	In process. Meetings held in Sindh.	
Conduct quarterly meetings with Members of Civil Society and Women's groups to discuss/update content, audiences, and approaches to organize information dissemination approaches. TACMIL's Communications Advisor and Provincial Coordinator met to discuss audience, approaches and content for dissemination activities	In process	
Conduct quarterly meetings with Public and Private Sector Health Leaders and Program Managers to discuss/ update content, audiences, and approaches to organize information dissemination approaches	In process	
<b>3. Facilitate GOP legislator buy-in through awareness trainings and seminars targeting specific public health issues affecting the health status of their constituents</b>		
Develop database of Local GOP Health Officials in target districts to select and prioritize national stakeholders for collaboration and trainings.	Accomplished	
Hold an introductory meeting with Local GOP Officials to introduce the Project, share information and establish working relationship	In process.	Security conditions and time constraints.
Identify National/ Provincial Legislators from target districts	In process	
Hold an introductory meeting with National/ Provincial Legislators to introduce the Project, share information and establish working relationship	In process	Meetings held with some legislators. Security conditions and time constraints have limited access to legislators.
Hold follow-up meeting with National/ Provincial Legislators to share information and approaches to prepare information dissemination tools	Partially	
Hold an introductory meeting with Health Committee of National Assembly to share information and establish working relationship	Pending	Pending formation of Committee
Hold an introductory meeting with	In process	The project team had a meeting with

Health Committee of Senate to share information and establish working relationship		the Chairman of the committee; the draft MDGs document is shared. TACMIL team will be invited to upcoming Committee meeting
Conduct follow-up meetings with Health Committee of National Assembly to discuss/update content, audiences, and approaches to provide assistance for information dissemination.	Pending	Pending formation of Committee
Conduct follow-up meetings with Health Committee of Senate to discuss/update content, audiences, and approaches to provide assistance for information dissemination.	Not done	TACMIL will attend the upcoming meeting.
<b>4. Provide comparative data between constituencies and organize for discussions, exploring friendly competition and rivalry between Local GOP jurisdictions</b>		
Create stakeholder maps of project target districts to select and prioritize local stakeholders for technical assistance, including trainings.	Accomplished	
Design small scale 'STAR' campaign for each province. The purpose of this campaign is to share comparative health data among districts in order to raise a healthy competition towards improvements	Ongoing.	The design of the campaign required the outputs of district-focused decision making tools. Draft of the design is now complete and under review.
<b>5. Encourage organization of constituent events focused on specific health themes by provincial, district, tehsil, and union council political leaders/legislators.</b>		
Compile data to Support Design of Constituent Event	Not done	Scope of work regarding constituent events has been changed from districts to provinces, and now provincial focused briefs will be prepared from PDHS data (instead of MICS data which is difficult to obtain) to hold constituent events at the provincial levels.
Develop Communication Material on Health Issues for Constituent Events	Not done	The primary datasets of district-focused data (MICS) has not been available to the project team. Now the PDHS provincial-focused data will be used for this purpose.
<b>6. Engage and educate journalists and other key members of society on health issues to improve frequency and accuracy of responsible reporting</b>		
Create media maps of project target districts to select and prioritize local media for technical assistance, including journalism training	Accomplished	
Draft list of non-media health sector stakeholders in target districts for technical assistance in engaging with	Accomplished	

local, regional and national media on project focus themes		
Develop curriculum for health journalism and media relations trainings	Partially Accomplished.	The curriculum for media relations training is complete. The curriculum for Health Journalism trainings will be completed in January 2009

### Major Challenges Faced:

- Security situation of the country in general and of NWFP and Balochistan in particular has affected the field-based activities, including the national dissemination of PDHS results.
- Delay of key stakeholders including NIPS to ‘buy in’ to activities proposed or support offered by TACMIL.
- Acquisition of primary datasets of Multiple Indicator Cluster Survey (MICS) from Government Departments has proven difficult.
- Slow response by subcontractor for producing fact sheets and technical and policy briefs. This resulted in delaying of those activities which depended on these documents.
  - Frequent changes of key stakeholders at Ministry and GOP level, including Secretaries and Director Generals have interrupted the smooth flow of activities. Some planned activities, such as PDHS National Dissemination Session and support to NIPS to upgrade NIPS website got delayed with the change in personnel at higher hierarchy level.
  - Key stakeholders seemed to have expectations that are beyond the scope of TACMIL. However, the situation has improved as we worked together. This has made initial interactions challenging and seriously delayed progress on certain activities including website upgrade support to NIPS. On some level, stakeholders seemed resistant to the deliverables TACMIL is contractually obligated to deliver.
  - The national level launch of PDHS has been delayed though event management activities were initiated February, 2008. Delay in the compilation of final report of PDHS, law and order situation, change in political government and non-availability of key speakers, ministers and chief guests resulted in repeated cancellation of booking for venue.

### Lessons Learned:

- **MOU helps.** It is always helpful to have a Memorandum of Understanding (MOU) signed with the stakeholder groups as early as possible.
- **Focused Group Discussions.** A smaller and focused group always produces better results. The results of PDHS are best shared when the groups were small. Also the project can get relevant feedback and suggestions from a smaller group.
- **Follow up.** The stakeholders groups are willing to support and motivated to work on issues in their domain. They are very participatory and come up with suggestions for improvements by themselves. Yet, they need a consistent follow-up to maintain the enthusiasm and make it sustainable.

- **Trainings help.** The representatives from the health education, Executive District Officer's Office of Government of Pakistan attended the media-relations training conducted by the project. Many a times during the training the participants showed interest in learning new things. They shared that they have been working in the field and were unaware of such easy and important ways to communicate. They showed great enthusiasm to use this newly acquired knowledge in practical working environment.
- **Participatory Process** Seeking suggestions and recommendations have proved to synergize stakeholder buy-in. This approach was used recently with participants of PDHS dissemination seminars who not only provided valuable practical suggestion but also showed their interest in participating to implement any systems improvement activities.



**Small group work in a provincial PDHS Dissemination Seminar**

### **c. Component 3: Grants Program**

The TACMIL grants program intends to support innovative ways of delivering quality, family-friendly preventive health care services through public/private partnerships or through the private sector alone. The program is being implemented in 20 districts of TACMIL in two rounds. A total of US\$ 1,000,000 will be awarded to the selected grantees in tranches for implementing their projects in a span of one year. To leverage federal funds with private and non-USG funds, a minimum of 15% cost sharing is sought. Please refer to the TACMIL Grants Summary is presented in Table 1 & Table 2 below for details.

