USAID's MCH Program Component 5: Health Systems Strengthening

QUARTERLY REPORT JULY-SEPTEMBER 2014

USAID Cooperative Agreement: No. AID-391-A-13-00002

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Acronyms

BHU	Basic Health Unit
DAP	District Action Plan
DHIS	District Health Information System
DHN	District Health Network
DHO	District Health Officer
DHPMT	District Health & Population Management Team
DOH	Department of Health
EPI	Expanded Programme on Immunization
GOS	Government of Sindh
HCF	Health Care Financing
HHF	Heartfile Health Financing
IR	Intermediate Result
JSI	JSI Research & Training Institute, Inc.
JPMC	Jinnah Post-graduate Medical Center
LHW	Lady Health Worker
LSO	Local Support Organization
LUH	Liaquat University Hospital
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
M&E	Monitoring & Evaluation
MIS	Management Information System
MNCH	Maternal, Newborn, and Child Health
MSS	Marie Stopes Society
MTBF	Medium Term Budgetary Framework
NICH	National Institute of Child Health
NICVD	National Institute of Cardiovascular Diseases
PIMS	Pakistan Institute of Medical Sciences
PPHI	People's Primary Healthcare Initiative
PWD	Population Welfare Department
RFP	Request for Procurement
RGH	Rawalpindi General Hospital
RMNCH	Reproductive, Maternal, Newborn, and Child Health
RSPN	Rural Support Programmes Network
UCHC	Union Council Health Committee
USAID	United States Agency for International Development
VHC	Village Health Committee

I. Executive Summary

During the reporting quarter, the Health Systems Strengthening Component established a partnership with the Health Services Academy, Pakistan's leading government public health institution in Islamabad, to support a two-year Masters' of Science in Public Health degree for mid-level and senior level health and population officials of Government of Sindh (GOS). On September 30, the Health Services Academy issued formal letters of admission to the first batch of 30 participants who will start classes on October 13. The participants have committed to return to their civil service positions with new skills in health administration and management.

The Health Systems Strengthening Component provided technical support to 22 District Health & Population Management Teams (DHPMTs) which successfully held their quarterly performance review meetings. In July, the project provided technical support to the office of the Director General Health Services in conducting a thorough performance review of DHPMTs with 22 District Health Officers (DHOs). This was part of an effort to institutionalize DHPMT review, review performance of the districts in the previous quarters, and identify strategies, in consultation with DHOs, to strengthen DHPMTs by improving stakeholder involvement for collective decision-making to improve health system and health care service delivery.

With an aim toward improving health service provision in Sindh by strengthening institutional level monitoring and management capacity, the Health Systems Strengthening Component provided technical assistance to the Department of Health (DOH) to develop a monitoring and evaluation framework under the parameters of the Sindh Health Sector Strategy. The framework will support improvements at both the provincial and district levels.

Under the Heartfile Health Financing (HHF) program, the Health Systems Strengthening Component made commitments for 104 underserved patients worth Rs. 5,644,650 (approximately $55,367). To date, this figure represents the highest number of patients supported through HHF program since the start of the project. Of these 104 patients, one-third (33) were women and two-thirds (71) were children

With support from the Health Systems Strengthening Component, 1,099 Village Health Committees (VHCs) (96% of the total) held their quarterly meetings; 63% of VHC members who participated in these meetings were women. To date, 391 VHCs have held four quarterly meetings, 404 VHCs have held three quarterly meetings, 303 VHCs have held two quarterly meetings, and one VHC has held one quarterly meeting.

As part of its advocacy efforts aimed at parliamentarians and policy makers to improve governance and accountability in the health sector, the Health Systems Strengthening Component held its first meeting with members of the Provincial Assembly Sindh with the theme "Challenges of Population and Family Planning". The meeting was attended by Minister for Population Welfare, GOS, Technical Advisor to the Government of Sindh and representatives of Muttahida Qaumi Movement, Pakistan Tehreek e Insaf, and Pakistan Muslim League (Nawaz).

II. Health Systems Strengthening Component's Vision of Success

By the end of the project, the Government of Sindh's Department of Health (GOS/DOH) will have the management capacity and systems necessary to move towards universal coverage and address equity issues with a particular focus on the poor and vulnerable. The GOS will have tested and scaled proven public private partnerships (PPPs) and have the capacity to manage and sustain these partnerships and to identify and develop new ones over time. Additionally, the capacity of civil society to effectively engage in policy dialogue will have been built, and there will be a sustained increase in financial risk protection to move towards universal health coverage.

Goal

The goal of the Health Systems Strengthening Component is to develop and support innovative, cost effective, integrated, and quality programs and services to strengthen systems around reproductive, maternal, newborn and child health (RMNCH) services for improved outcomes. The primary focus of the program proposed under the Health Systems Strengthening Component is:

1. Strengthening systems that will foster improved RMNCH service delivery and outcomes, including accountability and transparency;
2. Strengthening management capacity at the provincial and district levels;
3. Developing innovative approaches to catalyze community outreach services and access to health services for marginalized populations (including financing schemes); and
4. Strengthening private sector delivery for the urban and rural poor populations.

The Health Systems Strengthening Component will also engage in the coordination, alignment, and calibration of RMNCH activities undertaken by technical partners of USAID's MCH Program to ensure there is no duplication of effort and that all critical elements for achieving results reinforce each other and are laid out to achieve synergy and the desired results of USAID's Maternal and Child Health (MCH) Program objectives.

Health Systems Strengthening Component's Intermediate Results

The results of Health Systems Strengthening Component will follow USAID's Results Framework. Most of the project's activities will fall under IR 3.

IR 3: Strengthened Health System

- IR 3.1: Increased Accountability and Transparency of Health System
- IR 3.2: Improved Management Capacity at Provincial and District Levels within the Health Department
- IR 3.3: Strengthened Public Private Partnerships

Overall Approach and Strategic Principles

JSI and its sub-partners RSPN, Contech International, and Heartfile implement the Health Systems Strengthening Component to improve the capacity of the Government of Pakistan (GOP), and particularly the GOS, to develop and implement innovative, cost-effective, integrated, and quality programs and services to strengthen systems around RMNCH services. Throughout the project, the Health Systems Strengthening Component will strictly adhere to and promote the following strategic principles:

- *Using a customized approach to capacity building that will be crafted to each specific entity. This is reflective of the project's overall commitment to flexibility and adaptability in implementation;*
- *Strengthening strategic partnerships and coordination to effectively manage an integrated health system;*
- *Promoting a culture and practice of a results-oriented approach;*
- *Strengthening local expertise and focusing on local innovation to promote sustainability and ownership;*
- *Focusing on demand and supply side financing schemes to strengthen the health system;*
- *Promoting community actions for accountability and transparency of the health system; and*
- *Prioritizing gender mainstreaming within the Health Systems Strengthening Component's implementation approach.*

III. Activities and Results

IR 3.1 Increased Accountability and Transparency of Health System

3.1.1 Foster the Development of RMNCH Steering Committee

The second meeting of the RMNCH Steering Committee was tentatively scheduled to be held in August but was postponed due to floods in Pakistan. In addition, the Chief of the Health Sector Reforms Unit, who is a Member/Secretary of the Steering Committee, was transferred and DOH had not appointed his replacement until the end of the reporting period.

The minutes of the first RMNCH Steering Committee meeting, endorsed by the Secretary Health, have been submitted for approval to the Additional Chief Secretary Sindh who is the Chairperson of the Steering Committee. Additionally, a request for allotting date and time for the next meeting of the RMNCH Committee has been placed to the Additional Chief Secretary.

3.1.2 Advocate with Policy-makers and Parliamentarians to Improve Governance and Accountability

In July Sindh donor coordination meeting took place in Karachi. The Health Systems Strengthening (HSS) Component taking opportunity of presence of donors presented the parliamentarians initiative and discussed the important themes for quarterly provincial meeting with parliamentarians. In August, JSI signed the agreement with the consultant hired to organize and facilitate meetings with parliamentarians to advocate for improving governance and accountability in the health sector. The first meeting with the parliamentarians was held on September 30 in Karachi on “Challenges of Population and Family Planning”. In this regard profiles of 168 Members of Provincial Assembly Sindh were prepared along with a one page brief on maternal and child health situation in Sindh.

The issues highlighted by JSI in the meeting included the following:

- Seventy-two percent of women (62% in the reproductive age group) in Sindh either want to stop childbearing or desire birth spacing.
- 43.3 percent pregnancies (761,000) in Sindh are unintended which includes unintended births 22 percent (387,000), with 15.3 percent abortions and 5.9 percent miscarriages. An estimated one out of four babies are unwanted, and mostly born to the most poor, who have the least access to family planning services.
- Sindh’s assumed population of 45 million will double in 36 years.
- In Sindh, 86 percent of women of reproductive age and 53 percent men are illiterate.
- Lack of education severely limits a child’s growth, and significantly limits their potential to have a better quality of life.
- Availability of family planning services must be ensured to the poorest of poor people in rural settings, illiterate, and disadvantaged.

- Increased allocations in budget should be made relevant and outcome-based.

HSS Component was expecting 30 parliamentarians whereas only four members of the Sindh Assembly, one each from Pakistan People's Party, Muttahida Qaumi Movement, Pakistan Tehreek e Insaf, and Pakistan Muslim League (Nawaz), including the Provincial Minister for Population Welfare attended the meeting. Begum Shahnaz Wazir Ali, technical advisor to GOS for oversight and coordination of primary health care and family planning and Dr. Sania Nishtar, President Heartfile and former minister in the care-taker government of 2013, also attended the meeting.

The participation of parliamentarians was not as expected due to urgent meetings called by Pakistan People's Party with its Members of National Assembly and Provincial Assemblies from all over Pakistan. Also, an unexpected sit in protest was held in front of the Chief Minister House which is adjacent to the venue of the meeting. As a result Muttahida Qaumi Movement's Sindh Assembly members were called by party's leadership for an emergency meeting. In light of low turnout of parliamentarians at the meeting, HSS Component is in the process of, in collaboration with USAID, reshaping its parliamentarians' initiative to ensure participation and availability of parliamentarians in the future.

Figure 1: News Clipping from Daily *Dawn* of October 1, 2014

43pc pregnancies unintended in Sindh, seminar told

By Faiza Ilyas

KARACHI: Seventy-two per cent women and 62pc men in the reproductive age group in Sindh either want to stop childbearing or desire birth spacing, but they have no access to reproductive health services. Forty-three per cent pregnancies in the province are unintended, a speaker said at a programme held in a local hotel on Tuesday.

The discussion on the challenges of population and family planning was organised by USAID in collaboration with the JSI Research and Training Institute. The aim was to take Sindh parliamentarians on board on the issue. However, only four of the more than 150 MPAs could make it to the event.

According to experts, the fast growing population is a vital challenge Pakistan faces today that would turn more serious in the coming years if nothing was done to address the issue, a major stumbling block to economic growth and the dream to have a peaceful and prosperous society.

The solution, they said, was not difficult: integrate health and family planning services and focus on couples who were already convinced to seek reproductive health services.

Citing a recent survey, Dr Arshad Mahmood, representing the JSI Research and Training Institute, said Sindh had 1.75m pregnancies annually of which more than 700,000 (43.3pc) were unintended. The number of unintended births in the province stood at 387,000.

Abortion, he said, was often opted for as a solution to unwanted pregnancies and the number of reported abortions was found to be 269,000 in a year.

"Of every four children, one baby is unwanted. Such children mostly born to the poorest of the poor are likely to be deprived of the care and facilities required to make a productive individual.

"A high number of unwanted, illiterate and unskilled children mean a large group of vulnerable individuals that can turn to criminal activities and act as a threat to the peaceful existence of a society," he said.

The fact that a large group of couples in the province wanted to opt for reproductive health service offered the government an opportunity to increase the dismally low contraceptive rate in a short period of time, he said.

Giving a presentation on population changes, Dr Tauseef Ahmed of Pathfinder, an international non-governmental organisation working in the area of sexual and reproductive health, said the Sindh government needed to take advantage of the falling fertility rate that, in his opinion, was a positive sign but, at the same time, presented the challenge of having and managing a large population of young people.

"You can earn demographic dividend only if you invest in health (that included reproductive health and family planning), education, employment opportunities and good governance," he said, adding that governance based on merit-based decisions and accountability was the backbone of the process.

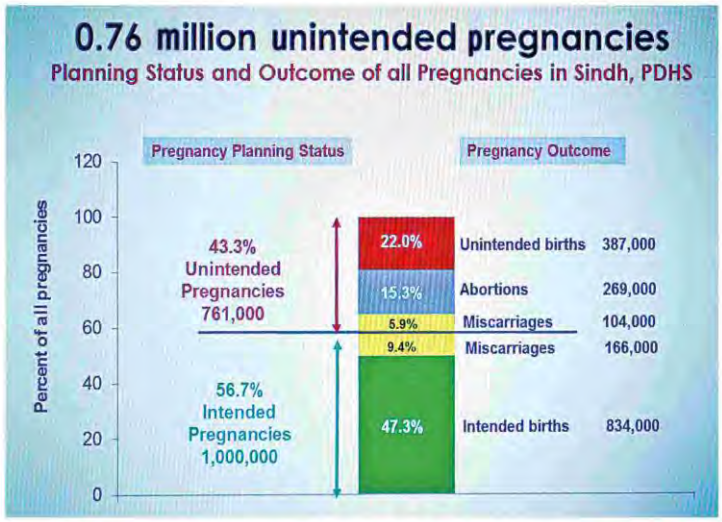
Sindh's present population (45m) would double in 36 years for which the government had to take policy decisions now. The province had a high maternal and infant mortality rate as compared to Punjab and Khyber Pakhtunkhwa and had shown no significant progress in these areas.

"In rural Sindh, 86pc of married women are of reproductive age and 53pc of men are illiterate. Lack of education plays a big negative role in every aspect of life. Right now, it's acting like a killer for Sindh's children, greatly minimising their potential to have a better life," he said.

Dr Sania Nishtar of Heartfile, another non-governmental organisation, lamented that though Pakistan was the first in the region to allocate budget for family planning and initiate relevant programmes, the country had achieved little in this sector in 60 years.

"We are all part of the failure. We should have built on these pilot projects," she remarked.

Begum Shehnaz Wazir Ali (technical adviser to the Sindh government for oversight and coordination of primary health and family planning), Dr Farid Mihet, Dr Nabila Ali, Dr Yasmeen Qazi and Dr Moeed Pirzada also spoke.



Manifesto Study

HSS Component is tracking commitments for the health sector made by Pakistan's main political parties before the general elections of 2013.During the reporting quarter, Heartfile, which has hired a consultant to conduct the manifesto study, revised the questionnaire with inputs from JSI. These included questions around promises and pledges of increased financing versus actual fiscal allocation to RMNCH in the budget. Literature review was also expanded to include focus on health rather than RMNCH as well as studies dealing with the impact of manifesto commitments, as studies pertinent to RMNCH alone were too few. By expanding the literature review to health, the studies can be better contextualized and understood.

Starting in August, data collection activities were interrupted due to the political and security situation in Islamabad. Widespread protests and rallies made mobility difficult and the researcher was unable to schedule meetings as a result.

Work on data analysis has been started. This includes incorporation of findings from the literature review along with primary data collected through interviews with stakeholders. Whereas efforts are continued to complete data collection activities have been hindered by non-availability of four selected stakeholders. These include leaders from Pakistan Muslim League (Nawaz), Muttahida Qaumi Movement, and Pakistan People's Party. Emails were sent out and calls were made to the remaining stakeholders to be interviewed. The ongoing political situation has delayed this phase of the study. Heartfile and JSI are in a process of arranging meetings.

3.1.3 Provide Technical Support to Strengthen Supportive Supervision and Monitoring and Evaluation Functions

During the reporting quarter, HSS Component provided technical assistance to develop a monitoring and evaluation framework for DOH under the parameters of the Sindh Health Sector Strategy. The aim is to improve health situation in Sindh by strengthening institutional level monitoring and management capacity at provincial and district levels. In collaboration with USAID | DELIVER and DOH, HSS Component has established an M&E Cell in the Office of the Director General Health Services in Hyderabad. The Director General Health Services notified the following functions of the M&E Cell:

1. Act as the relay point for consolidation of district-based data and its compilation, on monthly and quarterly basis, for DHIS and program-based MIS;
2. Monitor implementation of Sindh Health Sector Strategy by collecting, compiling, and producing reports in coordination with relevant stakeholders;
3. Report to Director General Health Services and provide feedback to districts, facilities, and vertical programs;
4. Review the performance of DHPMTs, provide feedback and guidance, and enhance their capacity to improve their performance by solving operational issues to strengthen health systems;
5. Support districts in identifying problems, making and implementing decisions at the district level, following up with the Director General Health Services, and putting forward issues to provincial authorities for decisions and implementation;

6. Monitor overall progress on District Action Plans (DAPs) and service delivery by various stakeholders; and
7. Build M&E capacity of district managers.

