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JSI Research & Training Institute Inc.

USAID Technical Assistance Unit for Health

Annual Report

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January-December 2011

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List of Abbreviations

| | |
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| AO | Agreement Officer |
| AOR | Agreement Officer Representative |
| AS | Additional Secretary |
| BHUs | Basic Health Units |
| CA | Cooperative Agreement |
| CADD | Capital Administrative and Development Division |
| CCM | Country Coordination Mechanism |
| CEO | Chief Executive Officer |
| COP | Chief of Party |
| CT | Core Team |
| DG | Director General |
| DFID | Department For International Development |
| DHIS | District Health Information System |
| DoH | Department of Health |
| EDO | Executive District Officer |
| EPI | Expanded Programme on Immunization |
| FALAH | Family Advancement for Life and Health |
| FBS | Federal Bureau of Statistics |
| FP | Family Planning |
| GAVI | The Global Alliance for Vaccines and Immunization |
| GOP | Government of Pakistan |
| HIS | Health Information System |
| HAS | Health Services Academy |
| HO | Home Office |
| HSRU | Health Services Reform Unit |
| HSSPU | Health Systems Strengthening & Policy Unit |
| ICT | Islamabad Capital Territory |
| IPC | Inter-Provincial Coordination |
| IT | Information Technology |
| JSI | JSI Research & Training Institute, Inc. |
| KPK | Khyber Pakhtun Khwa |
| LHW | Lady Health Worker |
| M & E | Monitoring and Evaluation |
| MIS | Management Information System |
| MNCH | Maternal, Newborn and Child Health |
| MOH | Ministry of Health |
| MOIPC | Ministry of Inter-provincial Coordination |
| MRRP | Malakand Reconstruction and Rehabilitation Program |
| NIDs | National Immunization Days |
| NHIRC | National Health Information Resource Centre |
| PAIMAN | Pakistan Initiative for Mothers and Newborns |
| PAK | Pakistan |
| PaRRSA | Provincial Rehabilitation and Reconstruction Settlement Authority |
| PC – 1 | Planning Commission – 1 |
| PD | Project Director |
| P&D | Planning and Development |
| PHC | Primary Health Care |

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| | |
|--------|--|
| PHDs | Provincial Health Departments |
| PHSRP | Punjab Health Sector Reforms Program |
| PMRC | Pakistan Medical Research Council |
| PO | Purchase Order |
| QA | Question and Answer |
| RH | Reproductive Health |
| SAPM | Special Assistant to Prime Minister |
| SCUS | Save the Children US |
| SF | Standard Form |
| SO | Strategic Objective |
| SNIDs | Special National Immunization Days |
| TA | Technical Assistance |
| TACMIL | Technical Assistance for Capacity Building in Midwifery, Information and Logistics |
| TAUH | Technical Assistance Unit for Health |
| ToTs | Training of Trainers |
| ToR | Terms of Reference |
| TRF | Technical Resource Facility |
| UK | United Kingdom |
| UN | United Nations |
| UNAIDS | United Nations Programme on HIV and AIDS |
| UNFPA | United Nations Fund for Population Assistance |
| UNICEF | United Nations International Children's Emergency Fund |
| US | United States |
| USAID | United States Agency for International Development |
| USG | United States Government |
| WHO | World Health Organization |

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1. EXECUTIVE SUMMARY

In 2009, USAID-Pakistan adopted a new business model for funding its development objectives which focused on utilizing local government, institutions and NGOs as the implementing partners. However, the technical capacity in many areas to effectively bring about change and strengthen public primary health care service delivery to the people of Pakistan is limited.

USAID therefore proposed to develop a technical assistance unit to provide strategic, targeted technical assistance to the GOP in key health areas. As a result, the Technical Assistance Unit for Health (USAID-TAUH) Project was awarded to JSI Research & Training Institute Inc. on January 14, 2011.

The USAID-TAUH project started in a particularly difficult period for the health system in Pakistan. The two events of national significance in 2011 created a situation of uncertainty to move forward on addressing the major shortcomings in providing PHC services: (i) the adoption of the 18th Amendment and (ii) the devastating floods of August 2010. The first development was the abolishment of the concurrent legislative list, meaning health policy formulation is no longer the prerogative of the Federal Government and all primary health care programs were devolved to provinces. This has caused considerable uncertainty about the role of the Federal Government in the area of health and population which is now considered a provincial subject.

The purpose of the TAUH project is to provide technical assistance to the health and population sectors at the Federal, Provincial and District levels, but particularly at the provincial level, to reform and strengthen the health system in Pakistan in a post-devolution operating environment.

USAID TAUH project was tasked to work with MOH at federal level and in two provinces Punjab and Sindh. The devolution plan for MOH was developed in close collaboration with the Secretary Health and Cabinet Division. The plan was presented and approved by the Devolution Implementation Committee headed by Senator Raza Rabbani. The plan provided complete overview of the functions devolved, functions which still remain federal responsibility, the human resource liability, the assets and the federal laws and acts to be promulgated and those to be retained at federal level.

The Punjab Health Department with technical assistance from USAID TAUH developed an Integrated MNCH, FP and Nutrition PC-1 and one for Expanded Program on Immunization. The TAUH office was established in Punjab to work in close collaboration with Government of Punjab Department of Health. However, the decision of Government to Punjab not to accept anymore USG funding resulted in the closure of Punjab Office in August 2011 and the focus shifted to Sindh Province. The law and order situation in country, political unrest and lack of clarity in the roles and responsibilities between federal and provinces led to slow take up of responsibility by provinces. In the absence of a coordination body at federal level, the ministries who became the custodians of federal responsibility do not have the understanding and health background to address the challenges of devolution.

The initial discussions with Government of Sindh Department of Health led to the establishment of a Health Sector Reform Unit (HSRU). The PC-1 was developed following a participatory approach and was approved in a record time. This reflects the seriousness of the Department of Health to address the outstanding issues of poor health status in the province. The situation analysis of Sindh health sector was assessed by Technical Resource Facility (TRF). The USAID TAUH has established an office in the premises of Department of Health. The Human Resource Strategy, the Communication Strategy, and the Integration of MNCH, FP, Nutrition and EPI are some of the TAs initiated.

The USAID Mission in Pakistan is supporting Government of Khyber Pakhtunkhwa for the Malakand Reconstruction and Rehabilitation Program (MRRP) through Provincial Reconstruction, Rehabilitation and Settlement Authority (PaRRSA) Government of Khyber Pakhtunkhwa. At the request of USAID, TAUH has provided technical assistance to the Government of Khyber Pakhtunkhwa. A team of technical experts comprising of a Health System Specialist (Team Leader), a Program Coordinator and an IT Specialist was identified and selected in July-August 2011. The assessment survey for already procured equipment and furniture for Swat, Buner and Lower Dir districts was carried out and furniture and equipment was distributed according to the consolidated re-distribution plan in September 2011.

The second important focus was the development of a “Health Activity Plan” for the revitalization of health services in Malakand Division. The plan was approved by Government of KP Department of Health in November 2011.

The donor community and UN community are trying to align their support in the light of the devolution opportunities and challenges. The donor coordination is critical in post devolution scenario. USAID TAUH and the DFID funded Technical Resource Facility (TRF) have decided to work closely and support each other’s activities to avoid duplication of efforts.

The year 2011 was an extremely challenging period as several challenges surfaced, such as the lack of the clarity in roles and responsibilities in the health sector between federal and provincial levels; the fund flow mechanism from federal level to provinces; the fiscal deficit at provincial level. Moreover, the situation is further complicated by frequent postings and transfers of senior managers and the political instability. All of these factors resulted in a slowing down of the strategic planning process and of the reforms and restructuring required post devolution.

USAID Mission in Pakistan decided to curtail the duration of TAUH from three to two years and funding was cut down as well. The modification to the cooperative agreement was approved along with the revised Strategic, M&E Plan and the Annual Workplan.

2. BACKGROUND

2.1 Introduction

In 2009, USAID-Pakistan adopted a new business model for funding its development objectives which focused on utilizing local government, institutions and NGOs as the implementing partners. Key to the success of this new business model is the necessary technical expertise in the GOP to move forward. However, the GOP lacks technical capacity in many areas to effectively bring about change and strengthen public primary health care service delivery to the people of Pakistan.

In order to ensure USG resources for health and population sector will effectively enable the GOP to meet the objectives for which they are intended, USAID has developed a technical assistance unit to provide strategic, targeted technical assistance to the GOP in key health areas. As a result, the USAID Technical Assistance Unit for Health (USAID-TAUH) Project was awarded to JSI Research & Training Institute Inc. on January 14, 2011. USAID-TAUH is a two-year project to provide technical support to respond to the Government of Pakistan (GOP) needs for assistance and to help ensure that direct financial support to GOP is used effectively and efficiently.

After signing the cooperative agreement, JSI Research & Training Institute Inc. established its head office for USAID TAUH project at Islamabad. Provincial office for Punjab province was established within the premises of Punjab Health Sector Reforms Unit at Lahore during the first quarter of the project. However Punjab office was closed in August 2011 after USAID received the directions from Government of the Punjab to stop operations in Punjab. Provincial office for Sindh province was established within the premises of National MNCH Program office at Karachi in December 2011.

2.2 Devolution of the Health System: Challenges and Opportunities

The 18th Amendment to the Constitution of Pakistan took place in 2010. The devolution of the five ministries in phase-II was delayed. As a result preparatory work for phase-III ministries was also delayed. The MOH was included in the Phase-III. The federal program managers were in a state of denial and did not accept the devolution of all vertical programs till the last day. As a result, the preparatory work of devolution was started late.

The donors and UN partners had to align their support according to the new rules of business. The year 2011 minimal donor support was provided due to lack of clarity. The Punjab and KP provinces took proactive measures and started working on devolution and integration of some vertical programs prior to June 2011.

Due to the combination of the economic crunch, the floods and the deteriorating security situation, availability of funds are scarce both at the federal and provincial levels which had a negative impact on program activities. The continued political instability is another factor which affected overall service delivery with frequent postings and transfers at the highest level.

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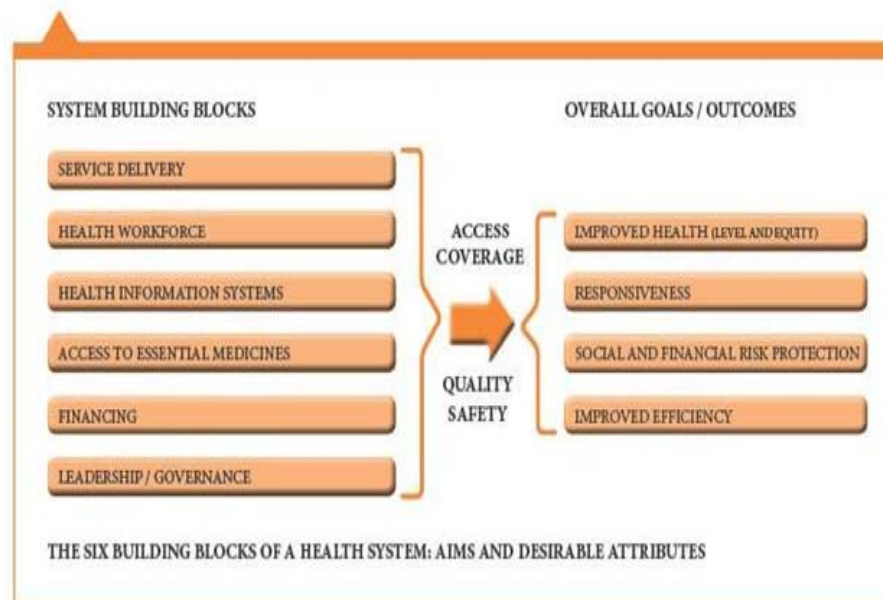
The government of Punjab announced that they would not accept USAID grants after the events of May 2, 2011 in Abbotabad. The USAID TAUH work in Punjab was delayed and eventually the office was closed.

