Quarterly Report
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<th>Definition</th>
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<tr>
<td>AJK</td>
<td>Azad Jammu Kashmir</td>
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<td>CDCS</td>
<td>Country Development Cooperation Strategy</td>
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<td>CHX</td>
<td>chlorhexidine</td>
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<td>CMW</td>
<td>community midwife</td>
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<td>DHIS</td>
<td>district health information system</td>
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<td>DOH</td>
<td>Department of Health</td>
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<td>HPSIU</td>
<td>Health Planning, System Strengthening &amp; Information Analysis Unit</td>
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<td>HPTTT</td>
<td>Health &amp; Population Think Tank</td>
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<td>HRH</td>
<td>human resource for health</td>
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<td>KMU</td>
<td>knowledge management unit</td>
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<td>KP</td>
<td>Khyber Pakhtunkhwa</td>
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<td>KPHCC</td>
<td>Khyber Pakhtunkhwa Health Care Commission</td>
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<td>LHW</td>
<td>lady health worker</td>
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<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<td>MNCH</td>
<td>maternal, newborn, and child health</td>
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<td>MONHSR&amp;C</td>
<td>Ministry of National Health Services Regulations and Coordination</td>
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<td>MOI</td>
<td>Ministry of Interior</td>
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<td>NIH</td>
<td>National Institute of Health</td>
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<td>PMDC</td>
<td>Pakistan Medical Dental College</td>
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<td>PC-1</td>
<td>Planning Commission Form 1</td>
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<td>PNC</td>
<td>Pakistan Nursing Council</td>
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<td>POE</td>
<td>point of entry/exit</td>
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<td>PVE</td>
<td>preventing violent extremism</td>
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<td>PWD</td>
<td>Population Welfare Department</td>
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<td>SHCC</td>
<td>Sindh Health Care Commission</td>
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<td>SPPRA</td>
<td>Sindh Public Procurement Regulatory Authority</td>
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<td>TOR</td>
<td>terms of reference</td>
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<td>WHO</td>
<td>World Health Organization</td>
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I. Executive Summary

In October 2017 under the IHSS-SD Activity, the JSI team proposed to work in Khyber Pakhtunkhwa (KP) province. The no objection certificate (NOC) from the Government of Pakistan is still awaited.

Since activities did not commence as planned, progress for this reporting quarter is structured and described under the following headings: (1) Support to Ministry of National Health Services Regulations and Coordination (MONHSR&C) and strengthening federal institutions, (2) Continuing the health systems strengthening legacy in Sindh, (3) Cross cutting issues, (4) Re-alignment of IHSS-SD program activities and budget and (5) Planning meetings in Punjab.

At the federal level, the IHSS-SD Activity continued to provide technical assistance to the MONHSR&C to strengthen regulatory bodies by building the capacity of the Pakistan Medical Dental Council (PMDC) to convene trainings for inspectors from north Punjab, KP, Azad Jammu Kashmir (AJK), Sindh, and Balochistan. Approximately, 85 inspectors were trained during the last two quarters. This systems approach ensures sustainability as PMDC, with its own resources, has scaled up this training program.

The MONHSR&C with JSI’s support, commissioned an independent organizational assessment of the processes employed by Pakistan Nursing Council (PNC) to perform its functions as mandated under the PNC’s Act of 1973. During the current quarter, consultative meetings with stakeholders from central, north, and south Punjab, KP, AJK, and Sindh were convened. Based on the meetings, the consultants are developing an assessment report which will be shared in the next quarter. The Activity also supported the MONHSR&C in developing PC-1s for key federal institutions to ensure the availability of human resources and finances and compliance with international health regulations.

In addition, at the policy level, the Health and Population Think Tank (HPTT) convened a roundtable on Health Information Systems: Data Quality & Integration. The purpose of this roundtable meeting was to deliberate on challenges pertaining to health information systems, resources needed for implementation of DHIS2, and the way forward. A detailed report on the recommendations will be generated by the HPTT and circulated among the participants and other health experts.

The launch of findings from the Pakistan Demographic and Health Survey (PDHS) 2017-18 identified very low contraceptive prevalence rates. JSI held discussions and made presentations on “Breaking the Status Quo and the Modus Operandi of Taking the Family Planning Agenda Forward” at both the federal and provincial levels, which will guide the re-programming FP related activities.