Supportive supervision of service delivery outlets from district and provincial levels is an essential element of the proposed monitoring and evaluation framework. The M&E Cell has started providing supportive supervision in improving the quality of DHIS data by visiting health facilities in different districts. This includes quality checks on recording data in registers, data transfer from registers to reports, and recalculating some elements of the quarterly reports. For technical supportive supervision, the existing tools/checklists are being collected and reviewed to develop tools capturing all aspects of supportive supervision required to provide continued supervision at the facility level by the district and provincial managers. This will help focus on critical inputs and processes required to deliver the essential RMNCH services and provide basic information about each clinical service to enable objective review of all the required elements.

3.1.4 Provide Technical Support to Strengthen District Health System

District Health & Population Management Teams (DHPMTs)

All 22 DHPMTs held their fourth quarterly meetings during the July-September quarter. Contech International, a sub-partner in the HSS Component, attended all DHPMT meetings and provided technical support in the preparation of meetings and their minutes.

Following is a summary of key issues presented in DHPMT meetings:

- Performance of facilities/vertical programs
- Attitude of staff towards patients
- Availability of medicines and supplies
- Availability of medical and paramedical staff
- Availability of vehicles to visit health facilities
- Maintenance of health facilities
- Availability of supplies with Lady Health Workers (LHWs)
- Data quality
- Specific health problems
- Provision of EmONC services
- Target setting
- Key performance indicators
- Family planning
- Health sessions in schools
- Coordination between sectors

It is encouraging that DHPMTs have initiated resolving the issues within their control during their meetings. For example, during the fourth DHPMT meeting in Tharparkar, Chairman of a Local Support Organization raised a question about the shortage of medicines with LHWs, especially in Union Council Bhakuo. Responding to the question, the representative of the LHW Program replied that starting July 1, 2014, medicines had

been supplied to all LHWs. He requested the Chairman of the Local Support Organization to verify the availability of medicines with LHWs and provide feedback to the office of District Health Officer.

During the reporting quarter, DOH notified RSPN as a co-opted member of DHPMTs in Tando Allah Yar and Thatta. RSPN's District Project Officer attended DHPMT meetings in five target districts and shared community feedback.

In DHPMT meeting in Tando Muhammad Khan, a representative of the community raised the issue of treatment of TB patients in Rajo Nizamani and demanded that such patients be actively pursued to visit Rural Health Center Rajo Nizamani for proper follow up and treatment.

Using the data from 22 DHPMT meetings held during the April-June quarter, as well as the information from performance analysis tools specifically developed for DHPMTs, HSS Component conducted an analysis of meetings of 22 DHPMTs. Information collection included attendance of DHPMT members, meeting notices, meeting minutes, as well as decisions taken during the meeting using the following scoring criteria:

- DHPMT meeting held within 100 days of the last meeting.
- Meeting chaired by the designated chair.
- Meeting agenda circulated.
- Meeting minutes circulated.
- 80% participation of members.
- Progress on DAP discussed and reviewed (tasks and responsibilities).
- Data from various management information systems, including DHIS presented.
- Number of decisions implemented (decisions made in the previous meeting).
- Performance shared with provincial authorities.

Table 1 on the next page shows the performance score of DHPMT meetings held in the last quarter. Apart from DHPMTs in three districts (Jacobabad, Sukkur, and Shikarpur), all the remaining DHPMTs met within the required time period since the previous DHPMT meeting. The designated official chaired the meetings in all the districts with the exception of Jacobabad and Mirpur Khas. However, DHPMT meetings in Badin and Jamshoro could achieve 80% attendance of notified members. Meeting minutes were circulated by all districts. All districts presented DHIS and other MIS data. This allowed the districts, with technical support of HSS Component, to follow up on improving the quality of reporting. Ten districts (Badin, Jacobabad, Kashmore, Larkana, Matiari, Mirpur Khas, Shaheed Benazirabad, Sukkur, Tando Allah Yar, and Thatta) could not implement all decisions taken in their last meetings. Reasons for not implementing the decisions could not be traced out in minutes of meetings. To address this challenge, Cluster Coordinators will now be responsible for tracking decisions made during meetings and verifying issues resolved.

Table 1: Performance Scores for 3rd DHPMT

Sr #	District Names	Quarters	DHPMT Meeting Date	Nine Point Scoring Criteria									Performance Score	
				1	2	3	4	5	6	7	8	9		
				Meeting held within 100 days	Meeting chaired by designated chairman	Agenda circulated	Meeting minutes circulated	Participation 80%	Progress on DAP discussed and reviewed (Tasks and responsibilities)	Data from various MIS including DHIS presented	Number of decisions implemented out of previous meetings	Performance shared with Provincial Authority	Total	Achieved
1	Badin	PY 2 Q 3	03.06.2014	1	1	1	1	1	0	1	0	1	9	7
2	Dadu	PY 2 Q 3	20.02.2014	1	1	1	1	0	1	1	1	1	9	8
3	Ghotki	PY 2 Q 3	03.06.2014	1	1	1	1	0	1	1	1	1	9	8
4	Hyderabad	PY 2 Q 3	10.06.2014	1	1	1	1	0	0	1	1	1	9	7
5	Jacobabad	PY 2 Q 3	27.05.2014	0	0	1	1	0	1	1	0	1	9	5
6	Jamshoro	PY 2 Q 3	22.04.2014	1	1	1	1	1	0	1	1	1	9	8
7	Kamber Shahdadkot	PY 2 Q 3	25.06.2014	1	1	1	1	0	0	1	1	1	9	7
8	Kashmore	PY 2 Q 3	10.06.2014	1	1	1	1	0	0	1	0	1	9	6
9	Khairpur	PY 2 Q 3	08.05.2014	1	1	1	1	0	1	1	1	1	9	8
10	Larkana	PY 2 Q 3	12.06.2014	1	1	1	1	0	0	1	0	1	9	6
11	Matiari	PY 2 Q 3	13.05.2014	1	1	1	1	0	1	1	0	1	9	7
12	Mirpurkhas	PY 2 Q 3	08.05.2014	1	0	1	1	0	0	1	0	1	9	5
13	Naushahro Feroze	PY 2 Q 3	08.05.2014	1	1	1	1	0	1	1	1	1	9	8
14	S. Benazirabad	PY 2 Q 3	02.05.2014	1	1	1	1	0	1	1	0	1	9	7
15	Sanghar	PY 2 Q 3	07.05.2014	1	1	1	1	0	1	1	1	1	9	8
16	Shikarpur	PY 2 Q 3	12.06.2014	0	1	1	1	0	1	1	1	1	9	7
17	Sukkur	PY 2 Q 3	20.06.2014	0	1	1	1	0	0	1	0	1	9	5
18	Tando Allah Yar	PY 2 Q 3	07.05.2014	1	1	1	1	0	0	1	0	1	9	6
19	Tando M. Khan	PY 2 Q 3	23.04.2014	1	1	1	1	0	1	1	1	1	9	8
20	Tharparkar	PY 2 Q 3	30.04.2014	1	1	1	1	0	1	1	1	1	9	8
21	Thatta	PY 2 Q 3	19.06.2014	1	1	1	1	0	1	1	0	1	9	7
22	Umerkot	PY 2 Q 3	21.04.2014	1	1	1	1	0	1	1	1	1	9	8

Challenges/problems identified during the analyses included the following:

1. Attendance of notified members remains a major challenge as only Jamshoro district could secure 100 per cent attendance of all notified members. Regular participation of District Managers PPHI, District Population Welfare Officers, and District Education Officers is also essential for sectoral representation.
2. Minutes of DHPMT meetings were not issued on time; in some cases, the delay was of more than one month, resulting in delayed actions on decisions. Moreover, it was observed that minutes do not clearly mention the implementation of decisions of previous meetings as well as the reasons for not implementing the decisions.

Performance assessment of quarterly meetings of DHPMTs in all districts is carried out on quarterly basis and reported in the subsequent quarter. Performance assessment of DHPMT meetings held during April-June is being reported in this quarterly report. HSS Component shared performance analyses reports of first and second DHPMT meetings with the Director General Health Services who issued a letter to all DHOs containing feedback on DHPMT meetings of first and second DHPMT meetings.

Contech International provided support to the Director General Health Services in conducting a DHPMT performance review meeting on July 9 in Hyderabad. The Director General chaired the meeting, which was attended by 22 DHOs and representatives from PPHI, PWD, Department of Education, and HSS Component. The objective of the meeting was to institutionalize the DHPMT reviews and the following decisions were made:

- The roles and responsibility of M&E Cell of the Director General Health Services office will include review of DHPMT minutes.
- DHO with support from HSS Component will meet with district managers of PPHI and PWD to understand the importance of DHPMT and to ensure their participation to review previous quarter performance of the district and collectively resolve operational issues identified
- DHO will submit minutes of DHPMT meeting to DGHS office (in-charge M&E Cell) every quarter
- M&E Cell will review the minutes of meetings of all districts and share feedback with districts
- Quarterly review meetings between DGHS office and EDOs from Health to improve health system and health care service delivery
- DGHS to bring policy issues to the attention of Secretary Health
- The DHPMT meetings are already part of the M&E framework. (See Annex 2.)

After the review meeting, Contech met with the Director General Health Services and the DHPMT focal person based in his office in Hyderabad. The Director General emphasized that after the DHPMT review meeting his office will be actively involved in reviewing the DHPMT meeting minutes and issuing feedback on quality of minutes and performance. He requested for further technical assistance until the DHPMT focal person is able to carry out the required activities on his own. Below are a few examples of third DHPMT meeting decisions on improvement of quality of DHIS data, postings of staff, and other important issues:

1. In Khairpur, DHO office will write a letter to all health facilities in-charges to fill out the DHIS monthly report as per DHIS manual.
2. In Dadu, all vertical programs are required to submit their reports before the 10th of every succeeding month and the performance of each partner will be disseminated with other partners once the reports are received.
3. In Mirpur Khas, efforts will be made to raise contraceptive prevalence rate by working with PWD and the LHW Program.
4. In Umerkot, a decision to fill vacant posts, preferably of specialists, was taken in the form of a letter to the provincial Department of Health from the District Health Office.
5. In Tharparkar, a decision regarding repair and renovation of District Headquarters Hospital Mithi was made. In this regard, the responsibility was assigned to the Medical Superintendent District Headquarters Hospital Mithi to write to Finance Department. A decision was made for the provision of new ambulances and the repair of existing ambulances at District Headquarters Hospital Mithi. The responsibility was assigned to DHO and PPHI representative. Decisions for the provision of two generators and para-medical staff at District Headquarters Hospital Mithi were also taken. For this, DHO was made responsible.
6. DHPMT Sanghar decided to ensure the presence of designated officers in the next DHPMT meeting.
7. DHPMT Jacobabad decided to write a letter to the Director General Health Services pointing out the shortage of staff and requesting the shortage be met.
8. DHPMT Tando Muhammad Khan decided to improve the quality of DHIS data as well as rectify the discrepancies of DHIS data with other MISs.
9. In Sukkur, DHPMT decided that the printed material about health awareness will be provided to the Department of Education for creating awareness among students of schools in various communities.
10. DHPMT Badin decided that district managers of relevant departments designated as DHPMT members must attend DHPMT meetings and must be prepared to share progress for effective implementation and results.
11. In Matiari, DHO Office will request Secretary Health and Director General Health Services to provide female doctors for the district.
12. In Shaheed Benazirabad, refresher trainings of DHIS for paramedical staff will be conducted by DOH.
13. In Hyderabad, Health Education Officer of DHO office will meet District Education Officer to evolve a system for health education services in schools.
14. In Thatta, DOH and PWD will sit together under the supervision of DHO to make a strategy on listing of NGOs working on family planning and health system and inclusion of complete information on family planning related indicators in DHIS report.
15. In Jamshoro, issue of electricity connection in eight health facilities under PPHI will be resolved.
16. In Ghotki, female staff of PPHI would be directed to improve MCH services, especially deliveries, antenatal care, and post-natal care services.
17. In Shikarpur, provision of hepatitis screening kits at Haji Maula Bukhsh Hospital Cardiac & Dialysis (private sector)/Government Hospital Madeji/Taluka Hospital Lakhi/Rural Health Center Khanpur/Rural Health Center Sultan Kot.

18. DHPMT Kashmore decided to write a letter to the Director General Health to highlight the shortage of female doctors in the district.
19. In Kambar Shahdadkot, DHO Office will write a letter to district administration for killing/confinement of stray dogs which pose risks to the public.
20. In Naushahro Feroze, it was decided that in the next DHPMT meeting, a staff from the District Coordinating Officer will be requested to attend the meeting.
21. In Tando Allah Yar, posting of Women Medical Officers at Tehsil Headquarters Hospital Chamber was decided.
22. In Larkana, DHPMT decided that health education sessions will be arranged in schools, where officers from the office of DHO and District Population Welfare Office will talk to students.

The Director General Health Services will share provincial level issues with Secretary Health and the RMNCH Steering Committee. As far as the impact of DHPMT meetings is concerned, they are proving to be useful in the use of information, and generating evidence for decision-making and are helping to improve coordination among district level stakeholders and strengthen the district health systems. Table 2 below presents the status of decisions taken in the third DHPMT, and minutes of fourth DHPMT meetings received during this quarter. Column five shows the number of decisions implemented out of those taken during last DHPMT meeting (column 4). It shows that out of 22 districts, 13 issued minutes of meetings.

Table 2: Status of Decisions Taken in DHPMT Meetings

Sr. #	District	# of Decisions Taken in 3rd DHPMT Meeting	# of Decisions Implemented (Reported in 4th DHPMT Meeting)	# of Decisions Taken in 4th DHPMT Meeting
1	Hyderabad	5	Minutes not received	Minutes not received
2	Jamshoro	8	8	9
3	Matiari	9	Not mentioned in the minutes	13
4	Tando Allah Yar	9	Not mentioned in the minutes	4
5	Tando Mohammad Khan	10	4	12
6	Thatta	4	Minutes not received	Minutes not received
7	Badin	3	Not mentioned in the minutes	5
8	Dadu	8	3	11
9	Sanghar	12	7	8
10	Mirpurkhas	5	Not mentioned in the minutes	10
11	Shaheed Benazirabad	3	Minutes not received	Minutes not received
12	Sukkur	2	Minutes not received	Minutes not received
13	Naushahro Feroze	2	Not mentioned in the minutes	1
14	Khairpur	13	Minutes not received	Minutes not received

15	Ghotki	5	5	12
16	Larkana	3	Not mentioned in the minutes	12
17	Kambar Shahdadkot	4	Minutes not received	Minutes not received
18	Shikarpur	13	Minutes not received	Minutes not received
19	Jacobabad	7	Minutes not received	Minutes not received
20	Kashmore	5	Minutes not received	Minutes not received
21	Umerkot	10	Not mentioned in the minutes	7
22	Tharparkar	10	2	18

District Action Plans (DAPs)

During the reporting quarter, HSS Component reviewed the DAPs prepared for the 22 districts to compare the allocation for the current year vis-à-vis the recommendations in the developed DAPs for the 2014-15. The findings of the review were that although enhancements in budgetary allocations to the health sector were substantial, the primary health care component, and supervision and M&E components lacked the specific budget heads. Therefore, the allocations for M&E and supervision under petrol, oil, and lubricants (POL) were not sufficiently made by the districts. In this regard, on August 27, HSS Component held a meeting with the MTBF Cell of the Economic Reforms Unit of the Finance Department Sindh to identify the reasons for insufficient allocations in these areas and to discuss the way forward for the DAPS 2015-16. The meeting brought the required clarity to the approach and the MTBF Cell suggested that since the 2014-15 DAPs/MTBF cycle is coming to a point that no further changes in allocations can be addressed:

1. The budget cycle for the Fiscal Year 2015-16 MTBF will include a proposal by DOH to either increase allocations in budget heads where insufficient or add new cost centers for activities which are important but do not have a specific budget head such as M&E and Supervision.
2. The KPIs for the 2015-16 MTBF can be revisited and revised to address the services as well as management allocations.
3. Organize joint capacity building workshops for district and provincial finance staff of DOH on MTBF and Output Based Budgeting.

JSI and Contech met on September 4-5 in Contech's Lahore office to develop and strategize along the approach mentioned above. (Contech's head office is in Lahore and it has a provincial office in Hyderabad.) Contech took an extensive exercise to analyse the low budget allocations in the required heads given in DAPs 2014-15 and looked at the district budget allocation variance. The DAPs of the 22 districts were then revamped to cater to the cost center approach (accounting for the 577 spending units of DOH) and the revised DAPs, after HSS Component's review, will be shared with the DOH Sindh and USAID in the coming quarter for finalization and printing.

The process of development of the DAPs for the 2015-16 budget cycle has started with the following strategy:

1. DAPs for 23 districts (22 districts plus Karachi) completed.
2. Linking the outputs of DAPs with the financial expenditures tracking system on cost center-wise approach as per the requirement of the Finance Department.
3. Developed management and service delivery KPIs of cost centers for the Secretariat, office of the Director General Health Services, and the attached Departments of the DOH so that the DOH is fully aligned with MTBF.
4. Link service delivery and management KPIs of cost centers run by PPHI.
5. Organized capacity building workshops for the DOH to prepare Output Based Budgets and updating DAPs on annual basis through on the job support and trainings under the auspices of the MTBF Cell in the Economic Reforms Unit of the Finance Department Sindh.