The security and political situation in Karachi (Sindh) have resulted in postings and transfers at the highest levels of the Department of Health. The political situation took longer than expected to settle down. This resulted in a slow and delayed start up of planning and preparedness to shoulder the devolved responsibility. Moreover, the floods diverted funding and attention of Government of Sindh Department of Health from routine programs.

The USAID Mission was closely observing the work environment. In October 2011, the Chief of Health called a meeting and discussed with the COP the changing environment and USAID's approach. It was decided to change the purpose of USAID TAUH and the strategic and M&E plan. The annual workplan was changed later accordingly. The focus is now on Intermediate Results as against Strategic Objectives in the initial plan. The indicators were revised and brought in line with the Mission's PMP. The USAID TAUH provided technical support to the USAID Mission as and when required.

The devolution of health system in Pakistan has been a major challenge, but at the same time it is an opportunity for Pakistan. The provinces can plan and implement health services to address their unique requirements. The vertical PHC programs can be integrated to provide the minimum service delivery standards. State of the art and evidence based strategies and interventions can be introduced and scaled up. This requires strategic thinking as well as addressing critical issues in each of the six building blocks of the health system (see figure 1).

Figure 1. The WHO Health Systems Framework



The Health Sector Reform Units of the provinces can serve as the think tank to prepare the Health Policy and Strategy for the province. The human resource strategy with a 5-8 year vision can address the lingering human resource availability, inequitable distribution and capacity gaps. A communication strategy with unified messages for all programs and a realistic strategy for behavior change strategy can help in improving the utilization of health facilities. The integration of PHC programs with management and monitoring and supervisory systems in place and a functional district health management information system designed for the province is the way forward.

2.3 USAID-TAUH Project's Vision of Success

At the end of the project, the public health sector has the technical and fiduciary capacity to manage integrated PHC services including family planning within a devolved health system where roles and responsibilities between the various administrative levels have been well defined and where structured partnerships with the private sector have been established.

2.4 Purpose

The purpose of the TAUH project is to provide technical assistance to the health and population sectors at the Federal, Provincial and District levels, but particularly at the provincial level, to reform and strengthen the health system in Pakistan in a post-devolution operating environment.

Technical assistance provided by the project will focus on policy development, strategic reform, and on capacity building of the public health sector to improve health planning, budgeting, coordination, programming and other support systems, with an ultimate goal to improve the quality, equity and access to primary health care services

The TAUH project will also provide technical assistance and in-depth analysis to the USAID/Pakistan Health Office in mapping out the post-devolution operating framework and in identifying critical health sector gaps, problems and issues for which both short and longer-term coordinated donor action is required.

2.5 USAID TAUH Intermediate Results

The results of USAID TAUH will follow USAID Results Framework as provided in annexure-I. Most of the USAID TAUH activities will fall under IR 3. There are few activities which do not fall under any of the IRs of the USAID Results Framework. For that purpose an additional IR 4 has been added.

IR 3 Improved governance of provincial health departments

IR 3.1: The management of the primary health care (PHC) services has been devolved to the provinces through clarified roles and responsibilities between federal and provincial governments

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IR 3.2: The management capacity at provincial and district levels within the health department allows provinces to assume the newly devolved functions

IR 3.3: Public sector leaders have greatly enhanced their knowledge of and ability to program and manage evidence-based maternal and child health, family planning, immunizations and nutrition.

IR 4: The donor response to public health sector in Pakistan has been adapted to the newly created devolved structure.

2.6 Principles

Throughout the implementation of the project, the USAID-TAUH team will strictly adhere to and promote the following principles with its partners:

Involvement of all relevant stakeholders, including the Federal Ministry of Health (MOH) and the Provincial Health Departments (PHD), USAID/Islamabad, and various governmental and non-governmental institutions in support of the health system in Pakistan

Increased transparency and accountability in the public sector environment related to the management of the inputs and processes of the health services through internal control systems as well as through increased community involvement

A results oriented approach in managing the health services with well-defined and measurable outcomes and benchmarks

Building on lessons learned by introducing wherever appropriate approaches and interventions proven to be successful in PHC projects in Pakistan and in other countries

Use of local expertise whenever available and based on merit criteria

Towards sustainable solutions within the socio-cultural and resource context of Pakistan

Minimum disruption in present program initiatives, always starting from existing initiatives and then incrementally reform them towards improved performance

Compliance with USAID Rules and Regulations including the use of the USAID branding and marking guidelines

3. USAID TAUH INTERVENTIONS: ACHIEVING INTERMEDIATE RESULTS

3.1. Post-Devolution: Improving Governance at Provincial Levels

The Government of Pakistan had an ambitious and comprehensive program of reforms to accelerate growth and poverty reduction. Governance reforms, particularly in devolution of power to the provincial and local governments were the key features of the reform program.

In the recent years, Pakistan has implemented a radical restructuring of government, devolving the main responsibility for the delivery of most of its functions including health to the provincial governments. This functional devolution has been accompanied by remarkable political, fiscal and administrative re-structuring. This process of devolution has provided an opportunity to USAID Technical Assistance Unit for Health (USAID TAUH) to assist in improving the governance at provincial level. USAID TAUH started strategic planning in January 2011 to support the comprehensive reform program of Government of Pakistan including devolution and re-structuring of administrative and fiscal authorities. Improving governance at the provincial level was the main focus during strategic planning.

USAID TAUH provided support to the government at federal level to build consensus on the devolution plan under Intermediate Result 3.1 and provided support to improve governance at the provincial level under Intermediate Results 3.2 and 3.3.

3.2. Supporting the Federal level to prepare the devolution plan

The Government of Pakistan made the 18th amendment in the constitution of Pakistan through which nineteen federal ministries has been devolved to the provinces including Ministry of Health. The Implementation Commission placed the Ministry of Health in the third phase of devolution which was supposed to be completed by June 30, 2011. USAID TAUH provided support to the Ministry of Health in preparing a devolution plan in consultation with the provincial governments. To support the devolution five background papers were prepared for policy decisions post devolution in February and March 2011:

1. Drug Regulation in Pakistan following 18th Amendment written by Dr. Rasheed Jooma, former Director General Health, Ministry of Health, Pakistan
2. Health Policy, Post 18th Amendment written by Dr. Sania Nishtar, CEO Heartfile Pakistan
3. Health and Nutrition Situation in Pakistan & Issues following 18th Amendment and the Recent Floods written by Professor Zulfiqar Bhutta, Aga Khan University Karachi
4. Immunization strategies for Pakistan and the post 18th amendment scenario written by Professor Zulfiqar Bhutta Aga Khan University Karachi
5. Maternal, newborn and child health in Pakistan and issues of relevance post 18th amendment written by Professor Zulfiqar Bhutta Aga Khan University Karachi

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The USAID TAUH reviewed all the laws, ordinances and regulations related to health and prepared a summary of all such laws which required repeal at federal level or promulgation at the provincial level.

These background papers and analyses of laws and ordinances helped a lot in preparing devolution plan, which was finalized with consensus of all stakeholders. Final devolution plan was presented to Implementation commission and was approved for implementation on June 30th, 2011. Table 1 provides an overview of the remaining Federal Functions of Health. These remaining functions were handed over to 4 ministries/divisions—Economic Affairs Division, Planning Commission, Interprovincial Coordination Ministry, and Cabinet Division. Technical support was also provided to Planning Commission in the form of a concept note after devolution. Further four policy briefs were also prepared for these ministries/ divisions and provincial health departments to support health sector reforms including integration of services and use of information for evidence based decision making.

Health System Strengthening and Policy Unit (HSS & PU) of Ministry of Health played important role in devolution process but needed capacity building and strengthening. USAID TAUH in collaboration with World Health Organization provided support to strengthen and build the capacity of Health System Strengthening and Policy Unit. Four technical experts were provided by the USAID TAUH to support Health System Strengthening and Policy Unit for five months.

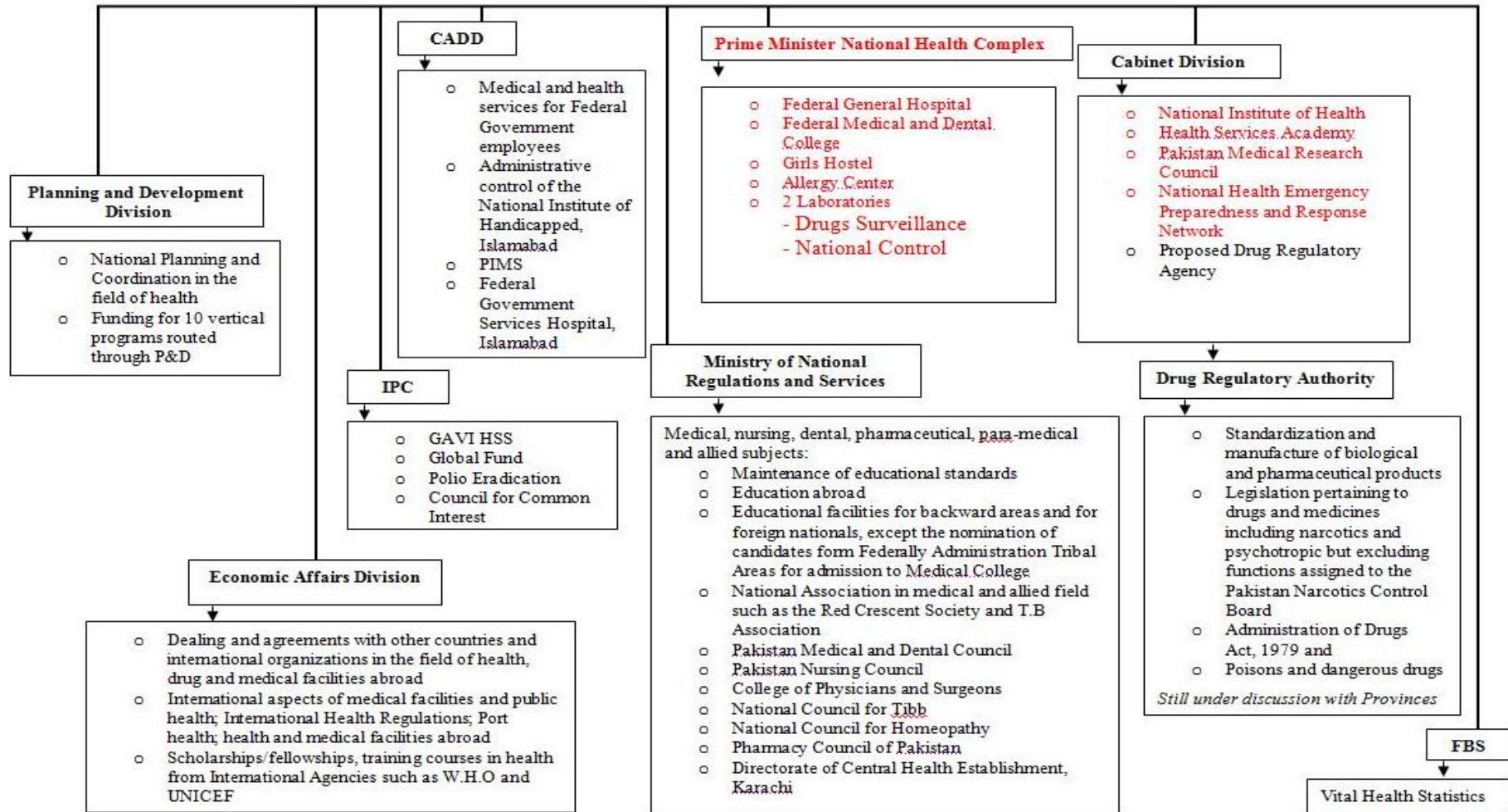
The Health Services Academy is developing public health human resources in Pakistan and played important role in devolution. The USAID TAUH provided technical support to the Health Services Academy through a team of two consultants; human resource and financial management experts. The consultants have reviewed the salary structure and remuneration of the permanent faculty, contract staff and adjunct faculty of the Health Services Academy, the fee structure of existing programs, the costing of new programs which Health Services Academy is planning to start; and various financing mechanisms for Health Services Academy.