To continue the health system strengthening legacy in Sindh province, the Activity continued technical assistance to restructure the Health Department and to establish and operationalize the Sindh Health Care Commission (SHCC). The IHSS-SD Activity also built the capacity of DOH and districts in health systems strengthening, monitoring and evaluation, and use information for decision making. In response to the directives of Honorable Chief Justice Supreme Court of Pakistan, JSI, in collaboration with DOH Sindh, conducted an assessment of DHQ hospitals, major hospitals and tertiary health care hospitals. The analysis has been shared with DOH.

All Activity partners and JSI were engaged in developing the re-aligned IHSS-SD proposal, work plans, and budget submitted to USAID in accordance with the new USAID Country Development Cooperation Strategy (CDCS). The COP and senior management team held meetings with the provincial secretaries of health and population in Sindh and Punjab, DOH stakeholders, and potential prospective partners to explore areas of mutual interest. The revised Activity document was submitted to USAID for review and feedback.
II. Integrated Health Systems Strengthening and Service Delivery

In October, 2017 under the Integrated Health Systems Strengthening and Service Delivery (IHSS-SD) Activity, the JSI team proposed to work in Khyber Pakhtunkhwa (KP) province. The no-objection certificate from the Government of Pakistan is pending.

In June 2018, the IHSS-SD Activity’s project description, annual work plan and budget were revised to exclude activities in KP province and include detailed activities for Sindh. In August 2018, the revisions included detailed activities for Sindh and selected activities for KP and Punjab with the addition of TB, however, activities at federal levels mostly remained the same. Lastly, in September 2018 USAID requested JSI to realign the IHSS-SD Activity with USAID’s new Country Development Cooperation Strategy 2018-2022 (CDCS) for Pakistan. During this quarter, JSI developed a revised program description that reflects USAID/Pakistan’s new development strategy and framework, which builds on the long-standing partnership between countries and contributes to the shared goal of a more stable, peaceful, and prosperous Pakistan. The revised Program Description reflects an expanded geographic scope and supports activities that align with the developmental objectives including 1) expand the writ of government along the Afghanistan/Pakistan border 2) strengthen the capacity to prevent violent extremism and 3) increase private sector-led inclusive economic growth.

The revised IHSS-SD Activity, which runs from November 2018 to September 2020, will provide targeted technical assistance based on expressed government need. At the federal level, the Activity will continue ongoing technical assistance in areas of regulation, strategic planning, coordination, integrated health information systems, and human resources for health. At the provincial level, IHSS-SD Activity will continue work supported under the HSS Component in Sindh. In Punjab and KP, technical assistance will be provided for activities that fall under the federal mandate. At the district level (selected), the Activity will build capacity for improved governance and leadership, use of information for improved accountability, and will pilot models to improve access to and equity of primary health care services. Under the service delivery component, the Activity will implement evidence-based high-impact interventions, including the rollout of the Essential Package of Health Services and will improve care quality. At the community level, the Activity will expand coverage for improving access to primary health services, engage community organizations for improved governance, peace, and stability, and develop and introduce social and behavioral change interventions.

In addition to aligning the Activity with the new CDCS, the IHSS-SD Activity has continued to support the strengthening of federal institutions and bodies. At the provincial level, the project supported the re-structuring of Department of Health (DOH) Sindh, and conducted a health facilities assessment at all district headquarter, major, and tertiary hospitals in Sindh. IHSS-SD continued to build provincial and district capacity in monitoring and supervision and using information to support a culture of data-driven performance, monitoring, financing, and resource allocation.

III. Activities and Results

1. Support to Ministry of National Health Services Regulations and Coordination and Strengthening of Regulatory Bodies

Support to Pakistan Medical and Dental Council (PMDC) for revision of inspection performa and capacity-building of PMDC inspectors

The Ministry of National Health Services Regulations and Coordination (MONHSR&C) requested technical assistance (TA) from IHSS-SD to review inspection tools used by PMDC to evaluate existing
and new medical and dental colleges and to train their inspectors. Approximately 85 inspectors were trained in three sessions, one each in Islamabad, Lahore, and Karachi.

Training sessions for PMDC inspectors

Inspectors from central, south, and north of Punjab, Azad Jammu Kashmir (AJK), and KP were trained in May 2018. During the 1st quarter, a training for inspectors from Sindh and Baluchistan was held in Karachi on July 7, and the last session for inspectors from dental faculty was held in Islamabad on August 10. The facilitators for the medical faculty were Drs. Zohra and Moeed, who provided training on the 2012 performa and orientation on the revised 2018 performa.