Contech will position two teams of three consultants each (one Public Health Specialist/Planning Expert, one Public Finance Management Expert, and one Health Systems Expert) to undertake the following:

1. Linking management and service delivery KPIs of the Secretariat, office of the Director General Health Services, and the attached Departments of the DOH with the DAPs to monitor the performance of DOH.
2. Link the service delivery and management KPIs of cost centers run by PPHI with DAPS for monitoring the performance of PPHI run facilities.

The tracking of these KPIs will be undertaken through the cluster approach by Contech with three districts per cluster and one Cluster Coordinator looking after all activities of that cluster inclusive of progress on DAPs and DHPMTs.

The budget of 2014-2015 was reviewed to explore the following:

1. Budget allocation to the districts in 2014-2015 budget-The comparison of actual allocations for districts and DAP cost estimates reflected in the budget that DOH requested from Finance Department for year 2014-15. (See Table 3 on the next page).
2. A quick assessment of 2014-15 Sindh Health Sector Budget to identify gaps in budget allocation for primary health care, supervision and M&E related budget heads which will provide evidence for better preparation of DAPs for the FY 2015-16.

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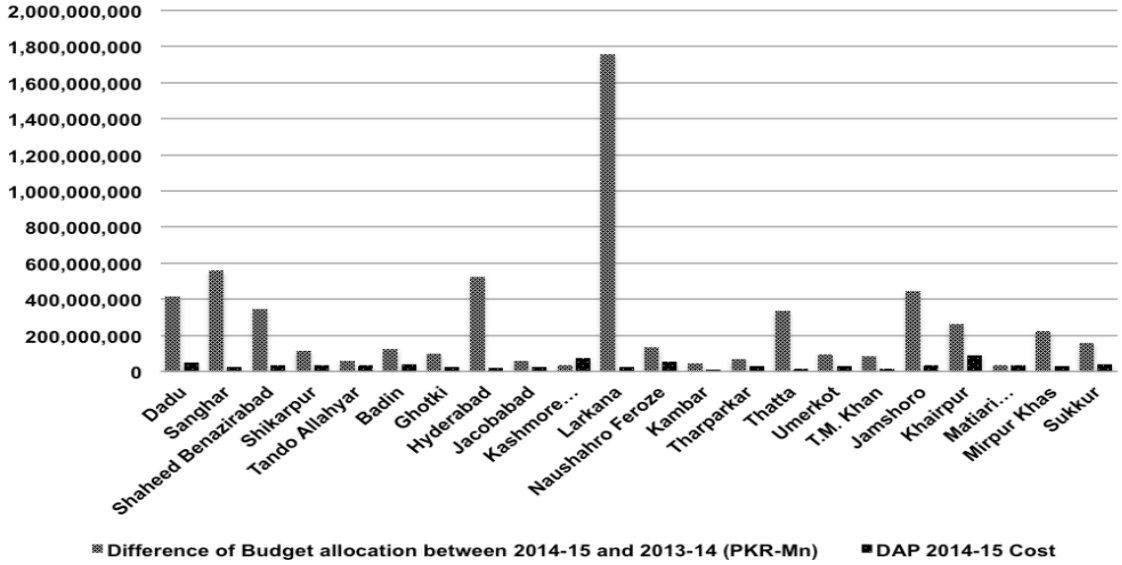
Table 3: Budget Analysis Showing Allocation Covering DAP Cost

Sr. #	Districts	Allocated Budget (PKR)			DAP 2014-15 Cost
		2013-14	2014-15	Difference	
1	Dadu	533,791,000	950,976,450	417,185,450	46,923,600
2	Sanghar	397,010,000	954,327,350	557,317,350	24,027,500
3	Shaheed Benazirabad	1,405,151,000	1,752,760,400	347,609,400	32,082,200
4	Shikarpur	627,842,700	742,355,150	114,512,450	35,963,000
5	Tando Allah Yar	269,175,000	327,926,000	58,751,000	34,848,700
6	Badin	837,384,000	962,239,850	124,855,850	38,783,400
7	Ghotki	534,690,000	634,666,600	99,976,600	26,022,000
8	Hyderabad	4,259,395,400	4,786,301,800	526,906,400	18,040,000
9	Jacobabad	421,490,000	481,769,050	60,279,050	25,657,750
10	Kashmore…	242,373,000	277,073,900	34,700,900	76,063,500
11	Larkana	430,450,936	2,189,548,650	1,759,097,714	24,320,800
12	Naushahro Feroze	626,525,000	758,406,850	131,881,850	51,983,000
13	Kambar	362,237,000	408,742,100	46,505,100	10,771,000
14	Tharparkar	466,923,000	536,559,150	69,636,150	30,212,650
15	Thatta	909,095,000	1,245,596,350	336,501,350	15,736,700
16	Umerkot	493,874,000	589,668,000	95,794,000	26,967,000
17	T.M. Khan	248,444,850	330,287,800	81,842,950	16,655,000
18	Jamshoro	773,064,400	1,219,369,900	446,305,500	32,342,500
19	Khairpur	1,280,473,300	1,540,636,000	260,162,700	88,811,500
20	Matiari…	374,113,000	406,512,000	32,399,000	33,865,500
21	Mirpur Khas	648,747,000	872,827,150	224,080,150	28,220,000
22	Sukkur	896,041,600	1,054,116,700	158,075,100	40,606,400

A quick review revealed that district budget allocations in 2014-2105 as compared to 2013 and 2014 showed increased allocations in case of all districts and variance was 409% increased allocations in case of district Larkana and only 9% in case of Matiari. See Figure 2 on the next page for details.

Figure 2: Budget Analysis Showing Allocation Covering DAP Cost 2014-2015 vs 2013-2014 District Budgets



The second part of the 2014-2015 budget review was to look at the budget allocations to activities which will directly impact primary health care. It was important to understand the gaps in budget allocations as well as identify areas where inadequate allocations were made.

The following findings were revealed which were discussed with Economic Reforms Unit of the Finance Department.

1. Object specific allocations required to cover areas key to program design such as public awareness and capacity building were either missing or underfunded. Moving forward, the recommendation is to assign separate object codes/cost centers to the allocations for activities planned in DAP, including:
    a. Printing and publication of interpersonal communication and health education materials.
    b. Development and dissemination of health education messages using electronic media.
    c. Staff trainings on skills development and management functions.
    d. Organizing community awareness events.
    e. Purchase of medicines and supplies.
    f. Purchase of plant and machinery.
    g. Purchase of furniture and fixtures.
    h. Cost of other stores.
2. Activities related to monitoring and supervision are traditionally implemented through charging object codes like 'POL charges', and such allocations are common for activities related to travelling. In the presence of limited resources, priority administrative activities usually consume such allocations and monitoring activities are lost. HSS Component recommends creating specific object codes for allocations linked with monitoring and evaluation activities, including:
    a. Purchase of vehicles.

b. Travel and transport including travelling allowance, POL charges, and CNG charges.

3. Quarterly reporting and monitoring of expenditures by all cost centers.

3.1.5 Utilize Existing Community Organizations of RSPN to Improve Health Services and Advocacy

Refresher Training of Project Staff on Accountability through Community Organizations

After identifying gaps in the process of Village Health Committees (VHC) meetings and documentation of community feedback, JSI and RSPN decided to build the capacity of RSPN's field staff. In addition, there was staff turnover in two districts; the new staff needed proper orientation to work with VHCs for accountability and strengthening of health services in rural areas. Keeping in view the aforementioned reasons, RSPN, with technical assistance from JSI, organized a two-day refresher training of project staff in Hyderabad in August.

The refresher training focused on improving communication skills of the project staff and knowledge of accountability and how to use community level institutions to improve health services through their continuous engagement with health managers in their respective districts. Through mock exercises, the participants learned to conduct meetings of VHCs and Union Council Health Committees (UCHCs) as per agreed protocols, how to properly document community feedback about the health services, how to ensure effective participation of UCHC representatives in District Health Network (DHN) meetings, and how to develop lists of real issues to be presented in DHMPTs.

Village Health Committees (VHCs)

During the reporting period, RSPN selected 12 additional Union Councils in five target districts to expand the process of VHC formation. For this purpose, RSPN's project teams held coordination meetings with the District Focal Person of MCHIP/Jhpiego and selected those Union Councils where MCHIP/Jhpiego plans to establish its MNCH Centers. Names of the 12 Union Councils are given below

- Allahabad and Kandechukhi in Dadu district
- Veerawah and Peetahpur in Tharparkar district
- Kalri and Kalankot in Thatta district
- Dasori and Dhingano Bozdar in Tando Allah Yar district
- Kaplor, Sabho, Khejrari, and Chore in Umerkot district

During the reporting quarter, RSPN formed 41 new VHCs in these 12 Union Councils, now totalling 1,238 VHCs formed under HSS Component. No community organizations existed in these areas before the Health Systems Strengthening Component began working with the communities to form VHCs. In addition, HSS Component revitalized 51 existing community organizations and renamed them as VHCs. These 92 (41 newly formed and 51 revitalized VHCs) include women, poor, and socially marginalized groups. Out of these 92 VHCs, two have male members only, 22 have female members

only, and 68 have both men and women as members. During the formation of VHCs, RSPN informed the communities about HSS Component and discussed what role communities can play in improving health services in their areas. Each VHC elected its president and secretary general through a majority vote. The president and secretary general of a VHC represent their respective VHC in UCHC meetings where they share community feedback to develop a joint action plan to address the issues they face when seeking health services. RSPN staff provided community feedback forms and also oriented VHCs about the process of documentation of community feedback about the health services. The new 92 VHCs will conduct their first meetings in the next quarter.

During the reporting period, RSPN also restructured large VHCs which had more than 40 members to ensure participation of all members and to get maximum feedback from the communities. As a result, 117 VHCs (one in Umerkot, three in Thatta, 13 in Tando Allah Yar, 41 in Dadu, and 67 in Tharparkar districts) were re-structured during the reporting quarter.

During the reporting quarter, 96% of VHCs (1,099 out of 1,146 VHCs) held their quarterly meetings. So far, 391 VHCs have held four quarterly meetings, 404 VHCs have held three quarterly meetings, 303 VHCs have held two quarterly meetings, and one VHC has held one quarterly meeting. A total of 17,247 individual members (6,381 male and 10,866 female) attended these quarterly meetings. 63% of VHC members who participated in these meetings were women. Forty-seven VHCs (four percent of 1,146 VHCs) did not meet due to seasonal migration of people in search of work, deaths, weddings, or religious festivals. District-wise and Union Council-wise details of VHC meetings and formation are provided in Annex 3.

RSPN's field teams conducted VHC meetings by using the information package and charts developed early this year by the project and provided information to community members about the public sector delivery points and MNCH Centers (established by MCHIP/Jhpiego) and services available there. During these meetings, field teams also documented community feedback about the services. The feedback received from each VHC is discussed and consolidated by each Union Council Health Committee (see next page) and then shared with DHPMTs. As per this feedback, a total of 751 members from 673 VHCs visited public health facilities out of which 632 members shared positive feedback stating that they had received services and were satisfied while 119 members shared negative feedback on the basis of issues they faced in seeking health services. The negative feedback included absence of health care provider, non-availability of medicines and supplies, non-professional attitude of health care provider, etc.

During the reporting quarter, VHCs also shared their feedback about MCHIP/Jhpiego's MNCH Centers. Four VHCs from Dadu, two VHCs from Tando Allah Yar, and one VHC from Tharparkar shared positive feedback about MNCH Centers in their area, stating that the communities were satisfied with the services being offered at MNCH Centers. VHCs from Tharparkar (VHC Benazir Loung Gurgez in Union Council Mohrano) reported that the Community Midwife based MNCH Center remained closed as the Community Midwife resides in Mithi city. Two VHCs from Tando Allah Yar (Bahar Mirjat and Ali Mirjat from Union Council Tando Soomro) reported that medicines were not available at MNCH Centers. RSPN's field teams shared the community feedback with

the district level staff of MCHIP/Jhpiego who promised to take remedial measure to address the issues.

Union Council Health Committees (UCHCs)

During the reporting quarter, RSPN's team in Tharparkar established two new UCHCs, one in Union Council Veerawah and one in Union Council Peethapur, bringing the total number of UCHCs formed so far to 25. The new UCHCs selected their office bearers (president and general secretary) who were briefed by RSPN's staff on their roles and responsibilities. Orientation of these UCHCs is planned in the next quarter when they will also have their first meeting.

During the quarter, 23 UCHCs (excluding the two new ones formed during the reporting quarter) held their quarterly meetings. A total of 492 members (348 male and 144 female) attended these quarterly meetings and after discussing the feedback of VHCs consolidated it for presentation in the relevant District Health Network (see below) and DHPMT meetings. Medical Officers working on Basic Health Units (BHUs managed by PPHI) from Union Councils Gharo (Thatta) and Khuda Abad (Dadu) also attended UCHC meetings. The Medical Officers appreciated the feedback about the BHUs and promised to address the issues raised by the communities. They encouraged UCHCs to provide regular feedback about the performance of BHUs so that they can improve the services. Field Health Educator and Senior Field Supervisor from Marie Stopes Society (MSS) also participated in UCHC meeting in Diplo (Tharparkar district) and informed about the availability of family planning services at MSS's Suraj Clinics. They requested UCHC members to refer clients to these centers to seek services. UCHC members agreed to encourage community members to visit Suraj Clinics to seek birth spacing services and to document community feedback about the services.

UCHCs interact with health sector stakeholders to resolve the issues. For example, in district Tando Allah Yar, UCHC Tando Soomro, on getting feedback from one VHC about the ill-treatment of a sterilization client at a MSS clinic, approached MSS's District In-charge to inform that after sterilization, the woman suffered severe bleeding but no one from MSS came for a follow up visit which they are mandated to do. The District In-charge sent a health care provider to provide services to the client.

District Health Networks (DHNs)

During the reporting quarter, the five DHNs in Dadu, Tharparkar, Thatta, Tando Allah Yar, and Umerkot districts held their quarterly meetings which were attended by representatives of UCHCs and health sector NGOs in each district, as well as representatives of DOH and PWD. UCHC members presented a summary of feedback documented during VHCs meetings and after discussions, DHN decided to present the following issues/feedback in the next DHPMT meeting. District-wise issues are mentioned below.

Umerkot

- Medicines were not unavailable at BHU Kharoro Syed.
- Non-availability of clean drinking water for patients at BHU Fateh Mohammad Rajar and BHU Kharoro Sayed.

- Non-availability of X-ray facility at District Headquarters Hospital.
- Lady Health Workers (LHWs) did not have supplies such as condoms and pills.
- Government Dispensary Natha Singh in Union Council Atta Mohd Pali was not working as the construction work there had been stopped for the last six months.

Tando Allah Yar

- Shortage of medicines at Government Dispensary Mithoo Khaskheli, and BHU Shadiyon Walhari in Union Council Beggan Jarwar.
- Shortage of medicines at Government Dispensary Pak Singhar.
- Medicines were not provided as per prescription at Rural Health Center Missen.
- Burn cases were referred to private hospitals due to the unavailability of burn ward at District Headquarters Hospital Tando Allah Yar.
- Health care provider at Tehsil Headquarters Hospital did not listen to patients carefully.
- Medicines for skin problems/allergies were not provided at Government Dispensary Pak Singhar.
- TT vaccination was not available at Government Dispensary Pak Singhar.
- Ultra sound facility was not available at District Headquarters Hospital Tando Allah Yar.
- Doctor was not on duty at BHU Sultanabad in Union Council Shaikh Musa.
- Medicines were not provided as per prescription at BHU Tando Soomro.

Tharparkar

- Dispenser remained absent at Government Dispensary in village Sobdar Shah.
- LHWs in all target Union Councils of the district did not have supplies.
- Medicines as per prescription were not provided at the Government Dispensary.
- District Headquarters Hospital Mithi was not providing health care services as per protocols.

Dadu

- MCH Center Khuda Abad, managed by PPHI, was charging for lab services. MCH Centers are supposed to provide free laboratory services. However, this MCH Center was charging Rs.250/ for blood test and Rs. 80 for urine test.
- LHWs were not working in the population assigned to them.
- Positions of Medical Officer and Vaccinator at MNCH Center Khudabad are vacant.
- Ambulance driver had not been appointed at MNCH Center Khudabad.
- An asthma patient was not treated by the doctor at BHU Kamal Khan even in an emergency situation.
- Dispenser remained absent from his duty at BHU Kamal Khan.
- Shortage of medicines at BHU Phaka, Samtani and Phulji Station.
- Non-availability of a generator at BHU Phakka.
- Ambulance driver remained absent from his duty at BHU Phakka.

Thatta

- Staff at BHU Chatto Chand did not attend patients due to their office meeting.
- Vaccinators did not visit regularly in Union Council Chatto Chand.
- LHWs did not visit their catchment areas on a regular basis.

- District Headquarters Hospital Makli did not provide services as per protocols, especially medicines.
- Non-availability of X-ray facility at Tehsil Headquarters Hospital Mirpur Sakro.
- Tehsil Headquarters Hospital Mirpur Sakro charged Rs. 100/ for malaria test.