The first draft report on “Pay/Remuneration System, Financial Feasibility and Sustainability Analysis of Health Services Academy’s Proposed Strategic Plan” is ready. The draft report has been shared with the Executive Director Health Services Academy and USAID TAUH team. After review, the Executive Director will put up the draft report to board of directors for approval before its implementation.

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Table 1:

The Federal Functions of Health
The functions in red are part of PM National Health Complex



3.3. Building Management Capacity: Preparing Provincial Governments to Assume the Newly Devolved Functions

While USAID TAUH was working at the federal level to prepare devolution plan, concurrently, it started working with the provincial governments to get them ready to receive the devolved functions after June 30th 2011. USAID TAUH assessed the capacity of provincial governments based on which started providing support to build the capacity of the health managers. USAID TAUH also acted a bridge between provincial and federal governments and helped them in building consensus in many areas. The Government of the Punjab was very pro-active and started planning to receive devolved vertical programs and health functions.

3.3.1. Integrating Health Services in Punjab: A step towards Efficiency, Efficacy and Quality Health Care Services

USAID Technical Assistance Unit for Health started providing support to the Government of Punjab, Health Department in March, 2011. In the first meeting with Secretary Health and his team on March 7, the USAID TAUH team was introduced along with the scope of work and implementation strategies of the project. The Secretary Health requested USAID TAUH to organize a donors' coordination meeting so that mechanism for technical assistance and donor funding is finalized.

USAID TAUH organized the donors' coordination meeting on March 26, 2011 at Lahore which was chaired by Secretary Health. More than 50 participants from all the development organizations and UN agencies participated in the meeting. The Secretary Health gave a detailed presentation on the various areas where Punjab Government required technical as well as financial assistance from the partners. These areas were allocated to different partners based on their background experience. Following areas were allocated to USAID TAUH for technical assistance:

1. Integration of LHW, MNCH, FP and Nutrition Programs
2. To prepare PC1 (planning document) for EPI Program.
3. To strengthen Punjab Health Sector Reform Program, Government of Punjab

In the follow up meeting with Project Director Punjab Health Sector Reform Program and his team, he requested USAID TAUH to provide technical support to the program in the following areas in the first phase:

1. Human resource strategy for the Government of Punjab, Health Department
2. Procurement strategy and guidelines for the Government of Punjab, Health Department
3. Health system strengthening
4. Emergency preparedness, and response

USAID TAUH started work to integrate MNCH, LHW, nutrition and family planning into Integrated Reproductive Health Program in April. USAID TAUH program staff and consultants prepared first draft of the PC-I for Integrated Reproductive Health Program through an extensive consultative process involving Project Director PHSRP, provincial program managers of Health Department and other stakeholders

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and development partners including WHO, UNFPA, UNICEF, FALAH, SCUS, USAID, TRF and Director MIS.

The first draft of Integrated RH PC-1 was circulated for comments to all partners for review and feedback. Comments received from different partners were incorporated, and the final PC-1 document was handed over to the Department of Health, Government of Punjab for submission to Planning Commission for approval in June 2011.

Development of the PC-I for Expanded Program for Immunization (EPI) was another technical assistance assignment which Health Department requested USAID TAUH to provide. This PC-1 was prepared and finalized after series of consultative meetings with Punjab Health Sector Reform Program, Directorate of EPI, PC MNCH, PC LHW Program, and representatives of UNFPA, UNICEF, WHO, FALAH, SCUS, USAID, TRF, Director MIS and other stakeholder. Three groups were formed to finalize the recommendations for EPI PC-1 in the following areas:

1. EPI Service delivery
2. Logistic and Cold Chain maintenance
3. Management and M&E framework

USAID TAUH program staff and consultants recorded and incorporated all recommendations in the EPI PC-1. Final PC-1 was handed over to the Directorate of Expanded Program on Immunization for submission to Planning Commission, Government of the Punjab for approval in June 2011.

Due to political developments, Government of Punjab asked USAID to close USAID TAUH Punjab office. USAID TAUH Punjab office was closed in August 2011, and staff was relocated at Islamabad office.

3.3.2. Improving Access and Quality of Health Services in Malakand Division Khyber Pakhtunkhwa:

The USAID Mission in Pakistan is supporting Government of Khyber Pakhtunkhwa for Malakand Reconstruction and Rehabilitation Program (MRRP) through Provincial Reconstruction, Rehabilitation and Settlement Authority (PaRRSA) Government of Khyber Pakhtunkhwa. On the request of PaRRSA, USAID asked TAUH to provide technical assistance to the Government of Khyber Pakhtunkhwa. A team of technical experts comprising of a Health System Specialist (Team Leader), a Program Coordinator and an IT Specialist was identified and selected in August 2011.



BHU staff prepares the inventory of the equipment received from USAID

PaRRSA, Government of Khyber Pakhtunkhwa requested the USAID TAUH team to verify physically the equipment and furniture procured by USAID and distributed by PaRRSA in Swat, Buner and Lower Dir districts and to assess the need of the equipment and furniture, not distributed. The needs assessment and physical verification exercise was completed and report were presented to PaRRSA, USAID and HSRU in September, 2011. It was found that the equipment and furniture which had been procured was in excess amount and the space available at the identified BHUs was not adequate. USAID TAUH team prepared the re-distribution plan of excess furniture and equipment which was approved by Health Department. Redistribution of equipment and furniture was successfully completed for 47 health facilities, with the support of USAID TAUH / PaRRSA which was later verified by the EDO Health of respective districts.

USAID TAUH was also requested to assist in preparation of an activity plan for the revitalization of health services in Malakand Division. An initial draft was developed after a brainstorming exercise at JSI office in Islamabad. The draft was shared with all the stake holders and it was finalized after a series of meetings to prioritize the needs of the districts/health department. The final draft of the activity plan



Equipment supplied by USAID at BHU Dehrai District Lower Dir

with costing was submitted for final review and necessary approval of the health department. Approved activity plan was handed over to PaRRSA, which has been submitted to USAID for obligation of funds.

USAID-TAUH has collected data from 6 districts of Malakand Division to prepare and update district profiles. Draft district profiles are now ready and reviewed by the USAID TAUH team.

3.3.3. Health Sector Reform in Sindh: Bringing Sustained Process of Policy, Institutional and Systems Changes

The USAID Technical Assistance Unit for Health team visited Karachi on March 2, 2010 and met with Secretary Health Sindh and his team. Various areas requiring technical assistance to Government of Sindh were discussed in the meeting. Secretary Health requested to provide technical support in establishing Health Sector Reforms Unit in the first phase. A comprehensive concept paper was prepared after the approval of TA by the USAID Health Office Islamabad. The concept paper on the Health Sector Reform Unit (HSRU) was presented to the Health Department and other stakeholders including development partners and UN agencies. The paper was endorsed by all stakeholders and was approved by the Health Department on March 22nd 2011.

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The establishment of the HSRU was strategically planned through a consultative process involving policy makers, senior managers of the health department and other stakeholders. USAID TAUH engaged a very senior consultant to prepare Health Sector Reform Unit PC-I and a financial expert for the budgeting and costing of the PC-I. Series of consultative meetings were organized by USAID TAUH in this regard.

The first draft of the HSRU PC-I was presented to the technical experts and representatives of the Government of Sindh, Health Department in a meeting organized on July 31st 2011 at Karachi. Representatives of the Government of Sindh Health Department proposed some changes in the PC-1 which were incorporated in the PC-1 by the consultants.

Due to heavy rains and flood in Sindh, the Secretary Health and his team were busy with relief work in interior Sindh, therefore finalization of the HSRU PC-I was delayed. The final document was presented to Secretary Health on September 28th 2011. After revision and some changes, PC-I was approved in November 2011. USAID TAUH has now started working on operationalization of the HSRU in Karachi. Candidates for the four positions of coordinators of HSRU have been identified but will be appointed after test/interviews in January 2012. Further work stations for the staff of the HSRU will be ready in January 2012.

3.3.4 SUCCESS STORY

Health Sector Reforms: Improving Health System and Quality of Life

“Sindh Government’s mandate is to improve quality of life of the people of Sindh and health plays paramount role in improving quality of life. No doubt our health system is weak and I am convinced that we can strengthen our health system if we bring reforms to it. In order to meet with the emerging challenges post-devolution, health sector reforms have become need of the day”. This was stated by Mr. Hashim Raza Zaidi Secretary to the Government of Sindh, Health Department while addressing the first consultative meeting on health sector reforms organized by USAID TAUH on April 26th 2011 at Karachi.

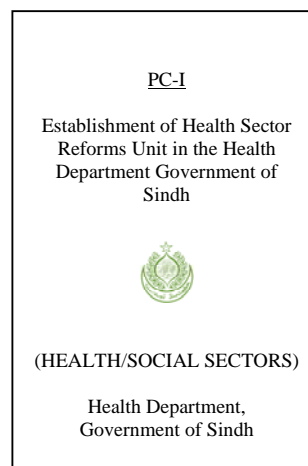
USAID Technical Assistance Unit for Health is striving to reform and strengthen the health system in Pakistan in a post-devolution operating environment. While working with Government of Sindh, Health Department, all efforts were focused on strengthening the health system through evidence based reforms in consultation with all stakeholders. USAID TAUH provided technical assistance through its program staff and the consultants and supported Health Department in developing a concept and later a strategic plan for the health sector reforms in Sindh.

The PC-I (planning document) for the establishment of the Health Sector Reform Unit (HSRU) in Sindh was prepared through the consultation and involvement of all stakeholders including policy makers, health managers and development partners. USAID TAUH submitted the final version of this PC-I to the Health Department on December 10th, 2011.

Normally it takes about 3-4 months for the approval of any PC-I after passing through different stages in government sector but the HSRU PC-I was approved in the record time of 14 days on December 23rd 2011 with the personal efforts of Secretary Health and his team. This shows the commitment and ownership of the Secretary Health which tricked down to his team. Health Sector Reforms Unit will start functioning by February 1st 2012.

“I can see that the Health Sector Reform Unit will involve a number of strategies, policies, and interventions designed to strengthen the health system in a manner that will improve effectiveness, equity and access to quality health services, thus improving quality of life of the common citizen”. These were the sentiments of Secretary Health when HSRU PC-I was approved.

Let us bring a positive change in the life of Pakistani citizens through improving their health and social well-being



In the second phase, Government of Sindh Health Department has requested USAID TAUH to provide technical support in the following areas:

1. Human Resource development Strategy
2. Health Communication Strategy
3. Strengthening Community Midwives in Sindh through sustainable initiatives
4. Integration (Post Devolution) of National Programs for FP and PHC, MNCH, Nutrition and EPI for Government of Health Sindh

One consultant for the health communication strategy and two consultants for the human resource development strategy have started working these TAs. Both TAs will be completed in three months' time. Work on the remaining two TAs is under process of approval from USAID and is expected to start from February 1st, 2012.

3.4. Building Capacity of the Public Sector Leaders: Enhancing Knowledge and Ability to Program and Manage.

The USAID TAUH team provided support to build the capacity of provincial managers in preparing PC-1 documents in Punjab and Sindh. In Punjab, USAID TAUH prepared two PC-1s on "Integrated Reproductive Health" and "EPI". Provincial Program Managers and their teams were involved throughout the process and build their capacity in planning, supervision and monitoring. Likewise in Sindh, USAID TAUH's technical expert worked closely with the provincial managers and assisted them in understanding the process of planning while going through different steps of preparation of PC-1 on "The Health Sector Reforms Unit". The Provincial Managers were involved in reviewing the planning documents of their programs.

USAID Technical Assistance Unit for Health prepared four policy briefs as follows:

1. Family Planning in Pakistan - Lessons Learnt
2. Family Planning – The case for division of labor
3. Using Health Information System for evidence based decision making in Pakistan
4. Health Sector Reform brings Quality Services for Life

These policy briefs were shared with the policy makers and health managers at federal and provincial level. These policy briefs were used as tools to advocate for improving health care delivery services through health sector reforms, including integration of services and using information for evidence based decision making.