Solicitations under ‘Round I’ were initiated by advertising in newspapers on June 22, 08 and June 29, 08 for ten (10) districts. The grant application form was made available at Project web site and project offices in Islamabad and provinces. Two information seminars were held in Islamabad and Karachi to let prospective applicants know what is the program was about. The application process, time line and scope of work were also explained to the prospective applicants. A total of 143 (one hundred and forty three) applicants/proposals were received from 108 different NGOs. The desk review of application and initial screening process was done by two independent evaluators, AASA Consulting and STTA consultant of TACMIL Health Project. The screening of proposals was done on the basis on numerical criteria, which was also communicated to the applicants. As per the approved Grants Manual the passing score for proposals is 70 out of 100. Six shortlisted models, focusing on seven districts, were presented in the Grants Committee meeting, held on August 07, 2009. Six organizations were finalized for seven districts under Round One.

#	Round One Grantees	District(s)
1.	Midwifery Association of Pakistan (MAP)	Thatta and Larkana
2.	Centre for peace and development Initiatives (CPDI)	Jhelum
3.	Strengthening Participatory Organization (SPO)	Gawadar and Charsada
4.	Health and Nutrition Development Society (HANDS)	Dadu
5.	Al Qaim Women Development Organization	Dera Ghazi Khan
6.	Association for Gender Awareness and Human Empowerment	Dera Ghazi Khan

The grants team initiated the negotiations with seven shortlisted NGOs on ‘scope of work’ and ‘budget’. The final list of shortlisted applicants, six in number, was submitted to USAID for Contracting Officer’s approval. Pre-Award Assessments in technical areas and financial management for these shortlisted NGOs were performed and seven grant agreements were signed with six partners to cover seven districts after. Grant agreements were signed by these grantees in October and November 2008 after approval from USAID. Implementation of activities under Grants started in October 2008. After signing of all contracts, a Grants

Orientation workshop was held in Islamabad on Nov 11, 08. The selected organizations and their agreed activity description in selected geographical location can be seen in Annex II:

The Grants Committee, in its third meeting held on August 26, 2008, proposed ‘Structured and Strong District Health Systems’ focused following four thematic areas for round two:

- a. Strengthening district health management teams;
- b. Strengthening accountability mechanism;
- c. Strengthening public private partnership; and
- d. Innovative health financing schemes.

The committee also proposed that ‘concept papers’ based on the four thematic areas be invited through advertisement in newspapers and the project web site. The concept papers would then be screened based on the criteria given in the grants manual and shortlisted applicants would be invited to submit the proposal.

The solicitation process of Round II was initiated by advertising in newspapers (English and Urdu) at the national and local levels in September 2008. In addition to public announcement, the advertisement of the grants program was emailed to more than 500 NGOs which are working in the health area in Pakistan, in order to accelerate the information dissemination process. All information and application forms were made available at the project web site and at the project’s provincial offices located in Sindh, Balochistan and NWFP. For round two of the grants program all twenty districts were targeted. The concept papers were requested to be made with information in following six areas:

- Geographical and Demographic Coverage;
- Overall grant concept;
- Implementation approach;
- Partnership in proposed model;
- Sustainability of the model;
- Linkages of the proposed intervention with current district health management system.

185 (one hundred and eighty five) applications and concept papers were received. The ‘technical’ and ‘compliance’ screening of the applications and concept papers for Round II grants program was completed by sub contractor AASA in consultation with the Grants Technical Advisor.

The Grants Committee in its fourth meeting on October 29, 09 decided to request technical proposals covering those districts which were not covered under round one. The Committee also decided to request ‘Technical Proposal’ on prescribed format by the shortlisted applicants. In case any district is not covered by the shortlisted organizations, the grants team was instructed to go forward with next organization in the screening list. On the basis of the selection of models, detailed proposals were requested from shortlisted NGOs/ organizations. After screening of the grant applications, the following seven (7) organizations were shortlisted for detailed proposals in selected districts:



#	Shortlisted Organizations	Districts Focused
1.	Youth Organization (YO)	Khuzdar, Zhob and Lasbella
2.	Takhleeq Foundation (TF)	Sanghar and Ghotki
3.	Leadership for Environment and Development (LEAD)	Sukkur and Ghotki
4.	Livelihood Initiatives for Human Excellence (LIFE)	Swabi, Buner and Upper Dir
5.	Aseer Foundation (AF)	DG Khan
6.	Child Advocacy International (CAI)	Jaffarabad and Turbat
7.	Kher Khagara Tanzeem (KKT)	Battagram

A one-day ‘Grant Proposal Development’ workshop’ was arranged in Islamabad on November 12, 09 for the benefit of shortlisted applicants in round two. The participants were given orientation of TACMIL Health project, and a brief training on how to write technical proposal and prepare a budget.

The technical proposals given by two applicants i.e. ‘Child Advocacy International’ and ‘Kher Khagara Tanzeem’ were not accepted because the proposals were not synchronized with the concept papers submitted by them. Two organizations, ‘Aseer Foundation’ and ‘Livelihood Initiatives for Human Excellence’ having realized their lack of capacity to implement their projects, regretted to continue.. The grants team picked up next 02 short-listed proposals, and negotiated with ‘Gender and Reproductive Health Organization’ in Balochistan and ‘Swabi Women Welfare Society’ in NWFP to ta

Finally, grants team had following five organizations to work under Round II of Grants Program:

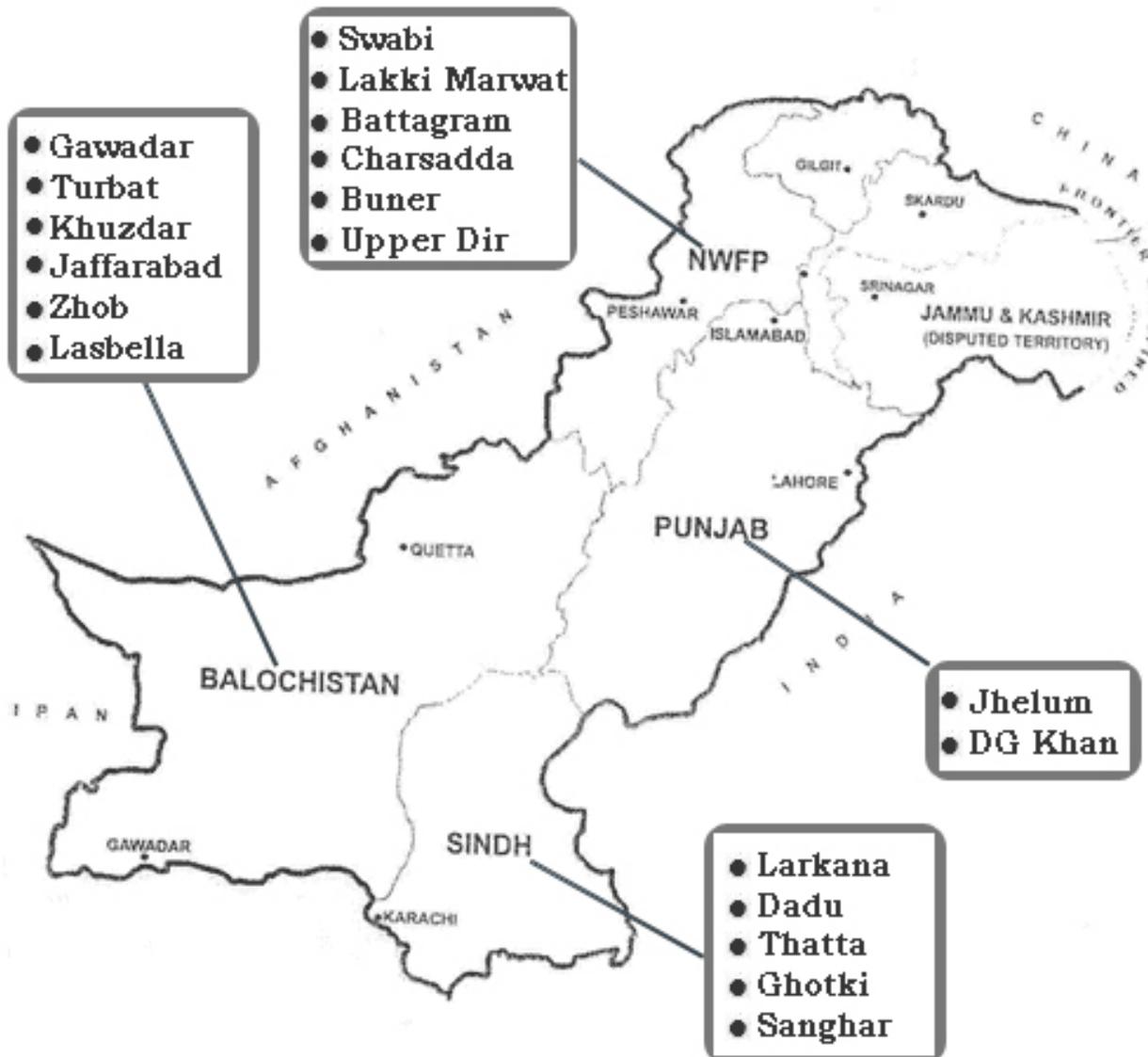
#	Grantee Organization	Districts Focused
1.	Leadership for Environment and Development (LEAD)	Sukkur and Ghotki
2.	Takleeq Foundation (TF)	Sanghar and Ghotki
3.	Youth Organization (YO)	Khuzdar, Zhob and Lasbella
4.	Gender and Reproductive Health Organization (GRHO)	Jaffarabad and Turbat
5.	Swabi Women Welfare Society (SWWS)	Swabi, Buner and Upper Dir

A total of five organizations were selected for eleven different districts on the basis of concept papers and geographic coverage. Description of work and geographical coverage can be seen in Annex II of the report. After finalization of round two of grants program, eighteen (18) out of 20 districts have been covered. Two districts of NWFP i.e. Lakki Marwat and Battagram are not yet covered.

### Important achievements in Year 1:

- **General**
  - Grants manual developed
  - Grants Committee constituted
  - Grants Process defined and validated
- **Round 1**
  - Themes identified
  - Solicitation process completed and grants approved by USAID in October 2008
  - Grants orientation meeting held with grantees
- **Round 2**
  - Themes identified
  - Solicitation process completed
  - Grants orientation meeting held with grantees

**18 out of 20 districts in four provinces are covered. (90% geographical coverage)**





Grants Agreement Ceremony with MAP



CTO addressing the Grantees



Grants Manager giving orientation on Finance Reporting



Grants Technical Advisor (Orientation on Program Reporting)



Round II Grantees with CTO, COP and C3 team



Round I Grantees with CTO, COP and C3 team

### Brief analysis of C3 accomplishments

Task #	Expected Outcomes/Deliverables	Current Status
1.	Grants management plan and manual finalized and submitted to USAID and approved	Grants manual prepared and approved
2.	Meetings held with USAID partners and stakeholders to identify themes	Themes identified for Round I to develop innovative health care delivery models in order to strengthen district health system.
3.	<b>Grants Round 1</b> <ul style="list-style-type: none"> <li>• Program advertised for 10 districts for Round 1.</li> <li>• Partners meetings and pre- bid workshops held in Karachi and Islamabad;</li> <li>• Reviewed and short listed applications;</li> <li>• Pre-award assessment carried out of the shortlisted organizations in the areas of Financial management and Programs;</li> <li>• USAID approved grants awards;</li> <li>• Negotiation of scope of work and budget done with shortlisted applicants;</li> <li>• Grant agreements done with approved grantees;</li> <li>• Grant Award ceremony held;</li> </ul>	<ul style="list-style-type: none"> <li>• All activities accomplished</li> <li>• Seven grants awarded to six NGOs for seven districts.</li> </ul>
4.	<b>Grants Round 2</b> <ul style="list-style-type: none"> <li>• Advertisement made for applications and concept papers on selected thematic areas to cover 20 districts;</li> <li>• Review and short listing of applications and concept papers done;</li> <li>• Proposal development workshop held in Islamabad ;</li> <li>• Request made for Technical Proposal and Budget to shortlisted applicants;</li> <li>• Pre-award assessment of the shortlisted organizations carried out in the areas of Financial management and Programs;</li> <li>• Negotiation of scope of work and budget done with shortlisted applicants;</li> <li>• USAID approved grants for award;</li> <li>• Grants agreements made with approved grantees;</li> </ul>	<ul style="list-style-type: none"> <li>• All activities accomplished</li> <li>• Five grants awarded to cover eleven districts.</li> </ul>
5.	Monitoring plan s prepared of round one grantees	Monitoring plans of four organizations have been prepared through a “Participatory Planning Process”. Plans of remaining eight organizations are in process

### Grants Summary for Round 1

#	Name of Grantee Organization	Target District	Objectives of Awarded Projects
1.	Midwifery Association of Pakistan (MAP)	Thatta and Larkana	Strengthening intra-natal care skills through training of health care providers serving at Public Health Facilities, on Active Management of Third Stage of Labor (AMSTL) and use of 'Partograph'.
2.	Centre for Peace and Development (CPDI)	Jhelum	Strengthen local government and civil society for need based budget for health care services in public sector, and dissemination of budget information to the beneficiaries.
3.	Strengthening Participatory Organization (SPO)	Charsadda	To help the Local Government to form 'Health Monitoring Committees' (If not present) and strengthen (if already present) 'Health Monitoring Committees' at Union Council & district levels and create awareness among the masses about their basic right to quality health services.
	Strengthening Participatory Organization (SPO)	Gwadar	To help the Local Government to form 'Health Monitoring Committees' (If not present) and strengthen (if already present) 'Health Monitoring Committees' at Union Council & district levels and create awareness among the masses about their basic right to quality health services.
4.	Health And Nutrition Development Society (HANDS)	Dadu	Strengthen referrals mechanism and increase utilization of public health facilities by mobilizing communities. To promote safe motherhood through voucher scheme using both public and private health facilities.
5.	Association for Gender Awareness and Human Empowerment (AGAHE)	DG Khan	Improving access to family friendly health care services and reproductive health services using advocacy and capacity building skills
6.	Al Qaim Women Development Organization (AQWD)	DG Khan	Improve health care service delivery system through score card technique.