Support for MCHIP/Jhpiego for Identification of Community Members for Quality Improvement Teams

During the reporting period, HSS Component extended support to MCHIP/Jhpiego to implement Partnership Defined Quality at the health facility level for improvement in quality through mutual efforts of community and health care providers via the formation of Quality Improvement Teams in Union Councils Khudabad and Yar Mohammad Kalhoro of Dadu district. By using the platform of UCHCs, RSPN team facilitated MCHIP/Jhpiego in the selection of active groups for focus group discussions and identification of members who can play an active role and represent the suggestions of their concerned community groups for improvement of quality of services at health facilities.

During the COPs meeting, held on October 17 at JSI's Islamabad office, it was discussed and decided that Jhpiego will provide feedback on client satisfaction to the DHPMT meetings and share with USAID's MCH Program partners. It was also decided that Health Communications Component of USAID's MCH Program will work on social mobilization activities in the district and hold events for awareness and demand creation. Therefore, the role of RSPN through HSS Component was eliminated for this particular activity. From the next quarter, HSS Component will not report on the VHCs and related activities of this section.

3.1.6 Provide Technical Support to Strengthen and Improve Coordination of Health Functions at Federal Level and Between Federal and Provincial Governments

HSS Component did not receive any request for technical assistance from the Ministry of National Health Regulations and Coordination. The project will change its strategy as multiple meetings with the Health Minister, discussing areas of collaboration and support, were ad hoc and did not culminate in concrete technical assistance.

In Project Year 3, HSS Component intends to provide technical assistance to the Ministry to revitalize the National Health Information Resource Center. This will improve coordination between the provinces and the federal government in addition to consolidating trends against key performance indicators and to track MDGs and other international commitments. The technical assistance component remains open within the ambit of RMNCH.

3.1.7 Provide Technical Support to Monitoring and Supervision System and Management Information System of Population Welfare Department

During Project Year 2, the Health Systems Strengthening Component held several meetings with PWD to find out PWD's needs for technical support in improving the capacity of its monitoring, supervision, and management information systems. As a result, PWD requested the Health Systems Strengthening Component to provide technical assistance in the following areas:

1. Pre-marriage counselling guide
2. Research and development
3. M&E system
4. Standardization of training curricula
5. Capacity building plan

On reviewing the concept papers developed by the PWD Sindh on the above five areas, the "Pre-marriage counselling guide" fits in well with the scope of work of the Health Communication Component while requests for technical assistance on "Research and development", "M&E system", and "standardization of training curricula" are either already being met by MSS or have been floated by it in its Request for Applications of August 2014. As far as technical assistance in capacity building is concerned, the Health Systems Strengthening Component is already providing it in the form of developing a capacity building strategy for both PWD and DOH.

3.1.8 Advocate on Issues Related to Accountability and Transparency in Pakistan's Mixed System

Documentary on *Choked Pipes*

Heartfile, in consultation with JSI and in light of the unanimous agreement of the Technical Committee formed for the evaluation of bids for the documentary on *Choked Pipes*, had re-launched the Request for Procurement (RFP) in May to attract better quality bids for the production of documentary on *Choked Pipes*. Several production houses, in a bid to finalize their proposals, sent queries related to security arrangements, logistics, etc., to Heartfile during the reporting quarter. All such queries were answered to their satisfaction. Heartfile received a total of nine proposals by the potential bidders as the deadline for submissions came to a close on July 15.

The procurement related Finance Committee held its first meeting on August 9. It reached a consensus on the process of procurement with respect to the roles of Technical and Finance Committees. Since all the four of the shortlisted bidders, (Black Ink Media Productions, Rockhopper TV, Communication for Learning, and Consigo Productions) are international companies and none of them is locally incorporated, the Finance Committee decided that JSI will discuss with its Home Office issues surrounding contract drafting, modality of payments, etc., as Heartfile cannot make payments in US dollars. The Finance Committee developed a selection matrix for evaluating the financial bids. Alongside, the technical subcommittee consolidated queries by the Finance and Technical Committees for the shortlisted bidders. These queries were not shared with the bidders beforehand. Heartfile had scheduled video

conferences with the four shortlisted bidders based in Canada, United Kingdom, Sweden and United States and comparative minutes of these discussions with be shared with the members of the Technical Committee.

The second meeting of the procurement related Technical Committee for the project met on August 26 to open and review the bids. In addition to the 100% quorum, two new members were added to the Technical Committee: one from the Health Communication Component of USAID's MCH Program; the other is an independent investigative journalist. Out of the total nine submitted bids during the reporting quarter, four were shortlisted by the Technical Committee on the basis of experience, past achievements, innovation, capacity to deliver, etc. The Technical Committee formed a subcommittee with a mandate to draft specific questions relating to the legal status, payment modalities, dissemination strategy, and intellectual property issues to the shortlisted bidders, requesting a detailed presentation and time slots for video conference sessions.

IR 3.2 Improved Management Capacity at Provincial and District levels within the Health Department

3.2.1 Provide Technical Support to Design and Develop Capacity Building Strategy

Capacity Building Strategy

The technical support provided through the Health Systems Strengthening Component to DOH to develop the Capacity Building Strategy completed the assessment from the district and provincial DOH and PWD and conducted a thorough consultative process involving all the vertical programs (Malaria Control Program; Hepatitis Prevention and Control Program; TB Control Program; EPI; MNCH Program and National program on PHC and Family Planning) Managers and District teams of Health (on 25th and 26th August 2014), Population Welfare and PPHI of five districts, i.e., Thatta, Dadu, Tando Allah Yar, Tharparkar, and Khairpur, to further explore existing capacity issues/potential areas for capacity building and finalize the assessments. The process also included capacity assessments of the Provincial and the District Health Development Centers so that gaps are identified and prioritized as part of the Strategy for these Centers to become Continuing Education Cells for addressing pre-induction and in-service training needs of DOH. The draft assessment of the Capacity Building Strategy was shared by the team of one international consultant Ms. Judith Oki, two national consultants, Dr. Asma Bokhari and Dr. Akhund Haider and Ms. Zehra Ijaz, research associate for JSI Boston Office, for review and feedback. The review has been shared and the final draft will be shared with USAID for feedback in second half of November. The goal of the assessment was to identify the current capacity (strengths and weaknesses) of the public health system in Sindh, based on the six health system building blocks defined by the World Health Organization and linked to the strategic plan of the province.

The delivery of health and population welfare services in Sindh is carried out through a network of DOH and PWD facilities which are managed largely by districts. PPHI is contracted by DOH to manage BHUs, the first level of care in the province. Assessing the capacity of the health system therefore meant assessing the capacities of these entities at their headquarters and district levels, as well with small sampled service delivery facilities. The report provides the background and context for the assessment, the methodology, findings, and recommendations for future action. The intended end product of the assessment process is a strategic plan that includes an M&E framework and an operational plan for the first year. The strategy and operational plan will be developed through a participatory process that engages stakeholders in defining strategic goals and actionable operational plans. M&E of the strategy will provide management information that can be used to adjust approaches and contribute to the body of knowledge regarding capacity development - the submission of the draft Capacity Development Strategy is dependent on a subsequent trip of the International Consultant to Pakistan for involving all stakeholders in a consultative process for the needs mentioned above; however, the international consultant leading the assignment had difficulties in visa approval resulting in delay of her travel to Pakistan. The visa has been processed and she is expected to arrive in Pakistan for the final inputs stocktaking from the stakeholders.

The capacity assessment was carried out in six districts (Jacobabad, Thatta, Tando Allah Yar, Dadu, Khaipur, and Mithi) and the capacity building strategy will be developed based on the findings of the assessment. We do not expect any difference in the remaining districts. However, for building ownership of the district managers, HSS Component will carry out assessments in the remaining districts as part of the health facility assessment activity planned for Project Year 3. The project will update the capacity building strategy based on the findings of these additional assessments, if needed.

Systems Level

As part of developing a capacity building strategy for DOH and PWD, JSI's consultants facilitated completion of self-assessments of DOH, PWD, and PPHI staff at the provincial, district levels during the reporting period. The facilitated self-assessment process was used in an effort to engage greater number of staff and will, it is hoped, result in greater ownership of the findings and engagement in the development and implementation of the capacity building strategy and plans that emerge from the overall process.

The self-assessment process was facilitated using quantitative tool and selected qualitative questions. The preference for the self-assessment was to have a group of respondents to promote a shared understanding of the process and broader ownership of the results. The self-assessments at the provincial offices of DOH, PPHI, and PWD were completed in early July 2014. The district and facility assessments were conducted from July-August 2014 with the vertical programs completed in late August. A total of 38 assessments were conducted. Details are provided in the table below.

Table 4: Number of Assessments by Office

Level and Entity	Number of Assessments
Provincial DOH, PPHI, PWD	3
Vertical Programs, Provincial	6
District Offices of DOH	6
District Offices of PPHI	6
District Office of PWD	3
Facilities*	14
Total	38

(*District headquarters hospitals, Tehsil headquarters hospitals, BHUs, Family Welfare Centers)

Results of the assessments were analyzed in two ways. At the quantitative level, scores were compiled per assessment to produce a percentage score per building block and overall for the assessed unit. Additionally, these quantitative reports have been grouped by organization so that DOH, PWD and PPHI can review and reflect on their internal capacities at the provincial, district and, to some degree, facility levels.

JSI's consultants will submit draft of the capacity building strategy to JSI during the next quarter.

Individual Level

The selection process of the first batch of students for Masters of Science in Public Health was completed during this quarter. A representative of the Health Services Academy presented the results of the written tests and interviews of the 51 applicants in a meeting of the Capacity Building Oversight Committee held on July 26 in the office of the Director General Health Services, Hyderabad. After discussing the results, the Committee decided to present the list of the successful candidates to Secretary Health before according formal approval.

On September 30, the Health Services Academy issued formal admission letters to the 30 successful candidates who will start classes on October 13, after the Eid holidays. DOH will grant leave to 27 of its staff selected for Masters of Science in Public Health while PWD will do so for four of its staff.

3.2.2 Provide Technical Support to Improve the Quality of District Health Information System (DHIS) for Evidence-based Decision-making

As reported in the last quarterly report, the Health Systems Strengthening Component held a meeting with the Director General Health Services as part of activities to improve DHIS implementation and it was agreed that hands-on support will be provided through DHIS experts to health facility staff on recoding the profile of clients, consolidating and reporting monthly performance reports, LMIS reporting, and displaying indicators data, and use of information for decision-making. In addition to the facility staff, DHIS experts will also provide technical support to district level staff in consolidation of monthly reports, calculations of indicators, preparation of data for presentation in DHPMT meetings, and support them to use the data for evidence-based decision-making.

During the reporting period, the Health Systems Strengthening Component provided hands-on support to the selected five districts, namely, Tharparkar, Tando Allah Yar, Thatta, Dadu, and Khairpur. The hands-on support entailed brief orientation of Medical Superintendent/facility in-charge and training health facility staff in filling the relevant DHIS tools correctly and understanding DHIS indicators, coaching of health facility focal person on DHIS data quality checks, preparation of DHIS monthly reports correctly and use of information, and orientation of health facility in-charge about data quality, data accuracy, report completeness, and use of information for decision making. DHIS data accuracy was checked using Lot Quality Assurance Sampling. Table 5 on the next page gives the number of facilities visited and the staff trained during hands-on support activities for improving DHIS in the selected districts during the reporting quarter.

Table 5: Summary of Hands-on Support Activity

Sr. #	District	Number of Health Facilities Visited	Number of Staff Trained on DHIS
1	Dadu	13	126
2	Thatta	14	136
3	Tharparkar	6	62
4	Khairpur	14	106
5	Tando Allah Yar	6	47

Two significant challenges noted during hands-on training were a lack of routine monitoring of DHIS tools by DHIS Coordinators and DHIS tools were neither being filled properly nor by the relevant staff. The project shared these concerns with the Director General Health Services in a meeting.

To overcome these challenges, the Health Systems Strengthening Component took the following measures:

1. Follow up visits: This activity included:
   - Review and discussion on availability of tools, correct filling of tools, and definition of indicators with health facility staff.
   - Coaching of health facility focal person on DHIS data quality checks, preparation of DHIS monthly report correctly, and use of information.
   - Discussion with health facility in-charge about data quality, data accuracy, report completeness and use of information for decision-making, and conducting monthly meetings of health facility staff.
2. Software Training on DHIS: This training has been completed.
3. Basic DHIS training for district DHIS Coordinators held September on 18-19.

3.2.3 Provide Technical Support to Strengthen Knowledge Management of DOH

JSI worked closely with DOH to finalize the text and layout of the second issue of the e-bulletin which was published in this quarter. Upon the request of DOH, the name of the e-bulletin was changed to “Sindh Health Bulletin”. The content of the second issue of the Sindh Health Bulletin included the following:

1. Message from Secretary Health
2. Message from Director General Health Services
3. Update on Major Initiatives of DOH
   - Regularization of Lady Health Workers
   - M&E Cell at Directorate General Health Services
   - Web-based DHIS and Dashboard
   - Operational Plan of Health Sector Strategy
   - Essential Package of Health Services for Primary Health Care


SINDH HEALTH BULLETIN

DEPARTMENT OF HEALTH, GOVERNMENT OF SINDH

Editorial Board

Message from Secretary Health

Message from Director General Health Services Sindh

Regularization of Lady Health Workers

4. District-wise Communicable and Non-Communicable Diseases Reported During April-June 2014
5. Antenatal Care Quality and Timing of First Visit is Important
6. Population Projections for Pakistan, 2010-2050
7. Contraceptive Commodities and Logistics Management Information System (LMIS)
8. District Action Planning
9. DHPMTs

3.2.4 Provide Technical Support to Institutionalize Medium Term Budgetary Framework (MTBF)

After taking the necessary guidance form the Economic Reforms Unit of the Finance Department, GOS, HSS Component engaged in the following activities so as to roll out the MTBF within the allotted timeframes of the budgetary cycle:

1. Revising DAPs 2014-15 in light of the discussion and decisions taken in the meeting with the MTBF Cell in Economic Reforms Unit of the Finance Department on August 27 and with Contech in Lahore on September 4-5.
2. Initiating completion of MTBF cost center data for Karachi for inclusion in DAPs 2014-15.
3. Initiating calculation of rough estimates for cost centers for appraising the Finance Department before the budget call circulars.
4. Initiating the process of DAPs 2015-16. This involved:
    - Reviewing Sindh Health Sector Strategy and the Operational Plan and analyzing the projected cost for the different outcomes/outputs/strategic actions of the Strategy/Operational Plan;
    - Reviewing organizational structure, policy objectives, strategic plans, key activities and interventions, number, size and geographical disbursement of DDOs;
    - Conducting an analysis of business process (budgeting, planning, and execution) flows to cater the needs of MTBF; and
    - Conducting an analysis of original budget, revised budget, and actual expenditures for previous years for trend analysis and to provide evidence for 2015-16 MTBF allocations alignment. This will determine the preliminary budget ceilings by the Finance Department and finalization of MTBF for the Budget Call Circular.
5. Selecting Cluster Coordinators for M&E of all activities, including DAPs and DHPMTs.

3.2.5 Provide Support to Enhance the Capacity of the DOH to Implement HRH Plan

This activity still pends the approval of the HR Strategy under review by the DOH; once this is formally approved/announced by DOH, the activities can be rolled out in the next quarter.

In addition, the Health Systems Strengthening Component, on request of DOH, initiated a technical assistance in the last quarter to support DOH for the separation of the General Cadre doctors from the Management Cadre to realign the management system of DOH to its Health Sector Strategy, and bring efficiency in the functioning of DOH by positioning the Management Cadre doctors on management positions. This will also provide a career path structure and non-monetary incentive to the public health post-graduates. This technical assistance carried an in-depth literature review and undertook thorough consultations with the stakeholders in addition to reviewing the separation of the cadres implemented in Punjab and Khyber Pakhtunkhwa and has recommendations with guiding directions and actions to be taken by DOH Sindh to implement this initiative. The Health Systems Strengthening Component carried an extensive review of the draft shared by Dr. Akhtar Rashid (the consultant working on this assignment) and has shared the feedback. The final draft for review of USAID and the DOH Sindh will be made available in the first week of November.

3.2.6 Strengthen M&E of Routine EPI in Sindh

During the reporting quarter, RSPN continued activities related to the strengthening of M&E of routine immunization in areas not covered by LHWs in Jacobabad, Kashmore, Tharparkar, and Thatta districts. Four additional Union Councils were added in Tharparkar district, increasing the total number of target Union Councils in these four districts to 93. This includes 24 Union Councils in Jacobabad, 22 in Kashmore, 34 in Tharparkar, and 13 in Thatta. Details are provided in Table 6 below.