USAID TAUH is also working on preparing two more policy briefs on the following topics:

1. Improving Family Planning Services in Pakistan in Post-Devolution Scenario.
2. Integration of Health Services.

After approval from USAID, Dr. Farid Midhat was requested to prepare policy brief on "Improving Family Planning Services in Pakistan in Post-Devolution Scenario". The policy brief will be used as an advocacy tool for the integration of health

and population services at provincial level to maximize family planning service delivery and to improve the access to services and commodities. Both papers will be presented in advocacy seminars with high level provincial government officials in coming months.

3.5 Supporting Donor Response to the Public Health Sector

USAID Technical Assistance Unit for Health is also providing direct technical support to the Office of Health, Nutrition and Population (HNP) USAID/ Pakistan whenever required. During the year 2011, USAID TAUH provided technical assistance to USAID/ Pakistan Health Office in the following areas:

1. In one of the donor's coordination meetings, it was decided to conduct donor mapping in Sindh so that duplication and wastage of resources is avoided. USAID TAUH was asked to conduct donor's mapping in Sindh which was started in July 2011 and completed in October 2011. Final document has been submitted to USAID/Pakistan Health Office.
2. USAID/ Pakistan Health Office asked USAID TAUH to provide support to arrange the visit of Pakistan delegation to attend "Regional Dissemination Meeting on Chlorhexidine for Umbilical Cord Care at Nepalgunj, Nepal on September 15-16, 2011. Arrangements were made for the delegation and COP USAID TAUH also attended this meeting along with the Pakistan Delegation.
3. Brainstorming meeting of implementing partners on November 25th 2011 at JSI Office Islamabad to discuss the status of devolution and the impact of recent and on-going government decisions to reconstitute central authorities in the wake of the 18th amendment.
4. Coordination meeting of donor agencies on December 20th 2011 at JSI office Islamabad. Representatives of DFID, World Bank, UNFPA, USAID, GIZ, Norway Embassy and the Health Department, Government of Khyber Pakhtun Khwa attended this meeting. Contracting out models, aligning and coordination of future programming in key conflict-affected districts of Malakand was discussed in the meeting

USAID/Pakistan Health Office requested USAID TAUH to provide technical support to establish management structure of Civil Hospital Jacobabad Sindh. USAID TAUH has identified and shortlisted consultants for technical support to the Civil Hospital Jacobabad. The Deputy Director USAID Health Office and the COP USAID TAUH conducted interviews of the shortlisted consultants on December 22nd 2011 and requested consultants to submit proposals within two weeks

4 TRACKING AND REVIEWING PROJECT PROGRESS: LEARNING FROM THE EXPERIENCES

USAID TAUH prepared the Monitoring and Evaluation Plan along with Strategic Plan which was approved by the USAID/Pakistan. Based on the approved Monitoring and Evaluation Plan, USAID TAUH prepared the consultants database and tracking sheet. Consultant tracking sheet was maintained and reported, showing details of

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disaggregated number of TA days utilized at various levels under different strategic objectives.

A meeting to discuss and revise the USAID TAUH Monitoring and Evaluation Plan was held on May 24th 2011 at JSI office which was attended by USAID TAUH staff, AOTR and Ms. Amita Kulkarni from USAID Washington. It was decided in the meeting to revise the performance indicators so that they are in line with the USAID Result Framework. Monitoring and Evaluation Plan was revised accordingly in June 2011 and submitted to AOTR for approval on June 13th 2011. Based on the revised Monitoring and Evaluation Plan, USAID TAUH started collecting data on these indicators from Sindh province for the April-June 2011 quarter. This task was assigned to Dr. Iqbal Memon, a senior public health expert. It was agreed that the data for April-June quarter will serve as baseline data for future references. The following data was collected and reported in July-September quarterly report:

| S# | Performance Indicators | Apr-11 | May-11 | Jun-11 | G. Total |
|-----------|--|---------------|---------------|---------------|-------------------|
| 1 | Number of Pregnant Women who have been examined (Antenatal Care Visits) by LHWs | 14,271 | 14,624 | 12,852 | 41,747 |
| 2 | Number of Women who had Post-Partum / New Born Visits at HF's and by LHWs | 18,887 | 19,179 | 20,957 | 59,023 |
| 3 | Number of Children under-five who have received Oral Polio (including zero, I, I, III doses of routine EPI & NIDs / SNIDs) | 6,217,529 | 7,441,040 | 7,124,755 | 20,783,324 |
| 4 | Number of Children under 1 have received Measles Vaccination (including routine EPI and special campaign) | 89,801 | 91,583 | 86,240 | 267,624 |
| 5 | Number of technical assistance days provided to assist with devolution of the health sector | 91 | 165 | 80 | 336 |

Later on in a meeting held on October 31st 2011, USAID/Pakistan Health Office informed that according to their latest strategy, government to government support of USAID/Pakistan is on the hold for the time being. As a result of the changed scenario, USAID TAUH was asked to revise the purpose of the project along with the performance indicators. Accordingly Strategic and M&E Plan was revised and submitted to USAID along with the revised cooperative agreement on November 23rd 2011. Performance Indicators Reference Sheets (PIRS) have been prepared for each category of indicators. The revised and final indicators are mentioned in table 1 below.

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Table 1: Summary of Results for the Quarter October-December 2011 (QIV PYO1)

| Level | Indicators | PYO1 2011 | | | | PYO2 2012 | | | | Total | Remarks | |
|-------------------------|------------|---|---|-----|-----|-----------|----|----|----|-------|---------|--|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | | |
| Purpose | 1 | Number of consolidated TA days utilized at Federal, Provincial and District levels in a year | 131 | 528 | 304 | 404 | | | | | 1367 | Includes consultant's and TUAH staff's TA days at all levels under all IRs |
| | 2 | Family Planning / Birth Spacing services integrated in MNCH Health Plan | Punjab PC-I prepared for integration of FP & MNCH | | | | | | | | 0 | Integration of these services will be taken up in Sindh in next quarter |
| | 3 | Technical reports on TAs provided to federal and provincial governments in various areas. | 0 | 9 | 2 | 4 | | | | | 15 | QII: Reports by Ms. Syeda Rabia Khalid, Ms. Maaida Asmat Awan, Ms. Saadiya Razzaq, Mr. Anees Jillani, Dr. Moazzam Khalil, Dr. Rashid Jooma , Dr. Zulfiqar A. Bhutta, Mr. Nasim Ahmad Khan, and Mr. Tanvir Baig QIII: Adnan Ahmad Khan & Dr. Nasir Idrees QIV: Dr. Zareef Uddin Khan, Imran-ul-Haq, Miss Shabnum Sarfraz, Dr. Mahmood Iqbal Memon, |
| | 4 | Number of technical documents developed on policies and reform strategies: post-devolution | 4 | 2 | 4 | 1 | | | | | 11 | Please see under 3.1.2, , 3.2.3 and 4.2 |
| | 5 | Technical reports on assistance provided to USAID/Pakistan Health Office: post-devolution | 0 | 0 | 1 | 2 | | | | | 3 | • QIII: visit to Nepal • QIV: 1) Meeting of implementing partners and 2) Meeting of donors on Malakand support |
| Intermediate Result 3.1 | 3.1.1 | Devolution plan is prepared and presented with consensus among MoH, Provincial DoH and other stakeholders | Prepared & presented | | | | | | | | | Task completed |
| | 3.1.2 | No. of areas identified where the need for technical support to implement devolution plan is required at various levels | 4 | 1 | 3 | 1 | | | | | 9 | QI: Background papers on Nutrition, EPI, drug regulation, health policy QII: TA to HSA including paper on laws and regulations QIII: Policy briefs on FP, health sector reforms, DHIS QIV: Business plan for HSA |
| | 3.1.3 | No. of TA days utilized for the implementation of the Devolution Plan at federal and provincial level | 40 | 32 | 9 | 40 | | | | | 121 | Includes only TUAH staff's TA days |
| | 3.1.4 | Technical reports on TA provided at federal level | 4 | 1 | 3 | 1 | | | | | 9 | Please see under 3.1.2 |

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| Level | Indicators | PYO1 2011 | | | | PYO2 2012 | | | | Total | Remarks |
|-------------------------|------------|--|----|----|----|-----------|----|----|----|-------|--|
| | | Q1 | Q2 | Q1 | Q2 | Q1 | Q2 | Q1 | Q2 | | |
| Intermediate Result 3.2 | 3.2.1 | No. of TA days utilized for integration of DHIS system with other MIS and use of data for decision making | | | | | | | | 0 | This task will start in next quarter |
| | 3.2.2 | No of TA days utilized for integration of various PHC Programs | 0 | 27 | 0 | 0 | | | | 27 | For preparing RH PC-I for Government of Punjab Health Department |
| | 3.2.3 | Technical reports of TA provided for integration of vertical PHC programs at provincial and district levels | 0 | 1 | 0 | 0 | | | | 1 | RH PC-I for Government of Punjab Health Department |
| | 3.2.4 | Technical reports of TA provided for integration of FP into health care delivery system at all levels | 0 | 1 | 0 | 0 | | | | 1 | RH PC-I for Government of Punjab Health Department |
| Intermediate Result 3.3 | 3.3.1 | No of TA days utilized to prepare various strategies (HR, communication, procurement etc.) for evidence based implementation of PHC programs | 0 | 33 | 5 | 0 | | | | 38 | For preparing HSRU Sindh PC-I |
| | 3.3.2 | Integrated PHC Program implementation plan is available at provincial level | | | | | | | | 0 | This task will start in next quarter |
| | 3.3.3 | Provincial M&E framework ready and approved | | | | | | | | 0 | This task will start in next quarter |
| | 3.3.4 | Technical reports of TA provided for use of information by health managers and policy makers | | | | | | | | 0 | This task will start in next quarter |
| | 3.3.5 | Technical reports of TA provided for need assessment for capacity building of the policy makers and managers | | | | | | | | 0 | This task will start in next quarter |
| | 3.3.6 | Technical reports of TA provided for reviewing various training manual/ curriculum for enhancing capacity of health managers and policy makers | 0 | 0 | 1 | 0 | | | | 1 | HSRU Sindh PC-I |

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| Level | | Indicators | PYO1 2011 | | | | PYO2 2012 | | | | Total | Remarks |
|-----------------------|-----|--|-----------|----|----|----|-----------|----|----|----|-------|---|
| | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | | |
| Intermediate Result 4 | 4.1 | No of TA days utilized to provide technical support directly to USAID/Pakistan Health Office | 0 | 4 | 7 | 8 | | | | | 19 | Includes consultant's and TUAH staff's TA days at all levels under IR 4 |
| | 4.2 | Technical reports of TA provided to USAID/Pakistan Health Office | 0 | 0 | 1 | 2 | | | | | 3 | <ul style="list-style-type: none"> • QIII: visit to Nepal • QIV: 1) Meeting of implementing partners and 2) Meeting of donors on Malakand support |
| | 4.3 | No. of coordination meeting with other donors and stakeholders | 12 | 10 | 13 | 12 | | | | | 47 | Meetings with MoH, Provincial DoH, Unicef, UNFPA, WHO, DFID, etc. |
| | 4.4 | No. of review meeting with TRF | 0 | 1 | 1 | 1 | | | | | 3 | |

5. PROJECT MANAGEMENT

5.1. ADMINISTRATIVE MANAGEMENT

- **Establishment of Project Offices:**

- **Islamabad Office:**

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

- **Provincial Office- Punjab:**

USAID TAUH established its Provincial office – Punjab on March 07, 2011 within the office premises of The Punjab Health Sector Reform Program (PHSRP), located at 120 B, New Muslim Town, Lahore. The PHSRP provided office space for the project to manage its provincial activities. The Provincial office – Punjab later on was closed on August 22, 2011 and the project activities in the province were suspended. The provincial office staff members were relocated to the Islamabad office on September 07, 2011 with the approval of USAID.