## Grants Summary for Round 2

#	Name of Grantee Organization	Target District	Objectives of Awarded Projects
1.	Leadership for Environment and Development (LEAD)	Sukkur and Ghotki	Strengthen health system through capacity building of Health Management Committees at District, Tehsil and Union Council levels to improve referral mechanism and awareness. Also, formation of Community Support Groups and Health Watch Networks to increase accountability and improving service delivery. This model is closely knit with the proposed model of Takhleeq Foundation (on #2 below). Both grantees have planned to work collectively with their specific scope of work in Ghotki district.
2.	Takleeq Foundation (TF)	Sanghar and Ghotki	Strengthening public private partnership through; <ol style="list-style-type: none"> <li>1. Reactivation of CCBs,</li> <li>2. Linkage development between communities and health service providers,</li> <li>3. Developing capacity of stakeholders and</li> <li>4. Mobilizing communities for improving referral mechanism to reduce first &amp; third delay factors and malnourishment of child-bearing age women.</li> </ol>
3.	Youth Organization (YO)	Khuzdar, Zhob and Lasbella	Strengthening district health management by establishing Community Support Groups (CSG) for awareness raising programs on health and hygiene, referral mechanism and capacitating public and private health care providers for overcoming three delays (delay in decision, non availability of transport and emergency service) delivery and hence reducing the chances of pregnancy related mortality and morbidity at grass-root level. (Basic Health Unit level)
4.	Swabi Women Welfare Society (SWWS)	Swabi, Buner and Upper Dir	Strengthen health management system through networks of public and private health facilities, capacity building of health care providers serving at public and private health facilities and advocacy to improve maternal and child health.
5.	Gender and Reproductive Health Organization (GRHO)	Jaffarabad and Turbat	Strengthen district health management system by addressing first delay (delay in decision) and third delay (emergency service delivery) in seeking care of a full term pregnancy also improving Mother Neonatal and Child Health service through awareness raising and sensitization, improving referral mechanism, and capacity building of health care providers of public health facilities.

**Major challenges faced:**

- Limited capacity of local NGOs for writing good proposals on innovative and need-based health care delivery and health system strengthening models.
- Approval and subsequent finalization of grants manual was a time-consuming process and took about six months.
- The grants program has been unique in the sense that it involved a participatory and consultative approach with its grantees which required extra time and efforts, and posed added administrative burden on the project. Applicants had to come-up with a problem statement, proposed solution and implementation plan. This was different from conventional systems where scope of work is predefined and applicants have to develop proposals based on that. This also encouraged out of box thinking by applicants and the project team and provided opportunities to identify problems and propose solutions for pilot testing in respective geographical areas.

#### **d. Component 4: Strengthening Essential Drugs and Contraceptive Logistics Information System**

A Logistics Management system operates in the Ministry of Health (MoH) and Ministry of Population Welfare (MoPW) in Pakistan. However, the system is inefficient and the structure and management are substandard. Various efforts have been made to improve the system through projects funded by international donors such as UNFPA, DFID and USAID, but the situation remained unchanged to a large extent. TACMIL Project intends to strengthen the system in both ministries (MoH, MoPW) through specific interventions for improving the:

- Logistic Management Information System (LMIS)
- Storage
- Inventory mechanism, and
- Capacity for forecasting

#### **Important achievements in Year 1:**

- **Need assessment study**
  - TACMIL team carried out a needs assessment study in 18 of the 20 project districts. LMI developed the data collection tools and trained team members and UTi assisted in the field in data collection. Data was collected through structured questionnaires and observation check lists. A final report is being prepared by LMI and Abt. The study suggests targeting two areas: Building capacity of staff; and automation of Logistics Management Information System (LMIS).
- **Training in health logistics management**
  - TACMIL sponsored 7 participants to attend an international course on “Managing Drug Supplies in Developing Countries”, held in Holland. Course was attended by 2 participants from MoH, 3 from MoPW and 2 from TACMIL.
- **LMIS software**
  - UTi has provided technical support to develop the LMIS software for rendering the system more effective and efficient. The software will be pilot tested during the first quarter of 2009 before installation in project districts, provinces and the federal level.



**Good and bad storage practices – Same province but different administrations**

## Brief analysis of C4 accomplishments

Expected Outcomes	Current Status	Reason for under/over achievement
<b>1. Startup</b>		
<b>Significance:</b>		
Hold introductory meetings with partners LMI and UTi to review SoW and define inputs for Yr1 work plan and PMP	Accomplished	
<b>2. Develop computerized system to manage essential drugs and contraceptives supplies (LMIS)</b>		
<b>Significance:</b>		
Develop and pilot tested LMIS assessment tools (hardware and software)	Accomplished	
Conduct a review of the existing LMIS at federal, provincial and district levels using assessment tools	Accomplished	
Review and discussed results of LMIS assessment with stakeholders, LMI and UTi	In progress (	LMI has not yet finalized the technical report.
Upgrade/develop LMIS software prototype	Accomplished	
Discuss feasibility of sponsoring participation in an international course in health logistics management	Accomplished	
<b>3. Upgrade the current system for managing inventory of contraceptives</b>		
<b>Significance:</b>		
Develop assessment tool for inventory management system of contraceptives	Accomplished	
Conduct assessment of inventory system, reviewed results with stakeholders, LMI and UTi.	Assessment done	Assessment done, results have been compiled, report will be finalized in early year 2 and shared with all stakeholders.
<b>4. Improved storage of contraceptives and essential drug supplies</b>		
<b>Significance:</b>		
Develop warehouse assessment tool	Accomplished	
Conduct assessment of warehouses and storage sites at all levels (project districts, provinces and federal)	Accomplished	
<b>5. Provide Training on Forecasting Contraceptives and Essential Drugs</b>		
Develop assessment tool for existing forecasting methods	Accomplished	

### Major Challenges Faced:

- Law and order situation in some of the districts while conducting the need assessment study in TACMIL districts increased the security risks for the study team and required a change in approach.

- As a part of need assessment study, TACMIL team made two attempts to visit Central Warehouse of MoPW in Karachi, but the team was not allowed to carry about that exercise. The Ministry wanted TACMIL Health Project to support them for the physical expansion of central warehouse instead of conducting a need assessment for other inputs. This is, though, beyond the scope of TACMIL, the MOPW still expects the expansion of its Central Warehouse in Karachi. This imposes conditionality for their cooperation in implementing project activities.