Table 6: District-wise Detail of Population Not Covered by LHWs in Target Union Councils

Name of the District	No. of Union Councils with LSOs	Total Population	Total LHWs	Population Covered by LHWs	Population Not Covered by LHWs	Non- LHW Covered Villages/*Basties*/in Union Councils
Tharparkar	34	860,193	462	415,012	415,181	981
Jacobabad	24	644,423	246	199,781	453,264	1,380
Kashmore	22	415,678	267	204,649	211,029	9,10
Thatta	13	374,570	405	142,450	232,120	1,012
Total	93	2.294,864	1380	961,892	1,311,594	3,373

RSPN's project staff organized monthly meetings of 10 UCHCs and 83 Local Support Organizations (LSOs) to discuss the status of EPI coverage and the importance of vaccination. They also discussed the role of community in providing support to EPI to improve routine vaccination coverage. The project staff helped the newly added LSO members to understand the process of registration and provided them the formats for the registration of target groups (0-23 months' children and pregnant women).

During the reporting quarter, RSPN completed the registration of children (0-23 months) and pregnant women in 89 Union Councils; however, all target LSOs and UCHCs will keep on registering new births and pregnancies on monthly basis and will share data with EPI teams. To ensure that EPI program operates on clean, correct, and useful

data, RSPN teams in all four districts started a process of validation of registered target groups. District-wise details of registration of target groups (after validation) are given in Table 7 below.

Table 7: District-wise Details of Registration of Target Groups During July-September

Districts	Total Non LHWs-Covered Population	Expected Target Group		Actual Target Group Registered- July- September		
		0-23 Months Children @5% of Total Population	Pregnant Women @8% of total Married Women Reproductive Age (15-49 Years)	0-23 Months Children	Pregnant Women	New Births
Tharparkar	415,181	20,759	5,314	6,506	1,841	132
Jacobabad	453,264	22,663	5,802	5,176	2,014	116
Kashmore	211,029	10,551	2,701	512	239	84
Thatta	232,120	11,606	2,971	6,763	1,268	34
Total	1,311,594	65,579	16,788	18,957	5,362	366

Provision of vaccination services is the responsibility of the EPI program. RSPN shared the registration data with DHOs and EPI Coordinators in all four target districts and requested them to send vaccinators to target villages for vaccination and also offered the support of LSOs and UCHCs to gather the registered women and children. According to EPI office, it did not have the budget for the mobility of vaccinators in rural areas and was, therefore, unable to send vaccinators in the target Union Councils. It also said it would send vaccinators to field if RSPN could provide transport for them.

RSPN has three to four Field Assistants for each target district to work on EPI support and their main responsibility is to work with LSOs and UCHCs on registration, create community awareness for vaccination, and harness community support for vaccination of target groups. Keeping in view the request of EPI, RSPN, in consultation with JSI, decided to provide transport support to vaccinators. For this purpose, it was agreed that RSPN's Field Assistants will pick up the vaccinators from the relevant EPI Center, take him to three to four locations on daily basis to carry out vaccination, and then drop him back at the EPI Center. By following this practice, RSPN provided mobility support to three to four vaccinators on a daily basis in each of the four target districts. As the EPI program was not able to send all the vaccinators to field and with limited support from RSPN, the EPI program could not cover all the women and children registered by RSPN for vaccination.

However, after a review meeting between JSI and RSPN, RSPN stopped providing pick and drop to EPI vaccinators as it was not part of the agreed upon role of RSPN under the Health Systems Strengthening Component. The provision of vaccination services is the responsibility of EPI and it should ensure all resources, including the mobility cost for the vaccinators. JSI and RSPN have prepared a responsibility matrix for EPI support activities. This matrix (see Annex 4 for details) reflects the responsibility of RSPN for community mobilization, JSI for technical support, and provincial and district EPI offices for service delivery. JSI will share this responsibility matrix with Provincial EPI office for

the agreement of the latter. Table 8 shows the actual registration of target groups and number of children and women covered for vaccination during the reporting period.

Table 8: Status of District-wise Registration of Target Groups after Validation as of September 30, 2014

Districts	Total Non-LHWs Covered Population	Expected Target Group		Actual Target Group Registered			Vaccination of Target Groups	
		0-23 Months children @5% of Total Population	Pregnant Women @8% of Total MWRA (15-49 Years)	0-23 Months Children	Pregnant Women	New Births	0-23 Months Children	Pregnant Women
Tharparkar	415,181	20,759	5,314	18,724	4,466	132	4,789	2,132
Jacobabad	453,264	22,663	5,802	18,550	6,890	116	2,805	820
Kashmore	211,029	10,551	2,701	13,460	5,028	84	3,377	882
Thatta	232,120	11,606	2,971	10,550	1,850	34	910	210
Total	1,311,594	65,579	16,788	61,284	18,234	366	11,888	4,044

RSPN's project team had meetings with EPI staff at the BHU/EPI and district levels in the four target districts and updated them about the registration process and for preparation of micro plans of routine immunization. (Micro plans are essentially the work plans used by EPI for vaccination and include the names of the locations/*basties*, total households, target children and women and responsible person for coverage.) JSI's EPI Consultant provided technical support to project teams and facilitated coordination meetings with EPI staff in Thatta, Jacobabad, Tharparkar and Kashmore.

IR 3.3 Strengthened Public Private Partnerships

3.3.1 Provide Technical Support to Explore Options and Health Care Financing Mechanisms to Address Equity and Coverage of Health Services

On August 20, the Health Care Financing Working Group of USAID's MCH Program held its fifth meeting which was attended by MCHIP/Jhpiego. MSS, USAID | DELIVER, JSI, and Heartfile. The Working Group discussed voucher schemes and health equity funds. The Working Group decided to define a roadmap for coordinated and effective implementation, thereby avoiding any duplication and/or overlap for initiatives such as vouchers and health equity funds so that DOH can be assisted in establishing a PPP Node and management of performance-based contracts.

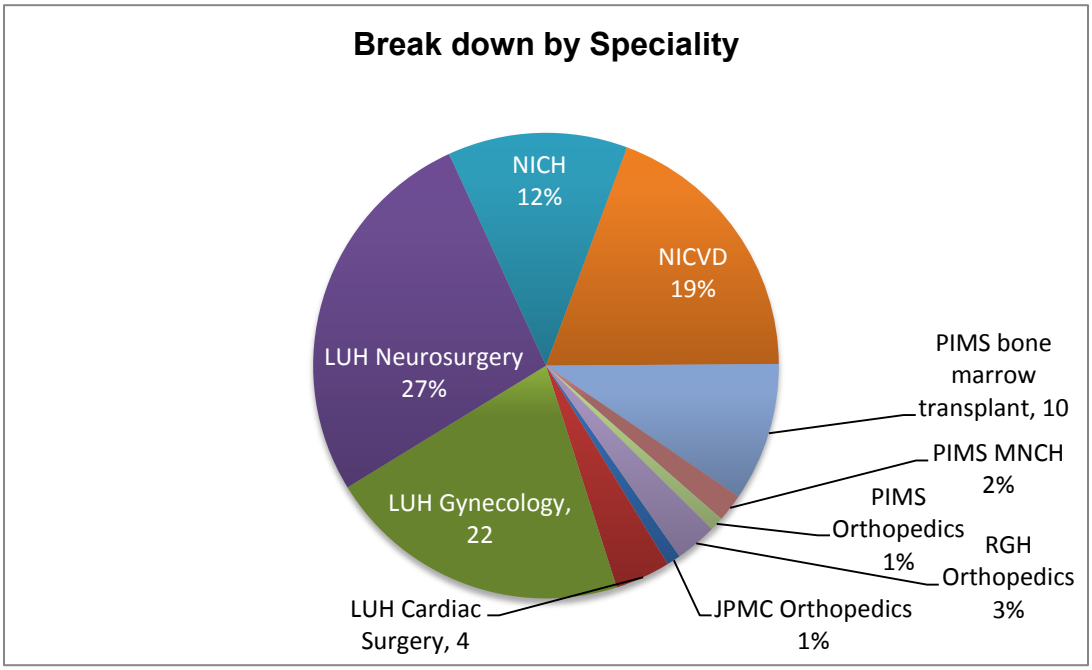
The Working Group recommended that a meeting on "Budget and Governance" should be organized by HSS Component under its parliamentarians' initiative.

3.3.2 Provide Technical Support to Scale up Supply Side Health Equity Model in Sindh

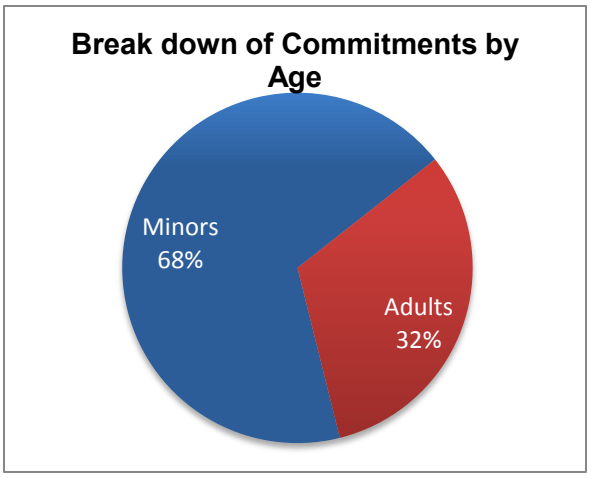
Heartfile Health Financing (HHF)

During the reporting quarter, HHF made a total of 104 commitments worth Rs. 5,644,650/ for poor patients, the highest both in number and quantum of commitments since the start of HSS Component. Break down by specialty, age, gender, and amount in rupees are given below.

Figure 3: Number of Cases Committed for Support in Respective Wards During July-September 2014 through HHF



Figures 4 & 5: Age and Gender-wise Break down: Number of Cases Committed for Support in Respective Wards during July-September 2014 through HHF



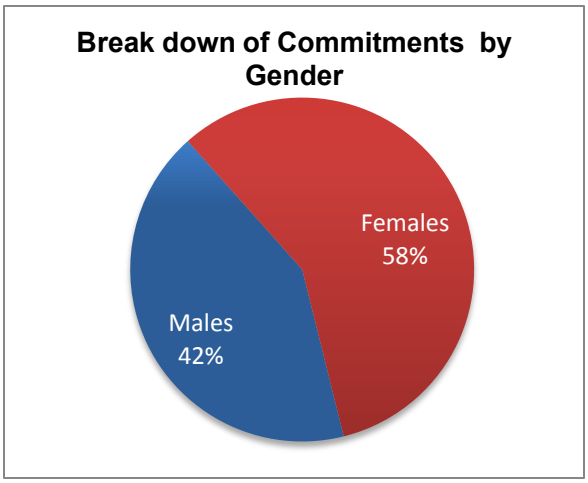
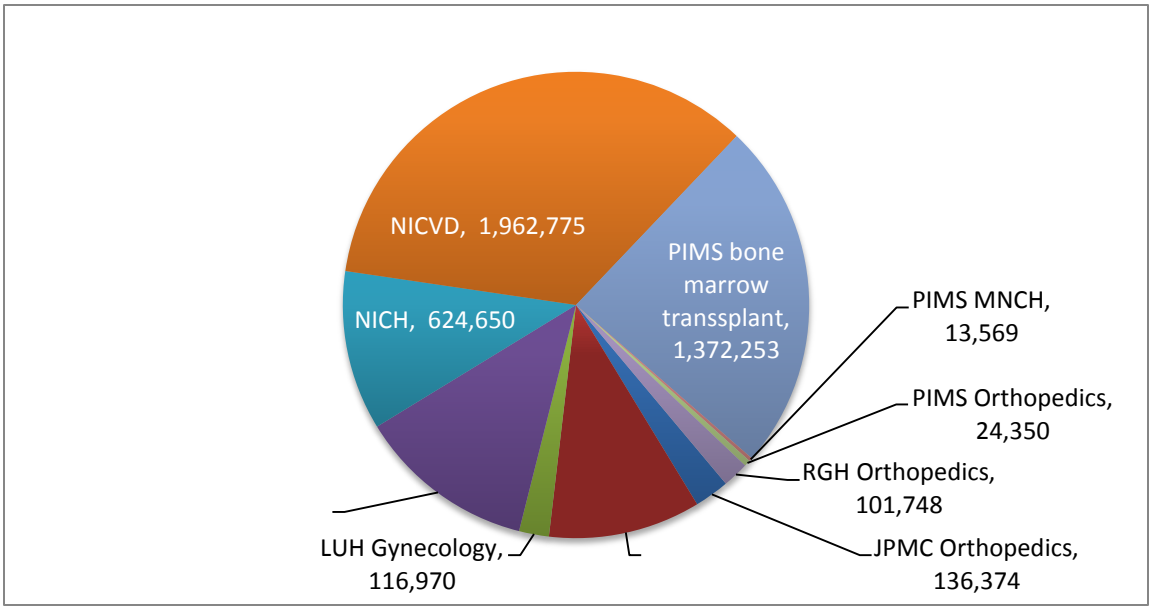


Figure 6: Break down of Assistance Amount by Specialty Committed for Support in Respective Wards during July-September 2014 through HHF



Meetings/Workshops at HHF Registered Units

The pediatric surgery unit at Children's Hospital, Pakistan Institute of Medical Sciences (PIMS), Islamabad, requested for an expansion of the treatments covered by HHF. The unit wanted to include several investigations such as ultrasound and laboratory diagnostic related to nuclear medicines part of HHF coverage. The unit is also carrying out pediatric orthopedic surgeries for which it wanted HHF support. A meeting was held on September 18 at the pediatric surgery department of Children's Hospital to discuss:

a) New diagnostics to be supported by HHF
b) Nomination of vendors for
   - Regular surgeries in PIMS pediatric surgery
   - Orthopedic surgeries in PIMS pediatric surgery

- Diagnostics
- Ultrasound

c) Finalization of orthopedic surgery packages

It was decided by both HHF and the respective unit head to initiate the process of registering the requested diagnostics.

The orthopedics unit of PIMS operates two on-the-ground teams, referred to as team A and team B. Both teams have been involved with the HHF program. However, both distinct teams were registered and treated as one entity in the HHF program which generated a good deal of issues and complications at HHF office as well as for the participating unit as well. To address this, a meeting was convened at PIMS orthopedics where it was decided by both HHF and the unit head to decouple both the teams into separate units at HHF program level.

The West Medical Wing of bone marrow transplant unit at Children's Hospital, PIMS Islamabad, wanted to participate in the HHF program. Previously they were routing their service requests through the registered facility of PIMS bone marrow transplant unit. However, due to reasons similar to the scenario described in the preceding paragraph, the doctors at West Medical Wing requested for a direct enrollment in the program. Heartfile organized a workshop at the said ward where the doctors were given the necessary project orientation and training by Heartfile. The unit was registered in the HHF system and we are currently awaiting their duly filled 'Needs Assessment Tool' developed by HHF for ascertaining the needs of a prospective participating unit.

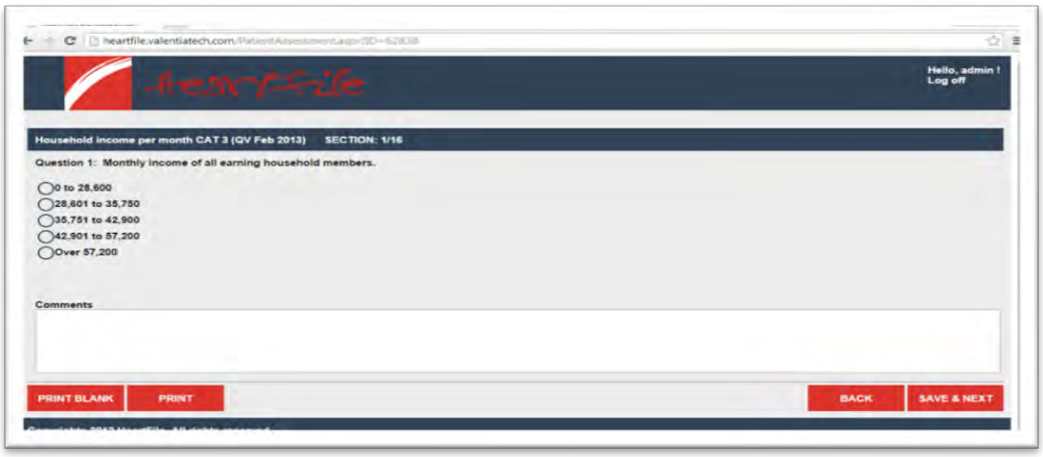
Development, Testing, and Implementation of mHealth Modules

In 2013, Heartfile commissioned work on upgrading its core HHF technology to cater for the challenges in the MNCH arena and for the increased fiduciary oversight. Heartfile's technology partner, Valentia Technologies, programmed the module over the reporting quarter which is being made available to Heartfile module-wise for user acceptance testing which is currently ongoing. As an example, a before-after comparison is given in Figures 6 and 7 on the next page, illustrating change in the modalities of the poverty assessment tool. Previously poverty assessment was conducted on a paper-based poverty assessment tool. After the deployment of the upgraded technology module, poverty assessment will be done online through a web-interface, which will change a cumbersome process to a step that is both easily manageable and allows for mobility thus saving time as well as quality enhancing and transparent.

The upgraded module also contains an automatic synchronization mechanism to Sync our mHealth module to the core Financial Management system (Sage 50™) deployed at Heartfile. This should help achieve an even tighter control and fiduciary oversight over the money entrusted to HHF program by its donors.