- **Staffing:**

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

| Last Name | First Name | Title |
|-----------|------------|--|
| Ali | Nabeela | Chief of Party |
| Riaz | Adnan | Director Finance & Administration |
| Khan | Shuaib | Director Health Systems |
| White | Patrice | Director Programs (position stopped in October 2011) |
| Mahmood | Fazal | Public Health Specialist |
| Ara | Arjumand | Program Assistant |
| Arshad | Khudaija | Finance Officer |
| Ali | Akbar | Administrative Officer |
| Nadeem | Ahmed | IT & Program Officer |
| Haider | Zameer | Program & Administrative Officer |
| Kathreen | Farzana | Receptionist |
| Khan | Sabeel | Chauffeur |
| Abbasi | Ghzanfar | Chauffeur |
| Malik | Masood | Chauffeur |
| Ashraf | Muhammad | Chauffeur |
| Yousaf | Muhammad | Office Attendant |

The hiring of staff members for the following positions is in progress for the Provincial office – Sindh;

1. Public Health Expert
2. Finance & Administrative Officer
3. Chauffeur
4. Office Attendant

- ***Home Office Backstopping Team***

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

1. Dr. Theo Lippeveld as Technical Advisor
2. Nicole Tiano as Director Finance
3. Ben Picillo and Allyson Russell as Project Coordinator

- ***Safety & Security:***

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

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

USAID TAUH has developed the detailed Operations and Personnel Manual to manage its operations and provide a guideline to all staff members for the implementation of the project, understanding the administrative, personnel, financial, procurement and contracts management system/tools and its

process. The communications protocol is also developed and is shared with USAID and TAUH staff members.

- ***International Travel:***

The Vice President of JSI's International Division and at the same time the senior advisor to the project has been closely involved since the inception of the program and has visited the project during the first quarter. Two Finance advisors also visited the project in the setting-up phase. The detail of international travel completed during the reporting period is attached as annexure 8.5.

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

Fifty seven contracts and purchase orders for supply of goods and services amounting to Rs.28,329,433.00 were issued during the first year of project. The list of Contracts/POs issued is attached as annexure 8.6

5.2. FINANCIAL MANAGEMENT

During the reporting period, the financial management system was established and designed using the accounting software QuickBooks to record, track and report project expenditures to JSI head office in Boston. With the lift-off of program activities, the financial operations geared up to meet the challenge and fully met the financial needs and requirements of the project implementation in terms of availability of funds with in the allocated obligation under the cooperative agreement. It maintained regular track of the disbursement/expenditure trends, monitored the cash flow requirements and provided financial information/reports for project management. This information with the internal data and financial tracking sheets responded to the project requirements in a timely and efficient manner. The first and second quarters were focused on designing and developing standard financial and administrative management manuals and instruments to support and manage the project operations. Bank accounts in rupee and US dollars were opened for the project in January 2011.

During the reporting period from January 14, 2011 through December 31, 2011, the following tasks were accomplished:

4. The Financial Operational Manual along with all reporting and tracking instruments were designed and developed. The project Operations & Personnel Manual provides detailed information on procedures and various instruments that keep track and maintain a transparent financial management system. These instruments provide adequacy in terms of supportive documentation, processing and financial flows leading to disbursements for the project. All transactions are clearly documented, reviewed and approved before disbursement.
5. The financial management system for the provincial office Punjab was established and the provincial staff was given orientation on financial and

administrative management system; the establishment of provincial office Sindh started in October, 2011 and will be fully operational by January 2012.

6. The Finance team of field office and head office worked closely on the budget modifications submissions as advised by the Mission. The detail of modifications to the cooperative agreement during the reporting period is as under;

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

Modification # 02: This modification was made effective on September 14, 2011 to revise the program description of the cooperative agreement for mainly including the provision of institutional contracts with consultancy firms to provide technical assistance to Ministries and provincial health departments. The international travel table was revised to change the total number of available international trips from 22 to 35. The project budget was realigned to mainly incorporate the security enhancement budget and additional international trips without changing the obligated amount and total project ceiling amount.

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

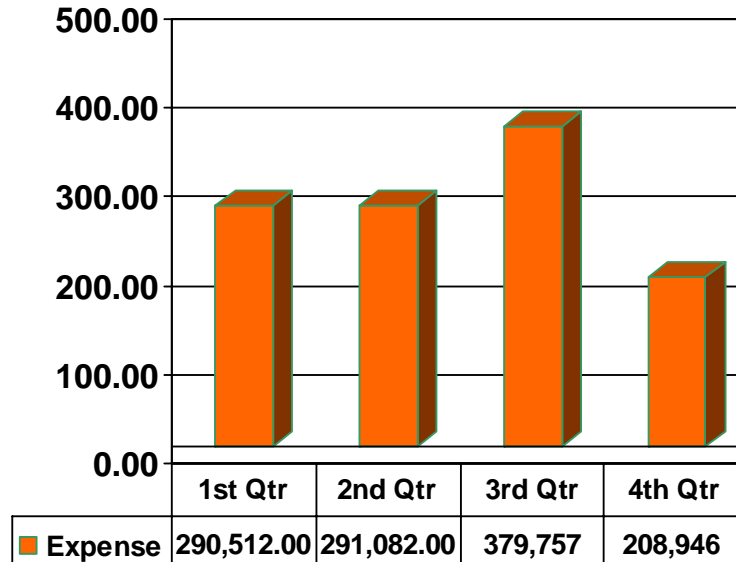
The request for Modification number 04 was submitted in November 2011 to revise the total ceiling of \$ 9,261,535.00 to \$ 3,000,000.00 and reduce the duration of the Cooperative Agreement from three years to two years as advised by the Mission.

7. The total 639 vouchers were reviewed, processed and reported to head office in Boston on monthly basis through the accounting software designed in QuickBooks. The total expense reported as of December 31, 2011 through SF 425 report is \$ 1,170,297.00
8. The financial data for accruals was submitted to Mission in a timely manner.

- **Project Spending**

The project disbursement is gradually showing an increase on a quarter-wise basis. This gradual increase is reflective of the fact that during the first quarter the technical assistance was mainly provided by the USAID TAUH technical team for the devolution of Ministry of Health at federal level. The project provincial office for Punjab was closed in August 2011 and suspended its activity in Punjab which resulted in a decrease in the burn rate for the fourth quarter. The average monthly burn rate during the reporting period was \$ 97,524.75.

Quarterly Disbursement Trend:



Note: The above graph shows quarterly expenses in thousands (US \$)

The average burn rate for the last two quarters of the reporting period was \$ 294,352. The burn rate is expected to increase from the first quarter of project second year due to the establishment of provincial office – Sindh and the TA requests received from Health Department Government of Sindh and are approved by USAID.

The exchange rate for US dollar to Pak rupee has increased from 84.10 to approximately 86.70 during the reporting period.

6. COORDINATION

The USAID TAUH is working closely with the Cabinet Division, Planning and Development, Health Services Academy at Federal level.

Government of Sindh, Department of Health

The USAID TAUH coordinates with the office of Secretary Health and Director General Health. TAUH will participate in the proposed Technical Advisory Committee of Health Sector Reforms Unit.

USAID

The USAID TAUH have weekly review meetings with AOR and close coordination with Health Office. USAID TAUH team will respond to the requests for technical support from USAID/Pakistan Health Office Donors and Development Partners. The USAID-TAUH liaise with all donors including UN agencies, bilateral, and multilateral donor agencies (such as DFID, AUSAID, etc.) for better coordination and improved efficiency of technical support. The donor mapping for Government of Sindh Department of Health was carried out to better understand the support provided by them.

Coordination with DFID funded Technical Resource Facility (TRF)

Particularly, a close coordination mechanism will be set up with the DFID funded TRF. This project has technical support objectives very similar to the USAID-TAUH project. A memorandum of understanding will be signed with the DFID funded Technical Resource Facility in order to enhance cooperation between two projects and avoid duplications.

6. ANNEXURES

6.1: Summary of consolidated TA days (consultants + TUAH staff) utilized at various levels under each IR

| Summary of Consolidated TA Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|-----------|---------------------|------------|------------|------------|----------|----------|----------|----------|------------|--------------------|------------|------------|------------|----------|----------|----------|----------|------------|----------------------|------------|------------|------------|----------|----------|----------|----------|-------------|
| IRs | Level | Consultants TA Days | | | | | | | | | TUAH Staff TA Days | | | | | | | | | Consolidated TA Days | | | | | | | | |
| | | PYO1 | | | | PYO2 | | | | Total | PYO1 | | | | PYO2 | | | | Total | PYO1 | | | | PYO2 | | | | Total |
| | | QI | QII | QIII | QIV | QI | QII | QIII | QIV | | QI | QII | QIII | QIV | QI | QII | QIII | QIV | | QI | QII | QIII | QIV | QI | QII | QIII | QIV | |
| IR 3.1 | Federal | 68 | 263 | 81 | 46 | 0 | 0 | 0 | 0 | 458 | 40 | 46 | 14 | 16 | 0 | 0 | 0 | 0 | 116 | 108 | 309 | 95 | 62 | 0 | 0 | 0 | 0 | 574 |
| IR 3.2 | Punjab | 0 | 57 | 0 | 0 | 0 | 0 | 0 | 0 | 57 | 13 | 82 | 17 | 0 | 0 | 0 | 0 | 0 | 112 | 13 | 139 | 17 | 0 | 0 | 0 | 0 | 0 | 169 |
| | KP | 0 | 0 | 84 | 212 | 0 | 0 | 0 | 0 | 296 | 2 | 7 | 26 | 40 | 0 | 0 | 0 | 0 | 75 | 2 | 7 | 110 | 252 | 0 | 0 | 0 | 0 | 371 |
| | Sindh | 0 | 28 | 11 | 6 | 0 | 0 | 0 | 0 | 45 | 4 | 16 | 22 | 30 | 0 | 0 | 0 | 0 | 72 | 4 | 44 | 33 | 36 | 0 | 0 | 0 | 0 | 117 |
| | Sub-total | 0 | 85 | 95 | 218 | 0 | 0 | 0 | 0 | 398 | 19 | 105 | 65 | 70 | 0 | 0 | 0 | 0 | 259 | 19 | 190 | 160 | 288 | 0 | 0 | 0 | 0 | 657 |
| IR 3.3 | Punjab | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 4 | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 15 | 4 | 12 | 5 | 0 | 0 | 0 | 0 | 0 | 21 |
| | KP | 0 | 0 | 6 | 11 | 0 | 0 | 0 | 0 | 17 | 0 | 3 | 16 | 17 | 0 | 0 | 0 | 0 | 36 | 0 | 3 | 22 | 28 | 0 | 0 | 0 | 0 | 53 |
| | Sindh | 0 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 5 | 10 | 10 | 0 | 0 | 0 | 0 | 25 | 0 | 10 | 15 | 10 | 0 | 0 | 0 | 0 | 35 |
| | Sub-total | 0 | 11 | 11 | 11 | 0 | 0 | 0 | 0 | 33 | 4 | 14 | 31 | 27 | 0 | 0 | 0 | 0 | 76 | 4 | 25 | 42 | 38 | 0 | 0 | 0 | 0 | 109 |
| IR 4 | Federal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 7 | 10 | 0 | 0 | 0 | 0 | 21 | 0 | 4 | 7 | 10 | 0 | 0 | 0 | 0 | 21 |
| Total | | 68 | 359 | 187 | 275 | 0 | 0 | 0 | 0 | 889 | 63 | 169 | 117 | 123 | 0 | 0 | 0 | 0 | 472 | 131 | 528 | 304 | 398 | 0 | 0 | 0 | 0 | 1361 |