### **Lessons Learned:**

- More time could have been spent to field test and revise the data collection tools in order to improve their internal validity according to the local needs.
- Two districts, Luky Marwat and Zhob were not visited during need assessment exercise due to law and order situation. We could have outsourced this task to local technical persons after a brief orientation and training on data collection tools.

### ***e. M&E Perspective***

PMP plan developed and approved based on agreed indicators and the project deliverables. M&E team has been involved in preparing:

- Project Work Plan
- Quarterly reports for quarter 1, 2 and 3.
- Year 2 Work Plan
- Annual report of Year 1
- Weekly/fortnightly activity reports
- Quarterly milestones for tracking the progress

The M&E team participated/facilitated project meetings/events with different stakeholders. The team also involved in preparing MOUs, SOWs for STTAs, review of meeting minutes and other documents, drafting/reviewing letters, and reviewing reports etc.

The PMP is focused on output and outcome indicators which required the time till suggested interventions are introduced and the systems are in place. For example, the indicator “% of midwives who used online registration system” requires an online system at PNC in place. However, TACMIL carried out initial work including meetings with stakeholders and a situation analysis of current registration system etc, and these are reflected in the component report. In order to track these processes, quarterly milestones, quarterly reports and bi-weekly/weekly reports have been used.

Based on the Year 2 work plan, the PMP is being revised with update on Year 1 performance from M&E perspective.

#### ***f. Finance and Administration***

Project activities have been slower than expected during year 1, during which 31% of the budget obligated for year 1 (23 % of total budget) was spent. As the activities planned for year 2 are implemented, it is expected to make up for the shortfall in year 1. The TACMIL F&A team has been fully occupied in office set up, procurement activities, subcontracting and various other support functions (**Annex 4**).

#### **4. Important Conclusions**

Year 1 has been very challenging for TACMIL Project. Transitions in project leadership along with change in the political government in Pakistan not only affected the pace of work but also increased the demand of efforts. First half was consumed by project set up and relationship building activities but most of the targets set for Year 1 have been achieved, though only 31% of the total budget could be spent.

From the program implementation point of view, the Year 1 is mainly characterized by: relationship building with important institutions such as MoH, MoPW, NIPS, MAP, PNC, and with USAID partners and project subcontractors; Identification and exposure of Emerging Midwifery Leaders to ICM and thereafter some observed changes in the midwifery practices; PDHS dissemination seminars, awarding of grants to 11 organizations for 12 projects in two rounds for improving the health care delivery system; and a comprehensive situation analysis of drug logistic system of both MoH and MoPW at district (in 18 TACMIL districts), province (all four) and the federal level.

The TACMIL team is fully tuned to carry forward the work laid down in Year 1, and look forward to achieving its objectives by the end of project life in 2009.

## 5. List of Annexure

- Annex 1: ICM Conference in Glasgow: a brief report
- Annex 2: Midwifery professional update in intra-partum care: a brief report
- Annex 3: Options and opportunities for future career ladder and midwifery practitioners in Pakistan: Briefing Note
- Annex 4: F&A related tasks during Year 1

## Annex 1



### ICM Conference in Glasgow A brief report

May 30 – June 07, 2008

**Purpose of visit:**

To Attend International Confederation of Midwives 28<sup>th</sup> Triennial Congress

#### **Key Points/Observations:**

The 14 emerging leaders traveled with me to Glasgow and attended the entire ICM meeting, June 1-5. The trip was the first out of Pakistan for about half of the group. In addition to plenary sessions chaired by renowned experts in safe motherhood, participants attended scientific sessions and symposia dealing with educational and clinical topics. They visited exhibition booths where they seemed intrigued by vendors selling products to facilitate birth in alternative positions (balls, birthing stools), products used in teaching midwifery (partoloon, fetal models), and NHS documents (standards of proficiency for pre-registration midwifery education, midwives rules and standards and confidential pregnancy record). Between and after sessions, they had opportunity to network with midwives from many different countries, specifically those from Sweden, Uganda, UK, Indonesia, India and Afghanistan. Most of the group also had opportunity to make 'professional visits' where they were able to visit midwifery units of hospitals near Glasgow and meet the midwifery staff.

Debriefing meetings were attempted most evenings but the packed schedule, exhaustion of the participants and lack of suitable quiet setting for debriefing made this not very conducive to deep sharing. I spoke with participants in small groups and one-on-one throughout the conference to gauge their response and reactions. These varied according to their previous exposure to midwifery, to other countries, to their language ability and to their educational level. All stated they had learned a lot, and most stated they'd never thought of midwifery in quite the way it was presented at the conference and had many new ideas and things they wanted to do once back in Pakistan.

The official MAP representatives who attended pre-conference ICM business meetings, Mrs. Imtiaz Kamal and Mrs. Clara Pasha, had networked with midwives from India and Afghanistan and had tentatively formed a regional association, South Asia Midwives Association (SAMA), which will be formally inaugurated this fall after a meeting in Calcutta. Participants in the group met and networked with many of the midwives attending from these countries.

#### **Outcomes:**

All the midwives coalesced as a group. Many shared hotel rooms; and when determining room assignments, we purposefully paired midwives from different provinces. After the first few days, they were sharing their experiences from the conference and talking about issues related to work in their respective jobs. They stated that being together as a group was a positive experience. From my observation, the group as an aggregate could be a powerful voice for midwifery after this shared experience.

Participants were exposed to professional midwifery from a global perspective. Most commented that this perspective was very different from how they had thought of themselves or the profession before the meeting.

Most of the participants attended a symposium conducted by Afghan midwives and were very touched at similarities in culture but also how much had been accomplished in the training of community level midwives, establishment of standards for practice and accreditation.

Participants were exposed to evidence based practice and were able to see UK practice sites and to interact on site with UK midwives.

#### **Comments from one midwife who attended ICM:**

"After attending the opening ceremony the time was started to enjoy both the stimulating scientific programs and the company of each other. Our individual presence there made us part of midwifery history. It will impact on the future midwifery care we provide. The first session I had attended [was] about breast feeding. When I

was going to attend this session [I thought] that I knew a lot about this topic. . . After I go to this session, I realized that although we are implementing [some] best practices in this regard, but we are still stuck behind and we have to improve a lot. . .Presentation of Pashtoon [Asfar, president of Afghan Midwifery Association] on maternal health situation in Afghanistan and shortage of skilled attendant really touched my heart. These presentation highlights key roles of midwives to improve maternal and new born care. In spite of many difficulties in Afghanistan they made progress in a short period[.] why we people [Pakistani midwives] can't achieve our goal . . . I enjoyed journey. . . meeting with other midwives and shared of ideas with each other made this trip very fruitful.”