Figure 7: Old Poverty Assessment Tool

Figure 8: New Web-based Assessment Tool



3.3.3 Provide Technical Support to Improve Stakeholder Coordination to Strengthen Health Systems

DHPMTs serve as a technical oversight body and provide the opportunity for developing it into a forum for inter-sectoral coordination at the district level. A DHPMT provides a platform for sharing and exchanging views, information, experiences, and resources for improving health system at the district level. HSS Component is providing technical support through Contech at the district level to utilize this important forum to improve coordination between various projects, programs and department working on health, population and development issues.

During July-September 2014, DHPMT meetings were conducted in 22 districts, namely Hyderabad, Jamshoro, Tando Allah Yar, Tando Muhammad Khan, Matiari, Thatta, Badin, Sanghar, Tharparkar, Umerkot, Mirpur Khas, Shaheed Benazirabad, Nausharo Feroze, Khairpur, Sukkur, Ghotki, Kashmore, Jacobabad, Shikarpur, Larkana, Kambar Shahdadkot, and Dadu. The DHPMTs discussed local health issues, needs, etc., and with the participation of other stakeholders at the district level, including representatives from the Department of Education, PPHI, PWD, community representatives, and suggested workable solutions.

3.3.4 Provide Technical Support to Jacobabad Institute of Medical Sciences (JIMS) to Maximize Effectiveness and Efficiency of its Board of Governors

HSS Component initiated support for the development of a Business Plan for JIMS towards the end of this quarter. An inception report was shared with USAID for its review and feedback. The final draft of the Business Plan will be available during October-December quarter. The objective of this assignment is to prepare a five year strategic business plan (2014-2019) for JIMS which will outline JIMS mission statement, conduct a SWOT analysis to determine the best opportunities, set goals, ascertain key performance indicators, conduct cost benefit/competitive market analysis, and determine the financial projections for JIMS in such a way that it becomes a viable entity, optimizing services, improving the financial sustainability, and providing quality health care services to the people.

HSS Component drafted Terms of Reference for the development of an Operational Manual for JIMS and shared with USAID for its review and approval. After incorporating USAID's inputs, the process of hiring a consultant was started who will start in October. The objective of this assignment is to prepare standard operating procedures (SOPs)/operational manuals containing policy and procedures. These tools will provide an objective format for professional staff, administrators, paramedics, nurses, junior doctors, patient care to conduct business at JIMS, as well as outlining the working relationships of different departments and sections of the hospital ensuring a professional, smooth, and sustainable system within JIMS. The SOPs will provide a reference check for quality assurance, and will help the hospital team obtain ISO 14000 certification. It will define that "what" and "how" of operations (i.e., institutional affairs, management and governance related undertakings with a range of key measures and indicators; performance based planning, implementation and evaluation). The outcome of this assignment is to ensure JIMS develops and adopts standards that meet with quality health care services standards commensurate with ISO/international standards and the overall vision of the Institute.

IV. Coordination

Coordination with DOH and PWD

HSS Component met DOH officials, especially the Director General Health Services and his staff, on a regular basis. These meetings proved vital in moving forward the ongoing initiatives of HSS Component such as improving DHIS, strengthening M&E of EPI, etc. The project also held meetings with PWD to explore PWD's needs for technical assistance. The meetings with the Finance Department, especially the Economic Reforms Unit, helped in improving the coordination between HSS Component and the Finance Department to prepare budget for the 2015-16.

Coordination with USAID's MCH Program Partners

From August 5-8, HSS Component participated in "MCH Program Year Three Retreat" in Karachi which was organized by USAID. In addition, JSI's and staff of its consortium partners participated in meetings of M&E and Behavior Change Communication (BCC) Working Groups. JSI also organized the fifth meeting of the Health Care Financing Working Group, which it chairs.

At the district level, RSPN's district teams held coordination meetings with the District Focal Persons of MCHIP/Jhpiego to share monthly work plans of RSPN's activities and details about the VHCs being fostered by them in the target Union Councils. During these meetings, MCHIP/Jhpiego shared a list of its MNCH Centers established by them in the same Union Councils where RSPN is working as part of HSS Component.

V. Monitoring, Evaluation, and Reporting

The M&E activities related to DHIS, DHPMTs, and strengthening M&E of routine EPI are provided in the relevant sections on the preceding pages. JSI submitted 13 weekly activity reports and a quarterly report to USAID during the reporting quarter. JSI also held review meetings with its three consortium partners, Contech International, RSPN, and Heartfile. In addition, JSI and RSPN's Karachi and Islamabad based staff attended meetings of VHCs, UCHCs, and DHN to monitor activities and verify records. RSPN's Islamabad based Chief Executive Officer attended a VHC meeting in Thatta.

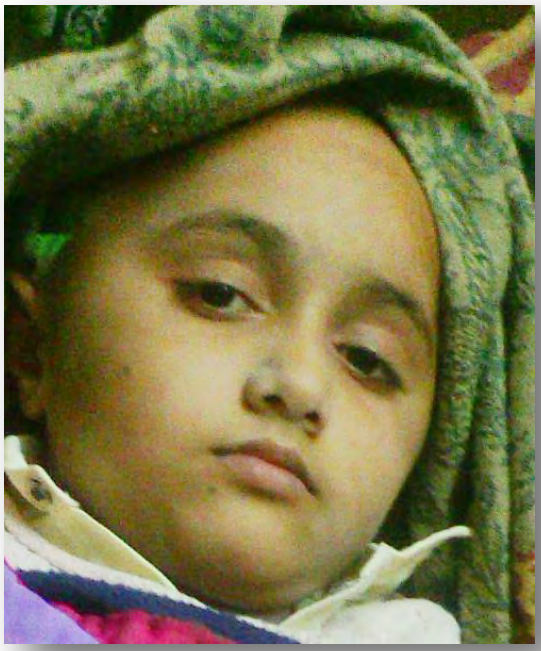
On August 20, Dr. Sania Nishtar, President Heartfile visited JSI's Karachi office as part of improving coordination between the two consortium partners. She also visited the registered facilities of National Institute of Child Health (NICH), Karachi, and National Institute of Cardiovascular Diseases (NICVD), Karachi, to discuss project activities and ongoing progress. To improve coordination between Heartfile's central office in Islamabad and the HHF representation at remote sites, participation via skype has been made mandatory for all remote staff in all morning meetings held at Heartfile's Islamabad office.

Success Stories

Three "Helps"

First Help

Hailing from a remote village of Tehsil Kotri in Jamshoro district, Abdul Raheem, six years of age, belongs to an economically disadvantaged family of five. He was about two years of age, when his father succumbed to the grossly adverse economic conditions he faced and took his life, thereby transferring all the economic burdens onto his unskilled widow, a mother of four minors. Determined not to expose her children to the torments of orphanage, the mother carried on with what remained of her family. Lacking any professionally employable skills, she started working as a daily wage-earner on agricultural lands earning as low as less than $2 a day.



The hardships of the family were far from over when another disaster struck the family. Roughly around the age of 4, Abdul Raheem started having dizziness, fever, and episodes of loss of consciousness. The family hovered from health facility to health facility in their local area to get Abdul Raheem treated but his symptoms worsened with the passage of time and his condition became critical. He was referred to the neurosurgery unit of Liaquat University Hospital (LUH), Hyderabad, an enrolled unit in Heartfile Health Financing under the Health Systems Strengthening Component of USAID's Maternal and Child Health Program. There Abdul Raheem was diagnosed with Hydrocephalus with post fossa tumor. The family, with monthly earnings of less than $40 a month, had already spent Rs.20,000 (about $200) on the treatment of Abdul Raheem. Of this, Rs.10,000 (about $100) was borrowed from various sources, and two goats for household milk consumption were sold in the process to raise money.

Having exhausted all they had, the diagnosis Abdul Raheem received at LUH and the associated surgery cost stood at Rs.25,000 (about $250). Abdul Raheem's mother was not able to apply for funding from the slow and inefficient state-sponsored funding agencies such as Pakistan Bait ul Maal.

Fortunately, Abdul Raheem's case was attended by a doctor at LUH neurosurgery ward who happened to be the focal person for an efficient, transparent, and time sensitive private sector Bait ul Maal alternative called Heartfile Health Financing (HHF) being funded by USAID.

A financing request for Ventriculoperitoneal Shunt was sent to HHF program by the registered Service Requesting Individual, Dr. Suhail of LUH's neurosurgery unit. The

program swiftly responded by mobilizing a socio-economic poverty assessor within hours who assessed the socio-economic status of the poverty stricken family for financial assistance. The financing request was approved within three working days for full coverage of the cost of surgery. Abdul Raheem was operated at LUH neurosurgery unit and the cost of surgery was underwritten by USAID through its Health Systems Strengthening Component.

Second Help

After the successful operation at LUH neurosurgery unit, the poor family was faced with another near catastrophic expenditure of post-operative care and medicines. Since the only bread winner of the family was attending to her son at the hospital, the patient's other two siblings aged seven and five were without care and food. The poor family had literally migrated in totality to the hospital to stay close to their mother since they happened to have no other care-giver. The mother was finding it very hard to put a square meal on the table, let alone provide for the post-operative medicines required for Abdul Raheem. She did not know that additional help was just around the corner.

When HHF contacted the family to confirm if they had received free surgery (which is routinely done at HHF for all patients who have qualified for assistance from the program), the mother burst into emotions and voiced her inability to afford post-operative care for Abdul Raheem and requested for some help, not knowing that the program had a special provision for cash assistance to already financed patients in dire situations. A cash assistance request of Rs.10,000 (about $100) was registered and eventually approved for Abdul Raheem. The money was transferred to the patient's mother though easy paisa Transaction ID: 522 536 707 which the mother readily cashed to support the post-operative care for her operated son and daily subsistence for her entire family. The family somehow managed the situation and went back home with Abdul Raheem healing from a painful disease.

Third Help

Abdul Raheem, few months after his VP Shunting procedure at LUH, developed another disease requiring Urethroplasty (Hypospadias major). This time the family landed in the National Institute of Child Health (NICH), Karachi. They were asked to arrange for Rs. 15,000 ($150) for surgery. They did not have the required money. Unknown to the patient's family, NICH is registered with HHF program for providing assistance to poor patients. The focal person at NICH, Dr. Nasir Saleem Saddal, forwarded a financing request to HHF, not knowing the patient was already registered with HHF. When the HHF program's socio-economic verifier based in Karachi came to assess the patient, the family could immediately recognize the red file and Heartfile logo and felt no hesitation in disclosing that they had been previously helped by the same program. However, the Karachi verifier completed the fresh poverty assessment and duly completed all formalities. The third financial assistance request was decided on merit as usual and finally approved at HHF. Abdul Raheem was financed by HHF a third time with all the costs underwritten by the Health Systems Strengthening Component of USAID's Maternal and Child Health Program.

Communities Play a Vital Role in Creating Demand for Child Immunization

The Kharo Chhan Union Council of district Thatta is a unique area. Located some 70 kilometers from the nearest city and with a total of 228 villages, Kharo Chhan has a coastal ecosystem; it is part of the arid zones of Indus Delta with a subtropical climate consisting of creeks and mangroves. The villages are not easy to access; a boat has to be taken across a creek, and this takes a few hours.

The village Khamiso Khaskheli in Kharo Chhan is one of those villages in rural Sindh which is deprived of all basic facilities of modern life, such as roads, phones, health centers, schools, and electricity. Therefore, knowledge regarding modern health care was almost non-existent. This was even more so in the case of immunization – the residents of the village had never been visited by a vaccinator or a Lady Health Worker who would have educated them on health issues and provided basic health services, including immunization.

When RSPN began working with rural communities in Thatta to increase their access to health care as part of the Health Systems Strengthening Component, their first task was to raise awareness about the importance of immunization. The Local Support Organization working in the Union Council registered all pregnant women and children under the age of two years, and then conducted awareness raising sessions to educate the people of Khamiso Khaskheli about the need for immunizing mothers and children. As a result, the community members started to think seriously about immunization and realized that this was something that they needed for the better health of children and women. RSPN's field staff in Thatta also coordinated with Government of Sindh's EPI staff and arranged a vaccination program in the village where all 24 children under the age of two years were immunized.

Remote villages such as Khamiso Khaskheli often go unserved by the government's health workers because they are difficult to reach. However, when local communities are empowered with awareness regarding healthcare and are motivated to seek health services, they can work together through their Local Support Organization to obtain their basic right, as they did in Khamiso Khaskheli.

VI. Issues and Challenges

Heartfile's online system with NADRA has been non-functional for the last five months and NADRA has not been responsive in restoring the connection due to internal governance issues at NADRA. However, this has not posed risk for ascertaining patient's eligibility due to the robustness of the assessment questionnaire and overall process. Heartfile has received repeated requests from LUH Hyderabad and JPMC Karachi to provide financial assistance for male patients particularly in the orthopedic ward.

HHF program has been facing issues with the supply of Anti D injections in the gynecological units of LUH and is working out a mechanism to streamline the demand/supply of this particular lifesaving injection for poor patients.

Seasonal migration is common in agricultural areas of Tharparkar and Umerkot districts. People move to other areas during harvesting season in search of work. Due to this migration, meetings of 47 VHCs were not organized during the reporting quarter.

EPI offices in the four target districts do not have resources to provide mobility support for its vaccinators; as a result vaccinators are unable to go to field to conduct vaccination activities which means vaccination of target groups remained very slow. Law and order situation in three target Union Councils of Kashmore district remained unfavorable for field activities; hence EPI-related activities were not initiated in those Union Councils.

RMNCH Steering Committee meeting could not be held mainly due to the vacant position of the Chief Health Sector Reforms Unit who is the Member Secretary of RMNCH Steering Committee.

VII. Activities Planned for Next Quarter

- Finalization of capacity building strategy.
- Finalization of manifesto study.
- Selection of successful bidder for the documentary on *Choked Pipes*, contract drafting with the help of JSI's Home Office, ongoing deliberations on logistical, finance, and administrative issues with the successful vendor, and initiation of pre-production plan.
- Provide community level support to EPI Program for routine immunization of registered women and children in four districts.
- Distribution of 550 motorbikes to strengthen routine EPI activities.
- Support to DHPMTs.
- DHIS hands-on practice in five selected districts.
- Advocacy meetings with parliamentarians.
- Orientation of Cluster Coordinators.
- Preparation budget on MTBF format.

- Preparation DAPs for 2015-16 in line with the Provincial District Action Plan.
- Initiation of selection of candidates for the second batch for Masters of Science in Public Health.
- Selection of institution and enrollment of DHOs in short courses on management.
- Support to Khyber Pakhtunkhwa MCH Indicator Survey.
- Develop Rules of Business and Operational Manuals for JIMS.
- Provide support to USAID for the formal inauguration of JIMS.

VIII. Annexes

Annex 1: Annual Report October 2013-September 2014

This section contains highlights of main activities of the Health Systems Strengthening Component during Project Year 2. These included: technical support to DHPMTs to establish routine performance review; preparation of DAPs by 22 District Health Departments with guidance and support from the project; a comprehensive assessment of DHIS and technical support to DOH to improve it; formation/revitalization of community level organizations and support them to advocacy for improved service delivery in their areas; support to establish an M&E Cell, a crucial step towards integrating DHIS and MIS of vertical programs as well as monitoring and improving the performance of DHPMTs; financial assistance to 186 patients (79 women, 40 for girls, and 67 boys) in the six enrolled hospitals under the Heartfile Health Financing scheme.

In addition, the Health Systems Strengthening Component provided technical assistance to DOH to on:

- Exploring options and health care financing mechanisms to address equity and coverage of health services.
- Assessing Provincial Health Development Center
- Creating management cadre for DOH
- Strengthening M&E of routine EPI
- Developing capacity building strategy
- Building capacity of DOH workforce by providing short-term and long-term training opportunities.

At the request of USAID Health Office, the Health Systems Strengthening Component provided technical support to develop “Rules and Regulations,” and a “Human Resource Strategy” for Jacobabad Institute of Medical Sciences (JIMS). The Board of Governors of JIMS approved both documents

District Health & Population Management Teams (DHPMTs)

A DHPMT provides a platform to help in promoting coordination, participative decision-making, and accountability at district level to address the challenges in health care delivery through enhanced inter-sectoral collaboration and involvement of all stakeholders. The Health System Strengthening Component supports the Department of Health (DOH) to strengthen district health systems through the establishment of new DHPMTs and to revitalize existing teams by enhancing their scope, and improving coordination through the inclusion of representatives from the population and education sector and communities.

During Project Year 2, DHPMTs held their quarterly meetings in 22 districts of Sindh, thereby establishing a routine transparent quarterly performance review process. With the exception of Tharparkar district (which did not hold January-March DHPMT meeting as the health authorities were dealing with a famine in the district), all of the remaining 21 DHPMTs successfully organized and executed performance review meetings during the year with support from the Health Systems Strengthening Component. The discussions and

decisions in the meetings focus on the performance of health facilities, infrastructure, human resources, drugs and supplies, DHIS data, finance, and inter-sectoral coordination at the district level. This particular intervention has proven effective in monitoring key performance indicators, using data information and generating evidence for decision-making, as well as improving coordination among district level stakeholders. The office of the Director General Health Services took a serious interest in DHPMTs as evidenced by the nomination a focal person in his office to address matters related to DHPMT meetings and the review of DHPMTs held by the office of the Director General.