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6.2: Summary of consultant TA days utilized at various levels under each IR

| IRs | Level | Name of the consultants | PYO1 | | | | PYO2 | | | | Total |
|-----------------------|---------|-------------------------|--------------------|----------------|----------------|----------------|----------------|----------|----------|----------|------------|
| | | | QI | QII | QIII | QIV | QI | QII | QIII | QIV | |
| IR 3.1 | Federal | Mr. Adnan Ahmad Khan | 15 | 55 | 39 | Work completed | | | | 109 | |
| | | Miss Syeda Rabia Khalid | 14 | 43 | Work completed | | | | 57 | | |
| | | Miss Maaida Asmat Awan | 14 | 65 | Work completed | | | | 79 | | |
| | | Miss Saadiya Razzaq | 14 | 43 | Work completed | | | | 57 | | |
| | | Mr. Anees Jillani | | 22 | Work completed | | | | 22 | | |
| | | Dr. Rashid Jooma | 5 | Work completed | | | | 5 | | | |
| | | Dr. Zulfiqar A. Bhutta | 6 | Work completed | | | | 6 | | | |
| | | Miss Shabnum Sarfraz | | 20 | 20 | 23 | | | | | 63 |
| | | Imran-ul-Haq | | 15 | 22 | 23 | | | | | 60 |
| IR 3.2 | Punjab | Dr. Moazzam Khalil | | 24 | Work completed | | | | 24 | | |
| | | Dr. Zareef Uddin Khan | | 8 | Work completed | | | | 8 | | |
| | | Mr. Nasim Ahmad Khan | | 18 | Work completed | | | | 18 | | |
| | | Mr. Tanvir Baig | | 7 | Work completed | | | | 7 | | |
| | KP | Mr. Abdul Hameed Afridi | | | 15 | 70 | | | | | 85 |
| | | Tahir Ijaz | | | 47 | 70 | | | | | 117 |
| | | Dr. Rafi Ullah Khan | | | 22 | 72 | | | | | 94 |
| | Sindh | Mr. Nasim Ahmad Khan | | 6 | Work completed | | | | 6 | | |
| | | Dr. Nasir Idrees | | 22 | 5 | Work completed | | | | 27 | |
| | | Dr. Mahmood Iqbal Memon | | | 6 | 6 | Work completed | | | | 12 |
| | | Dr. Farid Midhat | | | | | | | | | 0 |
| | | Dr. Qammar Siddiqui | | | | | | | | | 0 |
| | IR 3.3 | Punjab | Dr. Moazzam Khalil | | 3 | Work completed | | | | 3 | |
| Dr. Zareef Uddin Khan | | | | 1 | Work completed | | | | 1 | | |
| Mr. Nasim Ahmad Khan | | | | 2 | Work completed | | | | 2 | | |
| Mr. Tanvir Baig | | | | 0 | Work completed | | | | 0 | | |
| KP | | Mr. Abdul Hameed Afridi | | | 2 | 4 | | | | | 6 |
| | | Tahir Ijaz | | | 3 | 5 | | | | | 8 |
| | | Dr. Rafi Ullah Khan | | | 1 | 2 | | | | | 3 |
| Sindh | | Mr. Nasim Ahmad Khan | | 2 | Work completed | | | | 2 | | |
| | | Dr. Nasir Idrees | | 3 | 5 | Work completed | | | | 8 | |
| | | Dr. Mahmood Iqbal Memon | | | 0 | 0 | Work completed | | | | 0 |
| | | Dr. Farid Midhat | | | | | | | | | 0 |
| | | Dr. Qammar Siddiqui | | | | | | | | | 0 |
| IR 4 | Federal | | | | | | | | | | |
| | | Total | 68 | 359 | 187 | 275 | 0 | 0 | 0 | 0 | 889 |

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| Total Individual consultants | PYO1 | | | | PYO2 | | | | Total |
|------------------------------|----------------------|----------------|----------------|----------------|----------------|----------|----------|----------|------------|
| | QI | QII | QIII | QIV | QI | QII | QIII | QIV | |
| Mr. Adnan Ahmad Khan | 15 | 55 | 39 | Work completed | | | | | 109 |
| Miss Syeda Rabia Khalid | 14 | 43 | Work completed | | | | | | 57 |
| Miss Maaida Asmat Awan | 14 | 65 | Work completed | | | | | | 79 |
| Miss Saadiya Razzaq | 14 | 43 | Work completed | | | | | | 57 |
| Mr. Anees Jillani | 0 | 22 | Work completed | | | | | | 22 |
| Dr. Rashid Jooma | 5 | Work completed | | | | | | | 5 |
| Dr. Zulfiqar A. Bhutta | 6 | Work completed | | | | | | | 6 |
| Miss Shabnum Sarfraz | 0 | 20 | 20 | 23 | | | | | 63 |
| Imran-ul-Haq | 0 | 15 | 22 | 23 | | | | | 60 |
| Dr. Moazzam Khalil | 0 | 27 | Work completed | | | | | | 27 |
| Dr. Zareef Uddin Khan | 0 | 9 | Work completed | | | | | | 9 |
| Mr. Nasim Ahmad Khan | 0 | 20 | Work completed | | | | | | 20 |
| Mr. Tanvir Baig | 0 | 7 | Work completed | | | | | | 7 |
| Mr. Abdul Hameed Afridi | 0 | 0 | 17 | 74 | | | | | 91 |
| Tahir Ijaz | 0 | 0 | 50 | 75 | | | | | 125 |
| Dr. Rafi Ullah Khan | 0 | 0 | 23 | 74 | | | | | 97 |
| Mr. Nasim Ahmad Khan | 0 | 8 | Work completed | | | | | | 8 |
| Dr. Nasir Idrees | 0 | 25 | 10 | Work completed | | | | | 35 |
| Dr. Mahmood Iqbal Memon | 0 | 0 | 6 | 6 | Work completed | | | | 12 |
| Dr. Farid Midhat | Work not yet started | | | | | | | | 0 |
| Dr. Qammar Siddiqui | Work not yet started | | | | | | | | 0 |
| Total | 68 | 359 | 187 | 275 | 0 | 0 | 0 | 0 | 889 |

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

| IRs | Level | Name of the consultants | PYO1 | | | | PYO2 | | | | Total |
|------------------------|---------|-------------------------|-----------|------------|------------|-------------------------|----------|----------|----------|----------|------------|
| | | | QI | QII | QIII | QIV | QI | QII | QIII | QIV | |
| IR 3.1 | Federal | Dr. Nabeela Ali | 22 | 14 | 6 | 4 | | | | | 46 |
| | | Dr. Shuaib Khan | 18 | 18 | 3 | 6 | | | | | 45 |
| | | Ms. Patrice White | 0 | 14 | 2 | | | | | | 16 |
| | | Dr. Fazal Mahmood Khan | 0 | 0 | 3 | 4 | | | | | 7 |
| | | Mr. Zameer | | | | 2 | | | | | 2 |
| IR 3.2 | Punjab | Dr. Nabeela Ali | 4 | 10 | 2 | Office closed in Punjab | | | | 16 | |
| | | Dr. Shuaib Khan | 3 | 14 | 2 | Office closed in Punjab | | | | 19 | |
| | | Ms. Patrice White | 0 | 2 | 2 | Office closed in Punjab | | | | 4 | |
| | | Dr. Fazal Mahmood Khan | 3 | 32 | 9 | Office closed in Punjab | | | | 44 | |
| | | Mr. Zameer | 3 | 24 | 2 | Office closed in Punjab | | | | 29 | |
| | KP | Dr. Nabeela Ali | 2 | 4 | 6 | 9 | | | | | 21 |
| | | Dr. Shuaib Khan | 0 | 3 | 8 | 5 | | | | | 16 |
| | | Ms. Patrice White | 0 | 0 | 2 | | | | | | 2 |
| | | Dr. Fazal Mahmood Khan | | | 6 | 18 | | | | | 24 |
| | | Mr. Zameer | | | 4 | 8 | | | | | 12 |
| | Sindh | Dr. Nabeela Ali | 2 | 8 | 12 | 13 | | | | | 35 |
| | | Dr. Shuaib Khan | 2 | 6 | 10 | 15 | | | | | 33 |
| | | Ms. Patrice White | 0 | 2 | 0 | | | | | | 2 |
| | | Dr. Fazal Mahmood Khan | | | 0 | 2 | | | | | 2 |
| | | Dr. Iftikhar Mallah | | | | | | | | | 0 |
| IR 3.3 | Punjab | Dr. Nabeela Ali | 2 | 2 | 2 | Office closed in Punjab | | | | 6 | |
| | | Dr. Shuaib Khan | 2 | 2 | 2 | Office closed in Punjab | | | | 6 | |
| | | Ms. Patrice White | 0 | 0 | 1 | Office closed in Punjab | | | | 1 | |
| | | Dr. Fazal Mahmood Khan | 0 | 2 | 0 | Office closed in Punjab | | | | 2 | |
| | | Mr. Zameer | 0 | 0 | 0 | Office closed in Punjab | | | | 0 | |
| | KP | Dr. Nabeela Ali | 0 | 2 | 4 | 4 | | | | | 10 |
| | | Dr. Shuaib Khan | 0 | 0 | 6 | 5 | | | | | 11 |
| | | Ms. Patrice White | 0 | 1 | 0 | | | | | | 1 |
| | | Dr. Fazal Mahmood Khan | | | 6 | 8 | | | | | 14 |
| | | Mr. Zameer | | | | 0 | | | | | 0 |
| | Sindh | Dr. Nabeela Ali | 0 | 3 | 5 | 6 | | | | | 14 |
| | | Dr. Shuaib Khan | 0 | 2 | 5 | 4 | | | | | 11 |
| | | Ms. Patrice White | 0 | 0 | 0 | 0 | | | | | 0 |
| Dr. Fazal Mahmood Khan | | | | 0 | 0 | | | | | 0 | |
| Dr. Iftikhar Mallah | | | | | | | | | | 0 | |
| IR 4 | Federal | Dr. Nabeela Ali | 0 | 2 | 4 | 6 | | | | | 12 |
| | | Dr. Shuaib Khan | 0 | 1 | 1 | 2 | | | | | 4 |
| | | Ms. Patrice White | 0 | 1 | 1 | 0 | | | | | 2 |
| | | Dr. Fazal Mahmood Khan | | | 1 | 2 | | | | | 3 |
| | | Mr. Zameer | | | 0 | 0 | | | | | 0 |
| Total | | | 63 | 169 | 117 | 123 | 0 | 0 | 0 | 0 | 472 |

| Total Individual staff | PYO1 | | | | PYO2 | | | | Total |
|------------------------|-----------|------------|------------|------------|----------|----------|----------|----------|------------|
| | QI | QII | QIII | QIV | QI | QII | QIII | QIV | |
| Dr. Nabeela Ali | 32 | 45 | 41 | 42 | 0 | 0 | 0 | 0 | 160 |
| Dr. Shuaib Khan | 25 | 46 | 37 | 37 | 0 | 0 | 0 | 0 | 145 |
| Ms. Patrice White | 0 | 20 | 8 | 0 | 0 | 0 | 0 | 0 | 28 |
| Dr. Fazal Mahmood Khan | 3 | 34 | 25 | 34 | 0 | 0 | 0 | 0 | 96 |
| Mr. Zameer | 3 | 24 | 6 | 10 | 0 | 0 | 0 | 0 | 43 |
| Dr. Iftikhar Mallah | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 63 | 169 | 117 | 123 | 0 | 0 | 0 | 0 | 472 |

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6.4: Consultant's Tracking Sheet as on December 31st 2011, 2011

| S. # | Name of the consultant | Contract No. | Area of TA | TA Provided To | IR | Start Date | End date | Deliverable Date | Days | Primary Task/ Deliverable | Status |
|------|-------------------------|------------------------|------------|---|--------|------------|-----------|------------------|------|--|-----------|
| 1. | Mr. Adnan Ahmad Khan | 006-11-JSI-CA-AAK-(02) | Federal | Health System Strengthening and Policy Unit MoH | IR 3.1 | 11-Mar-11 | 31-Aug-11 | 30-Sep-11 | 110 | <ul style="list-style-type: none"> Identify needs for the HSSPU Health Research. Surveillance. Monitoring & Evaluation Policy and regulation Standards and Quality Acts and legislations Inter-Provincial matters and coordination. | Completed |
| 2. | Miss Syeda Rabia Khalid | 007-11-JSI-CA-AAK-(02) | Federal | Health System Strengthening and Policy Unit MoH | IR 3.1 | 11-Mar-11 | 31-May-11 | 31-May-11 | 110 | <ul style="list-style-type: none"> Will review vertical program PC-Is of the Ministry of Health Will identify various areas will requires immediate attention of the MoH before devolution To review fiscal position of each program To identify the liabilities of the programs under MoH To determine the assets of all programs To prepare the list of human resource working in all projects and classify them according to the their status, permanent, contract or deputation. | Completed |
| 3. | Miss Maaida Asmat Awan | 008-11-JSI-CA-AAK-(02) | Federal | Health System Strengthening and Policy Unit MoH | IR 3.1 | 11-Mar-11 | 30-Jun-11 | 30-Jun-11 | 110 | <ol style="list-style-type: none"> Will assist senior legal advisor in the following areas. <ul style="list-style-type: none"> Review all Federal Govt laws and ordinances related to health Will identify the laws and ordinances which have no relevance after the devolution of Ministry of Health to the provinces Will identify and advice how provinces will adopt certain federal laws and ordinances Will identify and advice federal government to repeal certain laws and ordinances if required Will advise federal government for new laws if required Consultant will continue to provide the legal support to MoH to implement the recommendations prepared. | Completed |
| 4. | Miss Saadiya Razzaq | 009-11-JSI-CA-AAK-(02) | Federal | As above | IR 3.1 | 11-Mar-11 | 31-May-11 | 31-May-11 | 110 | <ul style="list-style-type: none"> Will assist Health Policy Advisor in human resource management Will review the human resource requirement of the Federal Health Unit which will be established after devolution Will review all related documents of the relevant field. | Completed |