**Immediate next steps:**

- Reports about their personal experiences and what they learned from the conference
- Regional meetings to present material from ICM sessions attended to colleagues
- Recruitment of MAP members from colleagues at their work/practice site and midwifery providers in their provinces

**List of Emerging Leaders who attended ICM:**

<b>NWFP</b>	<b>Title/post</b>
Nasreen Ghani, RN/RM, BScN, MScN	Midwifery Tutor, College of Nursing, Peshawar
Rehana Naushad, LHV RN/RM, DWTA	Midwifery Tutor, Public Health School, Nisheratabad
Mehr-un-nisa Mustafa, RN/RM, MScN, ICU specialization	Nursing Instructor, CON, Peshawar
<b>Sindh</b>	
Venus Asif, RN/RM, DWTA	Nursing Superintendent and Midwifery Tutor, Public Health School, Sukkur
Shaheen Akhtar, LHV, RN/RM, DWTA	Midwifery Tutor, Public Health School, Hyderabad
Ester Robinah Gill RN/RM, DWTA	Midwifery Tutor, Lady Dufferin Hospital, Karachi
<b>Punjab</b>	
Farzana Bibi, LHV, RN/RM, DWTA, Comm Health Nursing, BSc	LHV Trainer, Community Midwifery Tutor, School of Nursing, DHQ Hospital, Jhellum
Zahida Parveen RN/RM, DWTA	Principal, School of Nursing and Midwifery, DHQ Hospital, Khanewal
Basharat Naseer Akhtar, DWTA	Principal, School of Midwifery, Lady Wellington Hospital, Lahore
<b>Baluchistan</b>	
Aster Noveen, RN/RM, BScN, Dip. in Surgical Nursing	Principal, School of Nursing and Midwifery, Bolan Medical College Hospital (BMC), Quetta
Azra Saleem Akhter, LHV	Domicillary Tutor, Midwifery School, Quetta
Fatima Nasreen, RN/RM, DWTA, Adv. Dip. Education Mgmt.	Controller, Nursing Examination Board, Quetta
Mabil Iqbal, RN/RM, DWTA	Midwifery Tutor, Public Health School, Quetta
<b>Federal</b>	
Humera Khushnud, RN/RM, DWTA, BScN, MSc Comm Health & Nutrition	Nursing Superintendent, MCH Department, PIMS, Islamabad

## Annex 2

### Midwifery Professional Update in Intra-partum Care A Brief Report

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October 18 – November 08, 2008

Purpose of visit: to conduct Midwifery Professional Update in Intra-partum Care with ACNM consultants 20-29 October and 31 October-7 November 2008

Organization/Institution visited (with address): Memorial Christian Hospital, Sialkot

#### Key Points:

33 participants attended from 4 provinces including:

- All emerging leaders who attended ICM
- Supervisor, Maternity Ward, PIMS, Islamabad
- Controller, NEB, Quetta, Baluchistan
- Principal, Holy Family Hospital, School of Nursing/Midwifery, Rawalpindi
- In-Charge (acting Principal), Lady Wellington School of Midwifery, Lahore
- Tutors of Advanced Midwifery Specialization at 3 Post-graduate Colleges of Nursing, JPMC CON/Karachi, CON Peshawar, PIMS CON/Islamabad
- Labor Room In-charge (Head Nurse, Labor & Delivery), Lady Reading Hospital, Peshawar
- Labor Room In-charge, Federal Government Services Hospital, Islamabad
- Labor Room In-charge, Sandeman Civil Hospital, Quetta
- Head of BScN program at CON Peshawar also on MAP executive board
- 9 midwives currently teaching CMWs
- 6 clinical midwifery staff from hospitals where CMWs go for clinical experience
- Head of OB/GYN Department at Memorial Christian Hospital
- Principal of School of Nursing and Midwifery, Memorial Christian Hospital

Course consisted of 4 days in classroom where participants received an evidence based update on beneficial practices and harmful practices (or practices for which there's no evidence to support) during labor and birth including:

- Steps of infection prevention
- Presence of support person
- Use of partographs to monitor labor progress
- Use of alternative positions during labor and birth
- Mother directed pushing when she has the urge
- Not placing an arbitrary limit on length of second stage as long as mother and baby are fine and fetal descent is progressing
- Avoidance of routine episiotomies
- Avoidance of routine suctioning of baby at birth
- Practice of active management of third stage of labor
- Immediate skin to skin contact for the baby and encouragement of breastfeeding
- Not immediately bathing the baby after birth

In addition, participants were taught how to do all the steps of a normal birth using a checklist with extensive practice on models and check off by facilitators as well as bimanual compression in case of uterine atony and newborn resuscitation using an ambu-bag.

All sessions were conducted using interactive adult learning methodologies, and periodically facilitators discussed the methodologies they had used to teach certain concepts and the rationale for using them. Daily participants were asked to complete a feedback form, which assisted them to reflect on what they had learned. Pre and post- questionnaires demonstrated that participants were more knowledgeable after the 4 day training.

The second 4 days were spent doing 6 hour shifts in the "labor" room of Memorial Christian Hospital, where participants managed labor (i.e., provided labor support, assessed labor progress, practiced using partographs) and attended births using skills/techniques learned in the classroom. Each shift with 8 participants had 2 midwife facilitators who precepted them (to the point of gloving and standing beside them at each birth to assist

and/or demonstrate) and gave immediate feedback on their clinical performance. In addition, participants were asked to complete a daily form on what they had done and learned in the clinical area.

Post-clinical conferences were held after each clinical shift where cases were discussed and participants had an opportunity to share with the group what they had learned, how they felt about it, ask questions, explore issues.

#### Overall impressions/Results:

All participants were able to attend 1-2 births in the 21 hours they spent in the clinical area. Many had never seen or completed a partograph. Many had never heard of universal or standard precautions. Apart from those who are currently working in the hospital, few had attended a birth in the last decade. All were enthusiastic about teaching methodologies used and the focus on using a checklist and clinical practice with models before going to the clinical area. Most said they had never had clinical mentoring like they experienced during the training and said it made them “feel safe and happy.”

Participant’s comments from section marked “other” on final evaluation form:

- *“This training is very useful to me. I learned partograph and all my mistakes cleared very much (this participant had attended previous trainings on partograph). All the trainers were very helpful to use and give more chance to ask any question.”*
- *“The content was very useful and every topic was correlated (sic). The clinical experience is wonderful. The place chosen for the clinical is also excellent choice. This training has made me so much motivated to implement the learned knowledge and practice to others. The supervisors (facilitators) provided very friendly learning environment for the learners which enhanced our learning.”*
- *“First of all, I would like to say the people of this institution [hospital staff] were very honest, punctual, kind and helpful. The standard of cleanliness was excellent. The facilitators were very kind hearted, polite and experienced. We learnt a lot . . .and try our best to implement in our institutions.”*
- *“I think these trainings are useful to save mother’s and child’s life. It improves midwives confident (sic) and skills.”*

I think we were on target with the content needed; participants will need longer time for clinical practice to become competent in skills. In future trainings we know to expect low English language comprehension and therefore will develop checklists in Urdu also and arrange for translation of any didactic presentations (there were only 4 in this training). The setting has good volume for future trainings, and the clinically competent midwives were an encouragement to participants--that midwives indeed could have this role in Pakistan.