District Action Plans (DAPs)

During Project Year 2, the Health Systems Strengthening Component provided guidance, support, and leadership to the District Health Departments to prepare 22 District Action Plans (DAPs), which are three-year rolling operational plans devised for the implementation of the Sindh Health Sector Strategy with accompanying goals and strategies to enable district health offices to meet health needs of their populations. A DAP identifies health and health system problems along with interventions to address them. Costing was performed on an activity level and cost of each activity was identified with respect to relevant "object codes" and "cost centers" which will be reflected in Medium Term Budgetary Framework (MTBF) format. This established the process of linking DAP costs with budget demand for which the Health Systems Strengthening Component provided technical support to DOH.

To monitor the progress and implementation of DAPs, the Health Systems Strengthening Component provided hands-on technical support to each district at each level (Basic Health Units, Rural Health Centers, Tehsil headquarters hospitals, and district headquarter hospitals). Included in this technical support was the identification of key performance indicators and the establishment of set targets that will measure quality improvements moving forward. The preparation of DAPs was spread over a period of eight months of technical assistance and included development of 22 District Profiles and capacity building strategies. Guidelines on DAP implementation and progress monitoring have also been prepared. This exercise has influenced the districts to identify challenges from district specific data in order to address the needs of their localized population.

District Health Information System (DHIS)

Based on a comprehensive DHIS assessment in Dadu, Khairpur, Thatta, Tando Allah Yar, and Tharparkar districts conducted at the close of Project Year 1, the Health Systems Strengthening Component proposed an intervention package for the DOH to design priority interventions to improve performance, quality, and use of routine health data. The findings of the assessment, which became available at the start Project Year, included weak data quality, submission of incomplete reports by health facilities, delayed report submission at both the facility and district levels, decision-making without the use of data as a basis, and limited staff competency for data analysis and report writing at the district and provincial levels.

During Project Year 2, the Health Systems Strengthening Component provided hands-on support to health facilities in these five districts where the DHIS assessment was conducted. The hands-on support focused on orientation of the medical

superintendent/facility in-charges and trained facility staff in utilizing the relevant tools correctly and understanding DHIS indicators, coaching of health facility focal person for DHIS on DHIS data quality checks, correct preparation of DHIS monthly reports, and use of information and orientation of health facility in-charges about data quality, data accuracy, report completeness and use of information for decision-making. Understanding and use of the Lot Quality Assurance Sampling technique was imparted to validate DHIS data accuracy. The impact of this hands-on support activity will be assessed during DHIS performance in Project Year 3.

Establishment of M&E Cell

With the technical assistance of the Health Systems Strengthening Component, the DOH created an M&E Cell to improve monitoring, supervision, and accountability within the DOH. The establishment of an M&E Cell was a crucial step towards integrating DHIS and MIS of vertical programs as well as monitoring and improving the performance of DHPMTs. The Health Systems Strengthening Component and USAID│DELIVER jointly provided support for the renovation and provision of office equipment for the M&E Cell.

Medium Term Budgetary Framework (MTBF)

MTBF-based budgeting is a fairly extensive process, pre-arranged on cost centers (each district, on average, has 25 cost centers) and involves identification of functions of each cost center, assessment of all resources required to perform specific functions, identification of new initiatives (resources), key outputs, input indicators, and costing.

Through the DAP development process, the Health Systems Strengthening Component provided technical assistance to 22 districts to identify their priorities and to set key performance indicator targets for each health facility. Districts prepared their budget requests using MTBF Form S-1, and the Health Systems Strengthening Component provided support by preparing MTBF Form S-2 based on set performance targets. (Forms S-1 and S-2 are the prescribed budgeting formats under MTBF.)

The Health Systems Strengthening Component also provided technical support to districts, enabling them to prepare and submit district budgets using the MTBF format. As MTBF-based budgeting linked with DAP activities is a newly introduced exercise, and required capacity building of cost center staff in order to ensure that staff understood the process. During Project Year 2, the Health Systems Strengthening Component recommends capacity building on MTBF as part of preparing budgets on MTBF and DAPs for 2015-16 with the Finance Department, Government of Sindh.

Village Health Committees (VHCs) and Union Council Health Committees (UCHCs)

As of September 2014, the Health Systems Strengthening Component had formed/revitalized a total of 1,238 VHCs in 35 Union Councils of Dadu, Tando Allah Yar, Tharparkar, Thatta, and Umerkot districts. Five hundred VHCs were formed/revitalized during Project Year 2 while 738 VHCs were formed/revitalized during Project Year 1. In this area, the main focus of the project during Project Year 2 was to support VHCs to hold their quarterly meetings and creating awareness for the role they can play in strengthening

health services, increasing the outreach of public sector health facilities, and improving accountability of public health staff.

At the end of Project Year 2, 391 VHCs had held four quarterly meetings, 404 VHCs had held three quarterly meetings, 303 VHCs had held two quarterly meetings, and one VHC had met once. A total of 17,247 VHC members (6,381 men and 10,866 women) attended these quarterly meetings. Participation of women stood at over 60%. By forming VHCs, the project helped communities spread word about health services in their respective villages and collected feedback from community members about the availability of health services and supplies and the attitudes of health care providers at public health facilities.

Elected through majority vote, the president and secretary general of each VHC attend quarterly meetings of Union Council Health Committees (UCHCs) at the Union Council level and share community feedback which is consolidated for each Union Council in these meetings. Whereas a UCHC consists of VHCs, a District Health Network (DHN) is a coalition of all UCHCs in a district. Membership of a DHN comprises representatives from UCHCs and health sector NGOs, including MCH Program partners Marie Stopes Society and MCHIP/Jhpiego. The Health Systems Strengthening Component formed five DHNs during Project Year 2, one in each of the five target districts, which interfaced with DHPMTs in their districts to advocate for improved health services

VHCs, UCHCs, and DHNs have shown that communities are capable of working together to maintain their own system of accountability whereby problems faced at the grassroots level can be brought to the attention of district level health officials. VHCs, UCHCs, DHNs have played an active role in not only sharing feedback regarding problems in the availability and quality of healthcare services in their areas, but also lobbying and taking steps to rectify those issues. Some examples of the gains that have been made by these communities are listed below:

- In district Tando Allah Yar, UCHC Tando Soomro received feedback from one of its VHCs about a sterilization client who was treated poorly at a clinic run by Marie Stopes Society (MSS) and that her case was mishandled. The UCHC approached MSS's District In-charge and reported the case about a woman who had suffered from severe bleeding but no one from MSS came for the mandated follow-up visit. The District In-charge apologized and sent a health care provider to provide services to the client.
- UCHC Kharoro Syed (Umerkot district), upon learning about the absence of a vaccinator, approached the In-charge of the Basic Health Unit (BHU) in the area and District Health Officer Umerkot apprised them of the situation. The vacancy was addressed, and as a result, 40 eligible children received BCG vaccinations and an additional 202 children received measles vaccinations.

- In Dadu district, one UCHC, upon receiving a complaint from a VHC about the unprofessional treatment by a clinician of pregnant women at a PPHI-managed MCH Center, had a meeting with the District Support Manager of PPHI. As a result, the clinician was disciplined for her actions. In addition, the PPHI recognized the lack of supplies at the MCH Center and immediately provided financial support to address the shortages.

- As a response to community feedback shared during the UCHC quarterly meeting, PPHI, which manages BHUs in Sindh, appointed a Lady Health Visitor at the BHU Ahori Farm in Union Council Kharoro Syed of Umerkot district.
- Local Support Organizations have provided additional support to EPI vaccinators in areas not covered by LHWs and hard to reach areas for routine immunization.
- Local Support Organizations, with support of their community and village organizations, have registered 61,284 children (0-23 months), pregnant women 16,788 and 366 new births.
- Local Support Organizations, with support of village organizations, have vaccinated 11,888 children and 4,044.

Heartfile Health Financing

During Project Year 2, the Health Systems Strengthening Component enrolled select units of the following four hospitals in Heartfile Health Financing (HHF), thereby increasing the total number of enrolled hospitals to six: National Institute of Cardiac Surgery (NICVD) Karachi; National Institute of Child Health (NICH) Karachi; Children's Hospital, Pakistan Institute of Medical Sciences (PIMS), Islamabad; and Rawalpindi General Hospital (RGH), Rawalpindi. (Liaquat University Hospital [LUH], Hyderabad, and Jinnah Post-graduate Medical Center [JPMC], Karachi. Enrollment occurred during the July-September 2013 quarter and operations assistance was initiated in December 2013.

The Health Systems Strengthening Component registered the following hospital units in HHF program during Project Year 2:

1. LUH Cardiac Surgery
2. LUH Neurosurgery
3. LUH Department of Obstetrics and Gynecology 1
4. LUH Department of Obstetrics and Gynecology 2
5. LUH Department of obstetrics and Gynecology 3
6. LUH Department of obstetrics and Gynecology 4
7. NICVD Pediatric Cardiac Surgery
8. NICH Karachi Pediatric Surgery
9. Children's Hospital, PIMS, Pediatric Surgery
10. JPMC Department of Orthopedics
11. RGH Orthopedics

These units were selected to reach the project target of women under the age of 49 and boys and girls up to the age 15 and their suitability and conformity with HHF's "one time catastrophic expenditure model".

The project developed a customized system for operating at remote sites such as Karachi and Hyderabad and deployed it in the enrolled units, kicking off financing assistance operations, initially at JPMC and then LUH. Heartfile conducted a project orientation and facilitated "how to do" workshops on HHF for 38 doctors. The trainings, conducted at hospitals, provided an overall project orientation including how to initiating a financing

request, tracking submissions, invoicing protocols, health center's role and responsibilities, and utilizing the web portal for service requesters.

Since the start of financial assistance operations in December 2013, the Health Systems Strengthening Component has committed financial assistance worth Rs. 6,859,125 to a total of 186 patients in the six enrolled hospitals. Seventy nine of these 186 commitments (42% of total) were for adult females, 40 commitments (22 % of total) for girls below the age of 15 and 67 commitments (36% of total) were made for boys below the age of 15.

Liaquat University Hospital Neurosurgery unit sent the highest number of financing requests and 49 of the financing requests (85% of the total requests by this unit) were for Hydrocephalus (also called "water on the brain"), a life-threatening medical condition in infants that could lead to severe brain damage leading to permanent physical disability or loss of life if untreated.

In monetary terms, LUH Cardiology received the biggest chunk of commitments. This happened because of the high cost involved in cardiac surgeries, although the unit happens to have a lower number of requests approved for financing. This was followed respectively by LUH Neurosurgery and National Institute of Cardiovascular Diseases (NICVD) Karachi, a center of excellence in the country for treating congenital Heart diseases among children.

Figure 1: Patients Assisted During Project Year 2: Break up by Specialty

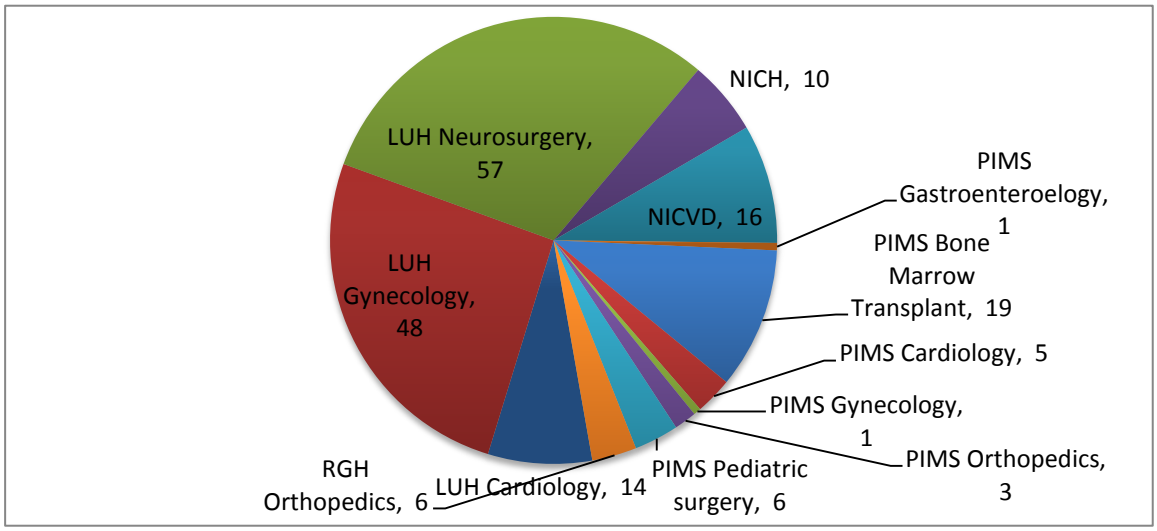


Figure 3: Patients Assisted During Project Year 2: Break up by Specialty

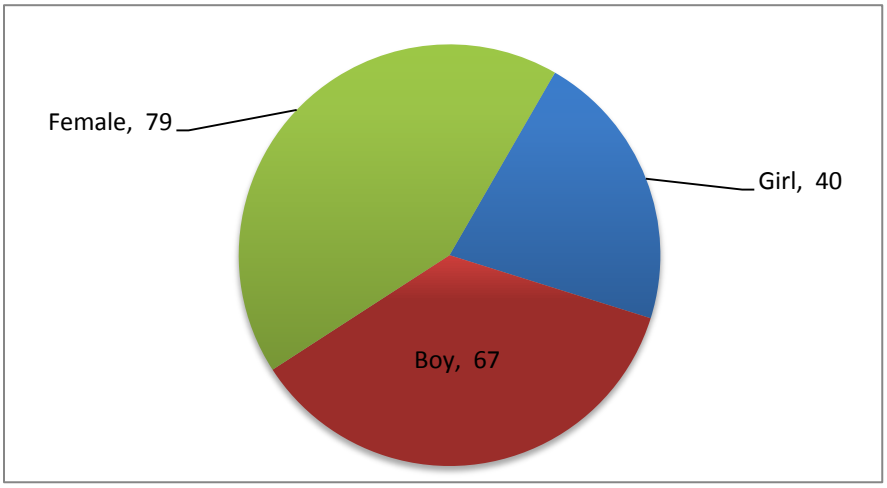
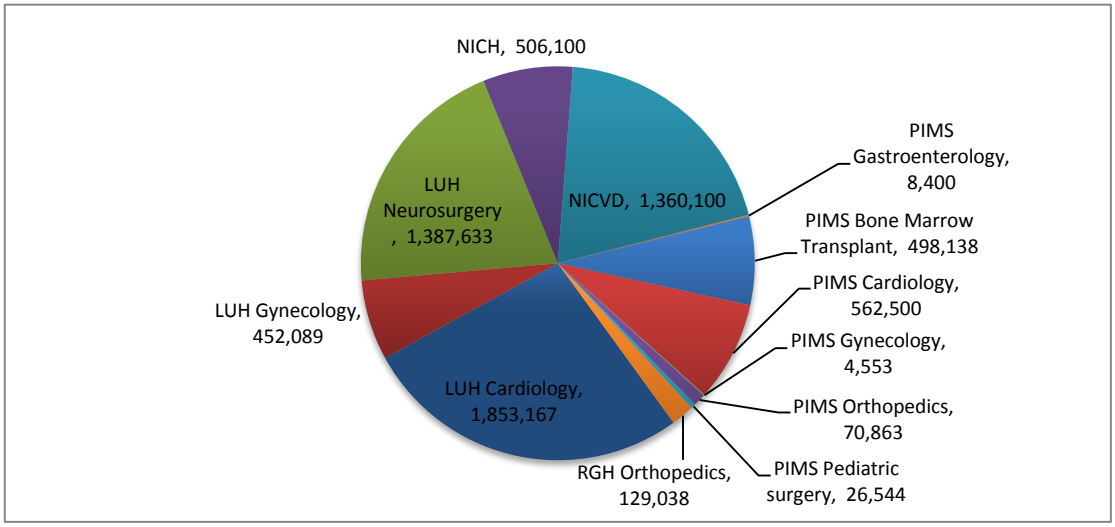


Figure 3: Assistance Amount in Rupees by Specialty



Documentary on *Choked Pipes*

During 2014, the Health Systems Strengthening Component circulated a Request for Procurement (RFP) to produce a documentary based on Dr. Sania Nishtar's book *Choked Pipes*, published in 2010. The purpose of documentary is to generate public demand for better health care quality and coverage in Pakistan by highlighting the need for certain reforms to improve health governance, financing, and service delivery. The documentary will showcase the key message of *Choked Pipes*, which is focused on ingraining better accountability and transparency in the health system and pursuing evidence-based approaches to bring about change in Pakistan's fragmented health system.

The RFP was initially posted on JSI's and Heartfile's websites in January 2014. When it failed to attract high quality proposals, the RFP was advertised again in May with additional budgetary information and was widely disseminated through the networks of international organizations, such as the GAVI Alliance and Health Systems Global in order to draw the attention of high-end film makers. The RFP was also advertised on an industry specific

website http://www.nofilmschool.com, which serves as a platform for professional film and documentary makers to find out about new film opportunities.