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| S. # | Name of the consultant | Contract No. | Area of TA | TA Provided To | IR | Start Date | End date | Deliverable Date | Days | Primary Task/ Deliverable | Status |
|------|------------------------|------------------------|------------|---|--------|------------|-----------|------------------|------|---|-----------|
| 5. | Mr. Anees Jillani | 010-11-JSI-CA-AAK-(02) | Federal | Health System Strengthening and Policy Unit MoH | IR 3.1 | 1-Apr-11 | 15-May-11 | 30-May-11 | 22 | <ul style="list-style-type: none"> Review all Federal Govt laws and ordinances related to health Will identify the laws and ordinances which have no relevance after the devolution of Ministry of Health to the provinces Will identify and advice how provinces will adopt certain federal laws and ordinances Will identify laws and ordinances requiring repeal if required Will advise federal government for new laws if required. | Completed |
| 6. | Dr. Moazzam Khalil | 012-11-JSI-CA-MK-(02) | Punjab | Department of Health Govt of Punjab | IR 3.1 | 7-Apr-11 | 15-May-11 | 30-May-11 | 27 | <ul style="list-style-type: none"> Review of the existing MNCH, LHW PC-I and other nutrition program and FP documents of various concerned ministries Research documents on RH Attend the consultative meetings organized by the Govt of Punjab including meetings with the stakeholders Work with the consultant for casting of PC-I and give his technical inputs required for casting Will also draft management and implementation framework for PC-I. | Completed |
| 7. | Dr. Rashid Jooma | 013-11-JSI-CA-RJ-(02) | Federal | Ministry of Health | IR 3.1 | 1-Feb-11 | 31-Mar-11 | 11-Apr-11 | 5 | <ul style="list-style-type: none"> Write the background papers on the Drug Regulation Authority | Completed |
| 8. | Dr. Zulfiqar A. Bhutta | 014-11-JSI-CA-ZAB-(02) | Federal | Ministry of Health | IR 3.1 | 1-Feb-11 | 31-Mar-11 | 15-Apr-11 | 6 | <p>Write the three background papers on the following areas</p> <ul style="list-style-type: none"> Health and Nutrition Situation in Pakistan & Issues following 18th amendment and the recent Floods Immunization strategies for Pakistan and the post 18th amendment scenario Maternal, newborn and child health in Pakistan and issues of relevance post 18th amendment. | Completed |
| 9. | Dr. Zareef Uddin Khan | 015-11-JSI-CA-ZK-(02) | Punjab | Department of Health Govt of Punjab | IR 3.1 | 7-Apr-11 | 30-Sep-11 | 30-Nov-11 | 45 | <ul style="list-style-type: none"> Provide assistance in preparing the Child Health and Nutrition program description and implementation strategies. Provide support in preparation of Child Health and Nutrition component of the integrated PC-I for Govt of Punjab Provide technical support for the implementation of the Child Health and Nutrition component integrated program. | Completed |

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| S. # | Name of the consultant | Contract No. | Area of TA | TA Provided To | IR | Start Date | End date | Deliverable Date | Days | Primary Task/ Deliverable | Status |
|------|------------------------|------------------------|------------|---|--------|------------|-----------|------------------|------|---|-------------|
| 10 | Mr. Nasim Ahmad Khan | 016-11-JSI-CA-NAK-(02) | Punjab | Department of Health Govt of Punjab | IR 3.1 | 22-Apr-11 | 21-May-11 | 30-Jun-11 | 36 | <ul style="list-style-type: none"> • Will submit recommendations of the consultative meetings to USAID TAUH and EPI program • Consultant will submit final draft of the EPI PC-I containing following components • Goal, purpose, objectives, and implementation strategies • Service delivery interventions • Innovations • Logistic, supplies and cold chain management • Management and supervision framework | Completed |
| 11. | Dr. Nasir Idrees | 017-11-JSI-CA-DNI-(02) | Sindh | Department of Health Govt of Sindh | IR 3.1 | 25-Apr-11 | 10-Jun-11 | 30-Aug-11 | 30 | <ul style="list-style-type: none"> • End of assignment report. • Detailed and budgeted PC-I for establishment of HSRU Govt of Sindh including: • Detail of all interventions/activities • Management and supervision plan • Monitoring, Reporting, Evaluation Framework and Log framework | Completed |
| 12 | Mr. Tanvir Baig | 018-11-JSI-CA-TB-(02) | Punjab | Department of Health Govt of Punjab | IR 3.1 | 2-May-11 | 8-May-11 | 30-Jun-11 | 7 | <ul style="list-style-type: none"> • Will submit first draft of the costing and financial management component of the EPI PC-I containing following parameters • Costing of all activities and interventions mentioned in the EPI PC-I • Costing of human resource for the EPI PC-I • Costing of logistics and supplies of EPI PC-I • Costing of infrastructure component of the EPI PC-I • Summary tables of costing | Completed |
| 13 | Miss Shabnum Sarfraz | 020-11-JSI-CA-SS-(02) | Federal | Health System Strengthening and Policy Unit MoH | IR 3.2 | 3-Jun-11 | 15-Mar-12 | 15-Mar-12 | 90 | <ul style="list-style-type: none"> • Within 7 days after the start of the consultancy an Inception Report at least • containing a review of, comments and recommendation on the TORs and a detailed • work plan for the full consultancy; • Eight weeks after the initiation of the consultancy a draft report; • Full day workshop, with all direct stakeholders, to discuss the analysis and • recommendations of the team, during the last 4 weeks of the consultancy. • On the last day of the consultancy, a comprehensive final report containing review, • analysis, outlining strategy, policy, and cost estimates of implementing the new pay. | In Progress |

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| S. # | Name of the consultant | Contract No. | Area of TA | TA Provided To | IR | Start Date | End date | Deliverable Date | Days | Primary Task/ Deliverable | Status |
|------|-------------------------|------------------------|------------|---|--------|------------|-----------|------------------|------|--|-------------|
| 14 | Imran-ul-Haq | 022-11-JSI-CA-IUH-(02) | Federal | Health System Strengthening and Policy Unit MoH | IR 3.2 | 11-Jul-11 | 30-Oct-11 | 30-Oct-11 | 60 | <ul style="list-style-type: none"> • Financial model and projections of HSA, containing: <ul style="list-style-type: none"> i Segment wise financial analysis and cost estimates for the various programs run by HSA (including per student analysis) ii Break even analysis (pricing and costing) of current/proposed programs at HSA. iii Projected Cash Flow statements for the next 5 years iv Projected Profit and Loss statements for the next 5 years v Projected Balance Sheets for the next 5 years vi Financial sustainability analysis of the strategic plan (and pay/remuneration package) | Completed |
| 15 | Mr. Abdul Hameed Afridi | 023-11-JSI-CA-AHA(02) | KPK | PaRSSA KPK | IR 3.2 | 12-Sep-11 | 28-Feb-12 | 30-Apr-12 | 156 | <ul style="list-style-type: none"> • Consolidated situation analyses report for all flood/conflict affected districts in Malakand division with respect to service delivery, infrastructure, staff availability, governance, quality and client satisfaction which is based on the reviewing of all relevant documents and situation analyses reports prepared by various stakeholders • Draft of the strategic plan for Malakand division, prepared through a consultative process • Draft of district specific plans for Malakand division districts, prepared in consultation with all stakeholders • Monthly and quarterly reports • Presentations and minutes of all meetings including workshops, and stakeholders meetings • End of the assignment report | In Progress |

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| S. # | Name of the consultant | Contract No. | Area of TA | TA Provided To | IR | Start Date | End date | Deliverable Date | Days | Primary Task/ Deliverable | Status |
|------|-------------------------|------------------------|------------|------------------------------------|--------|------------|-----------|------------------|------|--|-------------|
| 16 | Tahir Ijaz | 025-11-JSI-CA-TI-(02) | KPK | PaRSSA KPK | IR 3.2 | 1-Aug-11 | 10-Feb-12 | 30-May-12 | 156 | <ul style="list-style-type: none"> • Consolidated situation analyses report for all flood/conflict affected districts in Malakand division with respect to service delivery, infrastructure, staff availability, governance, quality and client satisfaction which is based on the reviewing of all relevant documents and situation analyses reports prepared by various stakeholders • Draft of the strategic plan for Malakand division, prepared through a consultative process • Draft of district specific plans for Malakand division districts, prepared in consultation with all stakeholders • Monthly and quarterly reports • Presentations and minutes of all meetings including workshops, and stakeholders meetings • End of the assignment report | In Progress |
| 17 | Dr. Mahmood Iqbal Memon | 026-11-JSI-CA-MIM-(02) | Sindh | Department of Health Govt of Sindh | IR 3.2 | 15-Sep-11 | 30-Oct-11 | 30-Oct-11 | 20 | <ul style="list-style-type: none"> • Detail of all budget heads/subheads of a district budget required for operationalization and maintenance of the HFs including dispensaries, MCH Centers, BHU, RHCs, THQ Hospitals, DHQ Hospital and any other HFs working in district government. • Consolidated data of all districts of Sindh along with summary on all head/subheads mentioned above for fiscal year 2010-2011 • Consolidated data from all the districts of Sindh along with summary on the five indicators mentioned under specific objectives • End of the assignment report. | Completed |
| 18 | Dr. Rafi Ullah Khan | 027-11-JSI-CA-RUK-(02) | KPK | PaRSSA KPK | IR 3.2 | 5-Sep-11 | 28-Feb-12 | 30-Apr-12 | 156 | <ul style="list-style-type: none"> • Consolidated situation analyses report for all flood/conflict affected districts in Malakand division with respect to service delivery, infrastructure, staff availability, governance, quality and client satisfaction which is based on the reviewing of all relevant documents and situation analyses reports prepared by various stakeholders • Draft of the strategic plan for Malakand division, prepared through a consultative process • Draft of district specific plans for Malakand division districts, prepared in consultation with all stakeholders • Monthly and quarterly reports • Presentations and minutes of all meetings including workshops, and stakeholders meetings • End of the assignment report | In Progress |

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| S. # | Name of the consultant | Contract No. | Area of TA | TA Provided To | IR | Start Date | End date | Deliverable Date | Days | Primary Task/ Deliverable | Status |
|------|------------------------|------------------------|------------|------------------------------------|--------|------------|-----------|------------------|------|---|-------------|
| 19 | Dr. Farid Midhat | 028-11-JSI-CA-DFM-(02) | Sindh | Department of Health Govt of Sindh | IR 3.2 | 21-Nov-11 | 31-Dec-11 | 31-Dec-11 | 5 | <ul style="list-style-type: none"> • Review the literature related to the family planning and population studies including PDHS and case studies of countries whose family planning programs have undergone devolution. • Consultations with key actors in family planning in Pakistan • Analyze the situation in Pakistan based on literature review • Prepare draft background paper, "Improving Family Planning Services in Pakistan Post-Devolution", including but not limited to all aspects such as integration, client friendly services, repositioning FP as a health intervention, and healthy timing and spacing of pregnancy. | In Progress |
| 20 | Qamar Siddiqui | 029-11-JSI-CA-QS-(02) | Sindh | Department of Health Govt of Sindh | IR 3.2 | 22-Dec-11 | 11-Mar-12 | 11-Mar-12 | 31 | Technical Advisor to Draft a Communication Strategy for the Health Department, Government of Sindh | In Progress |