#### Decisions made:

Use site as place to begin to develop other government hospitals as centers of excellence to serve as clinical sites for CMW training and to strengthen clinical practice for midwifery faculty.

#### Actions to be taken:

Follow-up sharing results of trainings with MCHS staff.  
Plan next steps and timeline.

## Annex 3

### **Option and Opportunities for Future Career Ladder of Midwifery Practitioners in Pakistan: Briefing Note**

*By Della R Sherratt, Senior International Midwifery Advisor and Trainer*

The below comments have been provided to TACMIL Pakistan as part of the scope of work conducted during Mission in September 2008.

The consultant is an experienced International Midwifery Advisor and Trainer with considerable working knowledge of midwifery in the South-Asia region and has assisted with the implementation of the new 18-month Community Midwifery (CMW) programme.

Comments are provided to assist TACMIL in taking future action to strengthen and support its activities in national capacity building for midwifery to create a vibrant and self-sustaining competent midwifery workforce that will make significant contribution to the reducing the unacceptably high maternal and newborn mortality and morbidity in Pakistan.

#### **Background**

Following the National Health Conference in August 2004, held in Islamabad, the Government began action to review career ladders for all health care professionals in Pakistan as it was recognized that Human Resources for health are critical ingredients for achieving the Millennium Development Goals (MDGs).

A draft report on this was submitted early 2008, which proposed basically three (3) career tracks for each professional cadre.

These career tracks are linked to specific pay-bandings and in the main are heavily biased on obtaining specific academic qualifications.

#### **Commentary on December 2007 Draft Report of “Career structure for Health Professionals 2007” and its implications for Midwifery practitioners**

It is now recognized that midwives and others with midwifery skills are critically to achieving the MDG 5 and contribute significantly to achieving MDG 4 for care of newborns. Without midwives especially working at the periphery and first level of care, it is unlikely that systems and process will be in place that permit women who need reach specialised medical care for management and treatment of obstetric and neonatal complications, problems and emergencies.

In Pakistan development of the midwifery cadre has been weak. Invariably, nurses with midwifery diplomas have inadequate clinical hands-on experience to develop competencies required to be midwives – or at least safe midwives. Pupil Midwives, a direct entry cadre, was a low-level qualification is currently being phased out and will cease entirely in 2012. This group of Pupil Midwives received little in way of competency development for obstetric and newborn life-saving skills.

Those cadres in Pakistan who according to regulations can be classified as midwives include:

- Nurses with Midwifery Diploma (but known to have poor midwifery skills in the main)
- Lady Health Visitors
- Pupil Midwives (whose training is being phased out in next 4-5 years but they will still exist in the system)
- Community midwives (CMWs whose status in the health system is still not clear)

Other grades did exist in the past and some still can be seen in the system, such as Family Welfare Workers, but these were not specifically midwives, although did have some midwifery in their programmes and mainly only did ANC.

Lady Health Workers are community outreach workers who have a key role in working with midwives and as a link between community and health services, but are not themselves midwives. It was initially envisaged that these workers would constitute the major recruits into the CMW programme, however the Government Officials and programme managers at the time the CMW programme commenced were reluctant to permit this as they felt they would lose this valuable cadre for health promotion, EPI advocacy etc. It is however essential to allow some of these female workers if they wish and are able to enter into a formal education programme that permits career progression.

Whilst in the draft report midwifery is separated from nursing, which is heartening to see, there is no mention of the new Community Midwife (CMW) cadre.

The report is also weak on details of how professionals move up the career ladder or change track if they wish (i.e., move horizontally). As such, the current draft proposals appear inflexible and does not offer career opportunities to many midwives whilst excluding what will be one of the largest groups according to Ministerial plans, CMWs. Opportunities for midwives to develop the advanced qualifications to move up the career ladder as described in the report presently do not exist. This can be seen as discriminatory, if not addressed.

Moreover, the need for completed years of service to progress disadvantages female workers who may need to take a career break for pregnancies or other family reasons. The need to recognize such breaks is imperative given the existing cultural/social norms.

Finally, the incentives mentioned in this report are very limited and do not address the specific needs of :

- a) those who work in community settings, especially female workers who may need to employ child care or male persons to accompany them at work
- b) those who work in hard to reach rural settings, to compensate for travel times etc
- c) those who provide services on 24 hour 7 day a week basis
- d) those who work in potentially hazardous work such as obstetrics, where there is a need for protective clothing, special precautions etc

All the above apply to all Midwives, especially CMWs. Therefore the package does not adequately address the needs of midwives. Unless their needs are taken care of it is unlikely that women or their families will be attracted to midwifery as a profession and this will impact severely on the success of the CMW programme and the governments plans and initiatives to reduce maternal and newborn mortality and morbidity.

### **To build a self-sustaining midwifery workforce there is need of career pathways that:**

Flexibility and movement in non-traditional ways are imperative for workforces made up of high numbers of female workers, as it is well known and documented in World Health Report 2006 for example, that female workers (and nurses and midwives in particular) face many gender inequalities (WHR-06). Addressing such gendered inequalities includes giving female health workers opportunities to progress in their career in such a way that does not require traditional acquisition of academic qualifications.

*Consequently, to build a vibrant self-sustaining midwifery workforce there is need to:*

1. Allow experienced midwives to be seen as specialists and have developed expertise to help and support (mentor) other midwives, trainees etc. These clinical specialists should be recompensed accordingly and should not have to leave the clinical field for administrative or education posts. They are key to developing a skilled workforce such as midwifery; as such skills must be learnt and developed in the clinical areas with hands-on practice. Such practice requires expert practitioners to support, mentor and guide the trainees/junior/less experienced staff.
2. Develop specialist post-basic programmes that allow those who have theory midwifery to become clinical specialists.
3. Develop a specialist midwifery education/teacher Diploma/pathway that does not require the midwife to also become a nurse.
4. Review the proposed 3 tracks to make more gendered and for Midwives and possibly some nurses develop a 4<sup>th</sup> track of specialist clinical mentor. Also propose a different type of pathway that is more equitable and merit-oriented based on competencies, rather than academic; see matrix below.