By the close of July 15 deadline for submission of proposals and bids, Heartfile had received a total of nine bids. The Technical Committee constituted by the project for reviewing the bids shortlisted four bids based on the experience, past achievements, innovation, capacity to deliver, etc., of the bidders. (A Finance Committee was also constituted to develop the criteria to evaluate the robustness of the financial component of the submitted bids.) The four shortlisted bidders included Black Ink Media Productions, Rockhopper TV, Communication for Learning, and Consigo Productions, all of them international film companies. A technical subcommittee, formed by the above mentioned Technical Committee, held video conferences with the four bidders based in Canada, the United Kingdom, Sweden and United States. The sub-committee also drafted specific interview questions it utilized during the video conferences. The Technical and Finance Committees will hold a joint meeting in October to select the successful bidder.

Technical Assistance to the Department of Health

At the request of DOH, the Health Systems Strengthening Component provided technical assistance in the following areas during Project Year 2:

1) Explored options and health care financing mechanisms to address equity and coverage of health services: The DOH accepted all of the recommendations of the report prepared as part of technical assistance. The recommendations included:
   i. Prioritize and rationalize health financing;
   ii. Strengthen contract management capacity in DOH;
   iii. Introduce/expand results-based financing; and
   iv. Support innovative methods to finance human resources.

2) Assessment of Provincial Health Development Center: This technical assistance provided recommendations for strengthening and/or upgrading the Provincial Health Development Center. The recommendations included:
   i. Mandatory pre-service induction training and in-service programs;
   ii. Provincial Health Development Center should review and update all training manuals in line with the current needs of DOH;
   iii. Provincial Health Development Center should undertake operations research to guiding DOH on how to improve service delivery and address health challenges in Sindh;
   iv. DOH should take the necessary steps to grant fiscal autonomy to the Center to generate revenues;
   v. DOH should work to make the Provincial Health Development Center an independent Health Development Center through the approval of an act.

   The Director General Health Services instructed Director of the Provincial Health Development Center to prepare a business plan for the revival of the Center as well as annual work plan for sharing with partners to seek their support.

3) Creation of a management cadre for DOH: The report of the technical assistance is being finalized and will be available during the October-December 2014 quarter. It focuses on developing rules and regulations for career growth in consultation with key stakeholders, developing posting and transfer policy for different management positions, and preparing an implementation plan for the management cadre along with an outline of mandatory training courses for promotions.

4) Strengthen M&E of routine EPI: The Health Systems Strengthening Component provided technical support to the EPI Cell of DOH in the following areas which were identified in consultation with the relevant stakeholders:
   i. Improving coordination between PPHI and the DOH;
   ii. Registration of newborns and women of childbearing age;
   iii. Reaching out to defaulter cases; and
   iv. Developing a monitoring framework for Sindh EPI.

   Strengthening M&E of routine EPI focuses on those areas of Jacobabad, Kashmore, Thatta, and Tharparkar districts which are not covered by Lady Health Workers.

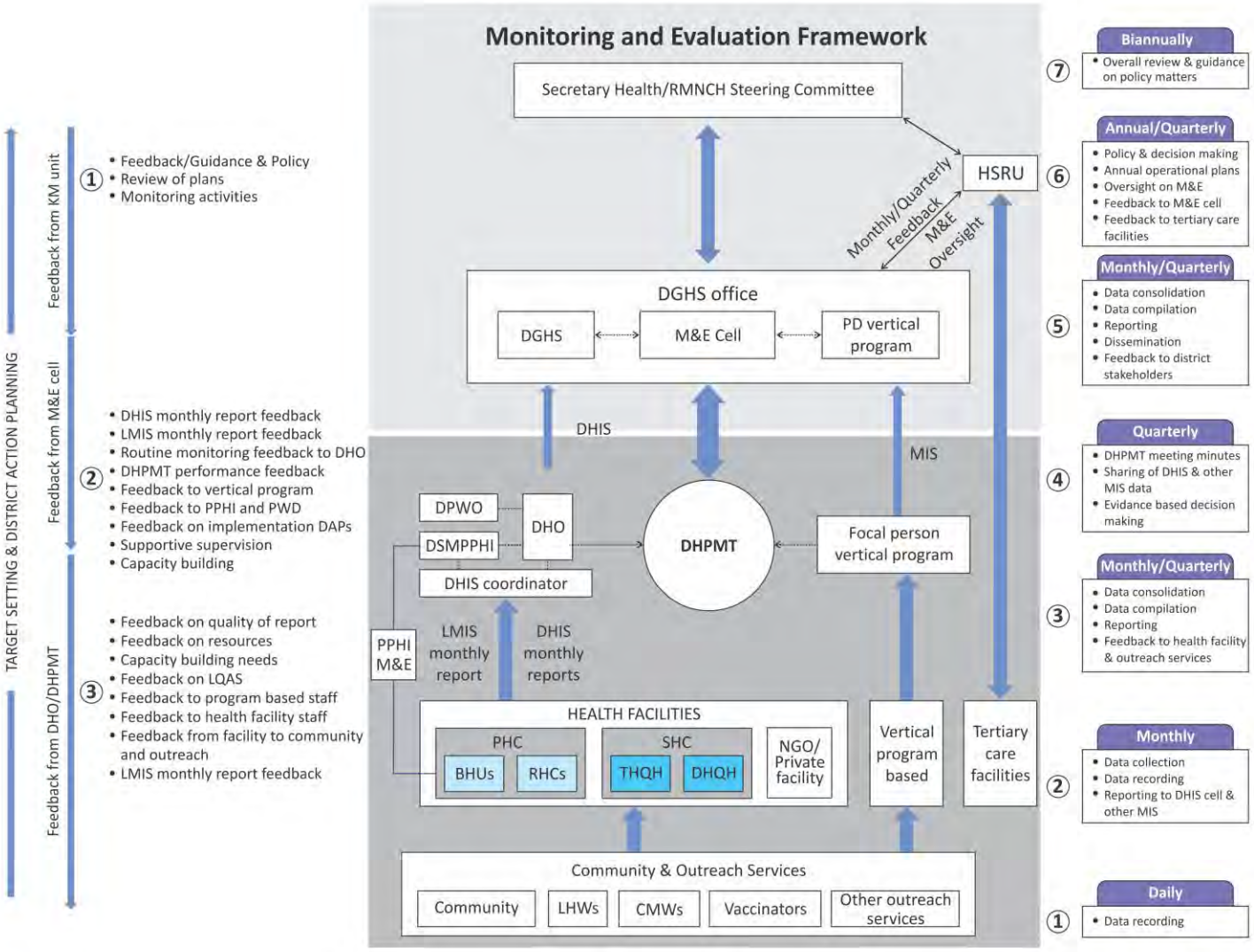
5) Capacity building strategy: During Project Year 2, the Health Systems Strengthening Component began providing technical support to DOH and Population Welfare Department focused on the systems level to develop a capacity building strategy to help them articulate desired performance levels based on mandates and priorities.

   At the individual level, the Health Systems Strengthening Component began providing support to build the capacity of the health workforce of the DOH on both a short-term and long-term basis. Selected DOH staff attended courses on quality management in health services and health sector reforms at the Aga Khan University. For long-term training, the Health Systems Strengthening Component signed an agreement with the Health Services Academy, Islamabad, to enroll 30 mid-level managers from the DOH and Population Welfare Department for Masters of Science in Public Health in 2014. The 30 candidates for Masters of Science in Public Health will start their coursework in October 2014. Each selected candidate has signed a surety bond stating that she/he will serve DOH for at least five years after completing the degree program.

Technical Assistance Provided at the Request of USAID

In addition, at the request of the USAID Health Office, the Health Systems Strengthening Component provided technical support to develop “Rules and Regulations,” along with a “Human Resource Strategy” for JIMS. The Board of Governors of JIMS approved both documents which will support the hospital in providing state of the art services by adopting the best management practices of private sector hospitals as well as to improve the quality of care by attracting skilled human resources.

Annex 2: M&E Framework



Annex 3: VHCs Formed, Meetings Held, Households Organized, and Participation of Women

District	Union Council	Total No of VHCs as of June 2014	No. of VHCs after restructuring of VHCs formed as of June 2014	No. of VHCs formed during July-Sep 2014	Total VHCs formed as of Sep 2014	Total HH organized as of Sep 2014	No. of VHC meetings conducted during July-Sep 2014	No. of members who attended meetings during July-Sep 2014	VHCs by number of meetings held during reporting quarter				% of women who attended meetings
									VHCs which held 1st quarterly meeting	VHCs which held 2nd quarterly meeting	VHCs which held 3rd quarterly meeting	VHCs which held 4th quarterly meeting	
Thatta	Chatto Chand	82	82	0	82	1,605	79	1141	0	0	21	58	52
	Makli	30	30	0	30	755	28	500	0	0	4	24	97
	Gujjo	33	34	0	34	936	33	515	1	32	0	0	94
	Gharo	39	41	0	41	1,216	40	795	0	40	0	0	83
	Sakro	34	34	0	34	920	33	542	0	33	0	0	94
	Kalan Kot	0	0	11	11	197	0	0	0	0	0	0	0
	Kalri	0	0	1	1	15	0	0	0	0	0	0	0
Umerkot	Atta Muhammad Pali	72	72	0	72	1,321	72	1200	0	0	44	28	53
	Kharoro Sayed	54	55	0	55	866	55	931	0	0	43	12	61
	Mir Wali Muhammad Talpur	65	65	0	65	1,313	63	1109	0	0	51	12	86
	Sabho	0	0	12	12	189	0	0	0	0	0	0	0
	Kaplore	0	0	3	3	45	0	0	0	0	0	0	0
	Chhore	0	0	3	3	53	0	0	0	0	0	0	0
	Khejrari	0	0	2	2	36	0	0	0	0	0	0	0
Tando Allah Yar	Began Jarwar	69	69	0	69	1,226	68	1121	0	0	52	16	56
	Messen	47	47	0	47	863	47	774	0	0	41	6	59
	Pak Singhar	28	34	0	34	1,003	34	879	0	34	0	0	83

District	Union Council	Total No of VHCs as of June 2014	No. of VHCs after restructuring of VHCs formed as of June 2014	No. of VHCs formed during July-Sep 2014	Total VHCs formed as of Sep 2014	Total HH organized as of Sep 2014	No. of VHC meetings conducted during July-Sep 2014	No. of members who attended meetings during July-Sep 2014	VHCs by number of meetings held during reporting quarter				% of women who attended meetings
									VHCs which held 1st quarterly meeting	VHCs which held 2nd quarterly meeting	VHCs which held 3rd quarterly meeting	VHCs which held 4th quarterly meeting	
	Shaikh Moosa	39	46	0	46	1,116	46	964	0	46	0	0	51
	Tando Soomro	22	22	0	22	490	22	364	0	22	0	0	41
	Dhingano Bozdar	0	0	9	9	174	0	0	0	0	0	0	0
	Dasoori	0	0	4	4	81	0	0	0	0	0	0	0
Dadu	Khudaabad	64	78	0	78	2,036	78	880	0	0	34	44	25
	Kamal Khan	52	57	0	57	1,279	55	759	0	0	18	37	70
	Yar Muhammad Kalhoro	49	67	0	67	1,829	60	802	0	0	28	32	55
	Kakar	19	20	0	20	455	20	346	0	20	0	0	80
	Phulji Station	19	22	0	22	572	22	403	0	22	0	0	74
	AllahAbad	0	0	12	12	213	0	0	0	0	0	0	0
	Kande Chukhi	0	0	4	4	73	0	0	0	0	0	0	0
Tharparkar	Malanhore Vena	42	62	0	62	1,857	62	600	0	0	0	62	47
	Bhakuo	39	61	0	61	2,366	61	909	0	0	27	34	56
	Mohrano	74	90	0	90	2,499	67	846	0	0	41	26	45
	Manjthi	35	44	0	44	859	40	642	0	40	0	0	49
	Diplo	14	14	0	14	323	14	225	0	14	0	0	57
	Veerawah	0	0	17	17	289	0	0	0	0	0	0	0
	Peethapur	0	0	14	14	292	0	0	0	0	0	0	0
Total		**1,021**	**1146**	**92**	**1,238**	**29,362**	**1,099**	**17,247**	**1**	**303**	**404**	**391**	**63**

Annex 4: Roles and Responsibilities of Stakeholders for Strengthening of M&E of Routine Immunization in Thatta, Tharparkar, Kashmore, and Jacobabad

Provincial EPI Office	District EPI Office	RSPN	JSI
Provincial EPI office will intimate all DHOs regarding the budget allocations (head wise) of their respective districts to facilitate planning the activities at district level Provincial EPI office will release funds on quarterly basis for all EPI related activities including mobility of vaccinators and supervisors. This may be subjected to receipt and review of the performance reports from districts. Province will Nominate EPI focal person who will be responsible for following • Ensure that all target districts have prepared their micro plans and submitted to provincial EPI office (specify timeline for submission) • Will ensure regular EPI review meetings at District level by UCs (Specify frequency of meetings-monthly, quarterly, etc.) • Will ensure regular supplies of • i) (vaccines, syringes, safety boxes, IEC material, etc. • ii) Upon receipt and review of the plan from district authorities, will ensure the provision of cold chain equipment for opening of new centers and replacement of age equipment, through public sector funding and/or donors.	DHOs will ensure preparation and submission of district micro plan (including activities/budget requirements for outreach) at the schedule defined by provincial EPI office. This micro planning will also include the villages for which registration data has been given by RSPN/JSI. Also invite RSPN staff/UC Representative in these meetings -Pursue provincial EPI office for early release of funds and timely disbursement to all, specifically the vaccinators and outreach supervisory staff. This includes POL, TA/DA, repair and maintenance etc. DHOs will take effective measures to ensure availability and optimal performance of the vaccinators and supervisory staff. DHO office will ensure the proper implementation of the micro plans for each UC/Village for vaccination of registered children and pregnant women DHO office will ensure the regular monitoring and supervision of EPI	-Create awareness/ mobilization about the importance of routine immunization at community level through RSPs fostered Community Institutions - Registration and verification of Due and Defaulters from non LHWs covered areas (0-23 months children and Pregnant women) from all target UCs (How many in each district) - Update and verify registration by enlisting the new births and pregnancies (and also # of children never immunized) -Participate in Planning and Coordination meetings at UC/BHU/EPI center level to share the UC wise registration data of due and defaulters of children and pregnant women and give inputs to develop the vaccinator wise outreach plans -Participate in EPI review meeting District level to share the overall data of registration and to give inputs in planning for vaccination coverage. In these meetings RSPN's District representatives will also share the feedback about the visits of the vaccinators -Inform the communities about the vaccinators outreach plans for routine immunization and during the visit of Vaccinators to villages ensure the community support for gathering the target children and pregnant ladies	**a) Provincial Office** -Will coordinate with Provincial EPI office t for timely release of funds and that of vaccines, syringes, safety boxes, etc., to the district. -Will undertake monitoring visits to target districts to see gaps in implementation of the micro-plans and suggest remedial measures. The detail reports will also be shared with the provincial EPI directorate and respective district health offices. -Advocate with Provincial EPI office to address the Routine Immunization related issues discussed in the DHMPT meetings Provide technical support to train mid-level managers and vaccination staff for routine immunization -Conduct follow up visits to the districts and provide status reports, participate in any District EPI monthly review meetings and provide technical assistance in development of realistic micro-plans -Ensure coordination among provincial office, district office , RSPN teams, PPHI and other stakeholders

Provincial EPI Office	District EPI Office	RSPN	JSI
Provincial EPI office will ensure the supervisory visits to the districts. Provincial EPI office in consultation with district offices will prepare annual plan for on-the-job training/handholding. The funding may be through public sector spending subjected to provision in PC-1 or through some development partner) Provincial EPI office will conduct quarterly review meetings to share the progress of previous quarter; identify issues hindering the progress and suggest remedial measures to be taken.	activities at UC level and will submit supervisory reports with Provincial Office on monthly basis. Ensure regular EPI review meetings of UC Vaccinators for validation of covering of due and defaulters. DHO will ensure that RSPN and PPHI staffs also attend this meeting. DHO Office in consultation with PPHI will submit the requirements of vaccines, syringes, safety boxes, cold chain equipment for opening of new centers and replacement of age equipment, based on proper need assessed, to Provincial EPI Office. DHO office in coordination with PPHI will ensure the proper maintenance of EPI equipment (Cold chains and supplies) at District , Taulka and BHU/EPI center level DHO office will share the outreach plan of vaccinators with RSPN.	-Take feedback of the communities about the visit of the vaccinators as per their approved schedule and if vaccinators does not visit any village as per approved schedule then inform their supervisor and also share this information with DHO, DSV and EPI Coordinator -Take tally sheet from Vaccinators (data of vaccination) on daily basis and compile this data at District level for onward reporting to JSI (add frequency of report submission) - RSPN will consolidate the EPI related issues/feedback from communities. And will mobilize DHN, the representative from which may raise these issues in DHPMT meetings. RSPN will share their monthly activity plan with District health office/focal person EPI and will facilitate the vaccinator/supervisor in reaching the targeted village, provided the movement plan of EPI staff matches with that of RSPN staff.	