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6.5: International Travel

Following international trips were planned, approved and executed as of December 31, 2011

| Sr. # | Name of Traveler | Arrival Date | Departure Date | Sector Traveled | Organization | Designation | Purpose of Travel | Reference CA (Year/Sr. #) | No. of Travel Completed | Balance |
|-------|--------------------|--------------|----------------|-----------------|--------------------------------|---------------------|--|---------------------------|-------------------------|---------|
| 1 | Dr. Theo Lippeveld | 31-Jan-11 | 12-Feb-11 | USA-PAK-USA | JSI-Boston | Vice President | Project Start-up, Work plan, Additional technical assistance. | 1/1 | 1 | 10 |
| 2 | Nicole Tiano | 11-Feb-11 | 18-Feb-11 | USA-PAK-USA | JSI-Boston | Finance Director | Project Start-up and establishment of project financial systems. | 1/2 | 1 | 9 |
| 3 | Patrice M. White | 27-Apr-11 | 27-Apr-11 | USA-Pakistan | JSI-Boston | Director Program | To join the duty station for TAUH Project | 1/3 | 0.50 | 8.50 |
| 4 | Dr. Nabeela Ali | 14-Jun-11 | 27-Jun-11 | PAK-USA-PAK | JSI-Boston | Chief of Party | To attend Pacific Summit in Seattle and meeting with Washington/ Boston | Nil | 1.00 | 8.50 |
| 5 | Patrice M. White | 20-Jul-11 | 20-Jul-11 | PAK-USA-PAK | JSI-Boston | Director Program | To stamp the work visa from Washington, USA | 1/4 | 1.00 | 7.50 |
| 6 | Dr. Nabeela Ali | 13-Sep-11 | 17-Sep-11 | PAK-NEP-PAK | JSI-Boston | Chief of Party | To attend the Chlorhexidine for Umbilical Cord Care. "Evidence base and the way forward" - Regional Dissemination Meeting in Nepalgunj | 1/6 | 1.00 | 6.50 |
| 7 | Dr. Haleema Yasmin | 12-Sep-11 | 17-Sep-11 | PAK-NEP-PAK | JPMC | Assistant Professor | To attend the Chlorhexidine for Umbilical Cord Care. "Evidence base and the way forward" - Regional Dissemination Meeting in Nepalgunj | 1/6 | 1.00 | 5.50 |
| 8 | Dr. Iqbal Memon | 14-Sep-11 | 17-Sep-11 | PAK-NEP-PAK | Pakistan Pediatric Association | President | To attend the Chlorhexidine for Umbilical Cord Care. "Evidence base and the way forward" - Regional Dissemination Meeting in Nepalgunj | 1/6 | 1.00 | 4.50 |

Note: The travel on serial number 04 is not reduced from the number of available international travel as It was mainly funded by The National Bureau of Asian Research (NBR) to participate in the 2011 Pacific Health Summit.

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6.6: Contracts/Purchase Orders

List of Contracts from January 2011 To December 2011

| Sr. | Contract No. | Effective Date | Vendor | Item(s) |
|-----|-------------------------|----------------|--|---|
| 1 | 001-11-JSI-UBLI-(02) | 20-Jan-11 | M/s. UBL Insurance Pvt. Ltd. | Comprehensive Insurance of three JSI Vehicles |
| 2 | 001-11-JSI/Jillani-(02) | 1-Feb-11 | M/s. Jillani Associates | Consultant Agreement |
| 3 | 002-11-JSI-NHIC-(02) | 20-Jan-11 | M/s. New Hampshire Company | Comprehensive Insurance of three JSI Vehicles |
| 4 | 003-11-JSI-AG-(02) | 1-Feb-11 | M/s. Askari Guards Pvt. Ltd. | Guard Services for JSI Office Islamabad |
| 5 | 004-11-JSI-FC-(02) | 1-Feb-11 | M/s. Friends Co. | Janitorial Services for JSI office Islamabad |
| 6 | 005-11-JSI-GP-(02) | 1-Feb-11 | M/s. Greaves Pakistan Pvt. Ltd. | Maintenance Services of Generator set installed at JSI Office Islamabad |
| 7 | 006-11-JSI-AIOU-(02) | 1-Feb-11 | M/s. Allama Iqbal Open University | For certification of young women to meet with the pre requisite qualification criteria for induction as Lady Health Workers |
| 8 | 006-11-JSI-CA-AAK-(02) | 11-Mar-11 | Mr. Adnan Ahmad Khan | Consultant Agreement |
| 9 | 007-11-JSI-CA-SRK-(02) | 11-Mar-11 | Miss Syeda Rabia Khalid | Consultant Agreement |
| 10 | 008-11-JSI-CA-MAA-(02) | 11-Mar-11 | Miss Maaida Asmat Awan | Consultant Agreement |
| 11 | 009-11-JSI-CA-SR-(02) | 11-Mar-11 | Miss Saadiya Razzaq | Consultant Agreement |
| 12 | 010-11-JSI-CA-AJ-(02) | 1-Apr-11 | Mr. Anees Jillani, Senior Partner-Jillani & Associates | Consultant Agreement |
| 13 | 011-11-JSI-NJMI-(02) | 1-Feb-11 | M/s. Nasir Javed Maqsood Imran | Consultant Agreement |
| 14 | 012-11-JSI-CA-MK-(02) | 7-Apr-11 | Dr. Moazzam Khalil | Consultant Agreement |
| 15 | 013-11-JSI-CA-RJ-(02) | 1-Feb-11 | Dr. Rashid Jooma | Consultant Agreement |
| 16 | 014-11-JSI-CA-ZAB-(02) | 1-Feb-11 | Dr. Zulfiqar A. Bhutta | Consultant Agreement |
| 17 | 015-11-JSI-CA-ZUK-(02) | 7-Apr-11 | Dr. Zareef Uddin Khan | Consultant Agreement |
| 18 | 016-11-JSI-CA-NAK-(02) | 22-Apr-11 | Nasim Ahmad Khan | Consultant Agreement |
| 19 | 017-11-JSI-CA-DNI-(02) | 25-Apr-11 | Dr. Nasir Idrees | Consultant Agreement |
| 20 | 018-11-JSI-CA-TB-(02) | 2-May-11 | Mr. Tanvir Baig | Consultant Agreement |
| 21 | 019-11-JSI-AEFU-(02) | 19-May-11 | M/s. Allianz EFU | Group Health Insurance JSI Staff |
| 22 | 020-11-JSI-CA-SS-(02) | 3-Jun-11 | Miss Shabnum Sarfaraz | Consultant Agreement |
| 23 | 021-11-JSI-EFU-(02) | 1-Jun-11 | M/s. EFU Life Assurance | Group Life Insurance for JSI Staff |

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| Sr. | Contract No. | Effective Date | Vendor | Item(s) |
|--|------------------------|----------------|-------------------------|----------------------|
| 24 | 022-11-JSI-CA-IUH-(02) | 11-Jul-11 | Imran-ul-Haq | Consultant Agreement |
| 25 | 023-11-JSI-CA-AHA(02) | 12-Sep-11 | Mr. Abdul Hameed Afridi | Consultant Agreement |
| 26 | 025-11-JSI-CA-TI-(02) | 1-Aug-11 | Tahir Ijaz | Consultant Agreement |
| 27 | 026-11-JSI-CA-MIM-(02) | 15-Sep-11 | Dr. Mahmood Iqbal Memon | Consultant Agreement |
| 28 | 027-11-JSI-CA-RUK-(02) | 5-Sep-11 | Dr. Rafi Ullah Khan | Consultant Agreement |
| 29 | 028-11-JSI-CA-DFM-(02) | 21-Nov-11 | Dr. Farid Midhet | Consultant Agreement |
| 30 | 029-11-JSI-CA-QS-(02) | 22-Dec-11 | Qamar Siddiqui | Consultant Agreement |
| Total Value of all Above Contracts (RS) | | | | 25,697,829.00 |

List of Purchase Orders from January 2011 To December 2011

| Sr. # | PO # | Date | Vendor | Item(s) |
|-------|----------|-----------|----------------------------------|---|
| 1 | 001-2011 | 1-Feb-11 | M/s. Nayatel | Internet Services for JSI office and residence of COP |
| 2 | 002-2011 | 1-Feb-11 | M/s. Comsats | Internet Services for JSI office |
| 3 | 003-2011 | 1-Mar-11 | M/s. Phoenix Armour (Pvt.) Ltd. | Monitoring and response services of security alarm, installed at residence of COP |
| 4 | 004-2011 | 1-Mar-11 | M/s. Electroline | Replacement of FAN of Server |
| 5 | 005-2011 | 17-Mar-11 | M/s. Electroline | Repair of color printer |
| 6 | 006-2011 | 1-Apr-11 | M/s. New Horizon | NOD 32 Antivirus Software |
| 7 | 007-2011 | 4-Apr-11 | M/s. Sunrise Digital | Printing of folders and letterheads |
| 8 | 008-2011 | 3-May-11 | M/s. Ahmad UPS & Electronics | UPS with two batteries for Lahore office |
| 9 | 009-2011 | 10-May-11 | M/s. Electroline | Yellow Toner for color printer |
| 10 | 010-2011 | 10-May-11 | M/s. Micro Tech | AC Repair JSI Islamabad Office |
| 11 | 011-2011 | 20-May-11 | M/s. Felcon Associates | White wash/ paint repair work in JSI Islamabad Office |
| 12 | 012-2011 | 27-May-11 | M/s. Sunrise Digital | Glass sign in reception Area |
| 13 | 013-2011 | 29-Jun-11 | M/s. United Tyres | Tyres for JSI Vehicles |
| 14 | 014-2011 | 29-Jun-11 | M/s. Electroline | Toner for Color Printer |
| 15 | 015-2011 | 4-Jul-11 | M/s. Electroline | Toner for HP Printer LJ 2055 DN |
| 16 | 016-2011 | 13-Jul-11 | M/s. Electroline | Repair of UPS Apc 2200 |
| 17 | 017-2011 | 13-Jul-11 | M/s. Micro Tech | AC and UPS Repair |
| 18 | 018-2011 | 29-Jul-11 | M/s. Home Aid Schemer | Strengthening of Main Gates of JSI Islamabad Office |
| 19 | 019-2011 | 6-Sep-11 | M/s. Ali Sons Rent a Car Service | Car rental services for PaRSA Swat |
| 20 | 020-2011 | 16-Sep-11 | M/s. Greaves Pakistan Pvt. Ltd. | Generator Service, Oil and Oil Filter |
| 21 | 021-2011 | 22-Sep-11 | M/s. N. M. Furnishers | Change of Sofa Cloth-JSI Islamabad Office |
| 22 | 022-2011 | 14-Oct-11 | M/s. RED Communication Arts | Vacancy Advertisement in national press for JSI Karachi office |
| 23 | 023-2011 | 23-Nov-11 | M/s. Allied Business | Replacement of parts of photocopies |

Annual Report

| Sr. # | PO # | Date | Vendor | Item(s) |
|--|----------|-----------|--|---|
| | | | Products | Nashuatech mp 2500 |
| 24 | 024-2011 | 25-Nov-11 | M/s. RED Communication Arts | TA Advertisement in National Press for Sindh |
| 25 | 025-2011 | 27-Dec-11 | M/s. Samad Interior Decorators and Carpets | Working station in JSI Karachi Office |
| 26 | 026-2011 | 27-Dec-11 | M/s. Phoenix Armour (Pvt.) Ltd. | Monitoring and response services of security alarm, installed at residence of COP |
| 27 | 027-2001 | 28-Dec-11 | M/s. Info Trackers | Security Equipment |
| Total value of all above Purchase Orders (RS) | | | | 2,631,604.00 |