**Matrix showing Proposed Career Ladder for Midwifery Cadre In Pakistan: with qualifications leading to Licence to Practice Midwifery**

Qualification gained after receiving Pre-service	Length of training	Entry requirements	Qualification(s) on completion of Pre-Service programme	Meets Competency Criteria of SBA at point of graduation	Upgrade-able?	Entry into higher qualifications /posts	Interim measures required to be considered SBA
<b>BSc Registered Nurse-Midwife</b>	3-4yrs	<ul style="list-style-type: none"> <li>12 yrs completed schooling</li> <li>pass aptitude test</li> </ul>	1. RN/RM (Registered Nurse-Midwife)	No, does not have adequate clinical hands on experience of conducting normal births and giving first-line managing of complications	Yes, in time (when adequate faculty prepared) – through short bridging programme can become licensed to practice midwifery and be considered SBA	1. On proof of Midwifery competence (i.e. has the requisite midwifery competencies) may enter into Master in Midwifery (when available) for entry into senior management/admin post or 2, On proof of Midwifery competence, plus minimum of 2 years practice in midwifery field may enter into graduate Midwife Teacher programme	Short Practical Hands on Refresher course in Midwifery
<b>Registered Nurse/Registered Midwife (RN/RM)</b> <i>Diploma</i>	3 years	<ul style="list-style-type: none"> <li>12 years schooling</li> <li>pass aptitude test</li> </ul>	1. RN/RM (Registered Nurse) with midwifery)	No, does not have adequate clinical hands on experience of conducting normal births and giving first-line managing of complications	As above	<b>Can do 1 year post-basic Midwifery</b> if meet entry test to become BSc Midwifery  Then as above	Short Practical Hands on Refresher course in Midwifery
<b>Pupil Midwife</b>	1 yr plus PTS	12 years schooling (CP assures me this is the current req)	RM (do you believe it?????)	Is seen as low level /auxiliary grade	Not sure?	<b>?Can do 1 year post-basic Midwifery that included Unit 9 from CMw and community practice to become .... she already is!!!</b>	6 months post-basic hands on focused on B-LSS
<b>Lady Health Visitor</b>	1.5 yrs:	10-12 year schooling pass attitude test	LHV	Yes, possibly some lack in management of complications	Yes, as supervisor	As supervisor can enter into Midwife Teaching Programme	Short clinical update, focused on management of complications
<b>Community Midwife (CMW)</b>	1.5 years	<ul style="list-style-type: none"> <li>10 years min ideally 12</li> <li>Plus: Under 45 yrs age</li> </ul>	1. CMW(Community Midwife)	Yes, if exam is designed well to be discriminatory and all case load criteria met	Yes, after min 2 years work; plus bridging programme ?2-yrs	BSc Midwifery (Public Health) Can become supervisor of CMW and or LHV As supervisor can	None except supervisor system and exam mechanisms to be agreed



## Annex 4

### F&A related tasks during Year 1

Besides logistical support for different project activities including travel arrangements for project staff and TDYs, building liaison with Abt Associates Headquarters, USAID, project partners and stakeholders, security measures during volatile security environment, arrangements for seminars, workshops, training and project meetings, maintenance of books of account, monthly reporting of expenditure, quarterly reporting of pipeline, maintenance of IT network, project website and various other component specific inputs, following activities were carried out during year 1.

#### 1. Project start-up activities:

- F&A team carried out:
  - Renovation and set up of offices in Islamabad, Quetta and Peshawar.
  - Setting up of project website and email addresses of staff hired.
  - Networking, ducting and wiring of office, installation of Air conditions and PABX.
  - Procurement of office Furniture
  - Rental of Computers and Generator to operate during the period while source and origin waiver request was with USAID.
  - Lease of two residential facilities (in Islamabad for expat housing) and three Offices (Islamabad, Quetta and Peshawar)
  - Source and Origin Waiver for Procurement of IT Equipment
  - Approvals for purchasing and hiring electric power generators due to load sheddings during working hours and for security reasons at expat houses
  - Arrangements for Expats Visas

#### 2. Imports and Exemptions on local procurements from Economic Affair Division (EAD) of Ministry of Economic Affairs, Pakistan for:

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- Electric power Generator, Computers and IT equipment,
- Tax exemptions for Local procurement of Photocopier, Networking and UPS
- Exemptions for inward shipment of personal effects of Sr. Nursing/ Midwifery Advisor and COP

#### 3. Hiring of project staff:

- Following project staff were hired during year 1:
  - F&A Director
  - Sr. M&E Advisor
  - Communications Advisor
  - Sr. Logistics Advisor
  - Sr. Nursing/Midwifery Advisor
  - Grants Manager
  - Communications Advisor
  - Grants Technical Advisor
  - Midwifery Advisor
  - Midwifery Training Coordinator
  - Operations Manager
  - Finance and Accounts Manager
  - Logistics Officer
  - M&E Officer
  - Finance & Administration (F&A) Assistant, Islamabad
  - Provincial Coordinator Sindh
  - Provincial Coordinator Baluchistan
  - Provincial Coordinator NWFP
  - F&A Assistant Sindh
  - F&A Assistant NWFP
  - F&A Assistant Baluchistan
  - Operations/Admin Assistant

- Front Office and Documentation Assistant
- IT Coordinator
- Program Assistant - Midwifery
- Program Assistant – Documentation and Learning
- Driver
- Janitor
- Following Short term technical assistance was also procured:
  - Midwifery consultant for support in workplan for year -1
  - Midwifery training consultant
  - STTA for rapid assessment of PHC models working in Pakistan
  - International Midwifery Trainer for capacity building of PNC/NEBs
  - Independent consultant for technical evaluation of grant proposals
  - Communications consultant
  - Operational support for PDHS launching events
  - STTA for capacity building of NIPS in research proposals
  - Support for setting up NWFP office

#### **4. Procurement:**

- Services:
  - Transportation services/ Vehicle Rentals for Official use at Islamabad and Provincial Offices in Sindh, Baluchistan and NWFP,
  - Travel Agency for air travel, purchasing stationary, negotiation of rates for lodging/boarding of project staff, guests and event participants in hotels and guest houses.
  - Hiring of Security Guard Company for Islamabad & Provincial Offices in Sindh, Baluchistan & NWFP and expat houses.
  - Advertisement for different staff positions, procurement opportunities and grant applications in national newspapers and project website.
  - Session on “Trauma Counseling” for TACMIL staff.
- Communication:
  - PABX Exchange, Fax Machine for Islamabad office, satellite Phones for provincial offices, and mobile phones for all project staff.
  - Internet services for all three offices and expat residences
- Generators:
  - Generators for Islamabad and Quetta offices and for expat house in Islamabad. A UPS was purchased for COP house.
- IT Equipment:
  - Server, desktop and laptop computers and printers as required for project staff in all project offices,
- Miscellaneous items
  - Flash Drives, Scanners, Multimedia Projector with Screen, and the Digital Cameras.