A step toward self-reliance

The observations, inconsistencies, and recommendations raised by the participants were presented to PMDC executive council members. As a result of their input, the inspection tools were further revised and newly amended Performa’s were notified by the MONHSR&C. This systems approach ensured sustainability and self-reliance as the PMDC, with its own resources, has scaled up the training program. The first inspector training will be held in October 2018 at the University of Health Sciences in Lahore. PMDC acknowledged the support of USAID/JSI for this assistance and PMDC President Justice Shakirullah Jan presented a certificate of appreciation to JSI.

Organizational Assessment of Pakistan Nursing Council

The MONHSR&C, with JSI support, has commissioned an independent organizational assessment of the processes employed by Pakistan Nursing Council (PNC) to perform its functions as mandated under the Act. The review will suggest systemic and procedural course correction measures and reforms to overcome PNC’s challenges in executing its mandate and achieving its targets.

Provincial consultative meeting on organizational assessment of PNC

Three consultative meetings were convened to assess the impact of PNC interventions. Meetings focused on enforcement of PNC’s mandate to improve the quality of education in its training schools; gaps in sustaining quality assurance processes; and recommendations for improvements. The first consultative meeting was held in Lahore on August 7, 2018 with key stakeholders from Central and South Punjab. The second was held in Islamabad on August 16 for participants from
North Punjab, KP, and AJK, and the third meeting was convened in Karachi for participants from Sindh Province.

- **Structured group discussions around strengths, weakness, opportunities and threats (SWOT) analysis**

The meetings included structured group discussions on PNC’s various functions. Participants discussed and classified functions’ strengths, weaknesses, opportunities, and threats within a particular area. Since there are many dimensions in PNC functions, the larger group was divided into smaller groups and each was assigned a different function. Participants conducted SWOT analyses in the following the domains:

- **In-depth interviews (IDI) with stakeholders**

A semi-structured questionnaire for IDIs was used to seek information under the areas of governance and leadership; structure and systems; human resource management; financial management; program management; planning and monitoring and evaluation; partnership, external relations, and networking; knowledge management; curriculum and examinations; registration and follow up; and satisfaction with services. In addition, a questionnaire was
uploaded on the PNC webpage to collect information from a range of people who members of registered PNC cadres.

The consultants are in the process of drafting the assessment report, which will be finalized in the next quarter.

**Support for chlorhexidine (CHX) scale-up**

*Activity session on CHX at the Society of Obstetrician and Gynecologists Conference*

The Society of Obstetricians and Gynecologists of Pakistan Quetta chapter organized a national scientific conference with the theme “NO COMPROMISE ON WOMENS HEALTH” on August 3 and 4 at the Quetta Serena Hotel. This conference aimed to build the capacity of health care providers of Balochistan to reduce maternal and newborn mortality through high-impact interventions. Approximately 500 obstetricians and gynecologists countrywide attended. These providers are now poised to promote CHX to prevent umbilical cord infections through their respective gynecological units.

IHSS-SD Activity presented its CHX initiative in a session titled “A game-changer in reducing neonatal mortality in Pakistan.” The presentation highlighted the situation of newborn mortality and morbidity in Pakistan and emphasized how little the situation has progressed over the last three decades. Participants were walked through the CHX initiative in Pakistan which JSI has coordinating over the past three years, including accomplishments to date, including standardizing the training manual; developing information, education, and communications materials including CHX indicators in existing data sources; and ensuring local production of CHX in the shortest possible time.

*CHX review meeting*

Two meetings were held with UNICEF and public sector stakeholders on August 3 and 29th in Baluchistan and Punjab, respectively. The purpose of the meetings were to discuss the implementation status of CHX, including local production and procurement plans for its scalability.

JSI will organize follow-up meetings with MONHR&C to make CHX a standard medicine in the lady health visitors (LHVs), community midwife (CMWs), and lady health workers (LHWs) medical kits.

*CHX documentary*

Media house M&C SAATCHI was sub-contracted to produce a documentary to showcase the CHX initiative’s accomplishment and to get provincial support for CHX scale up. The first pre-inception meeting with the media group was held on August 13 to discuss the way forward and to clarify the main objectives of the documentary. The IHSS-SD Activity’s director of communication suggested that the deliverable follow the sequence of a story board, an inception report, a first draft, and the final product. It will be completed in the next quarter.
Technical support to establish a knowledge management unit

Preliminary discussions on support for establishing a knowledge management unit (KMU) were held with MONHSR&C and staff from Health Planning, System Strengthening & Information Analysis Unit (HPSIU) on August 28 2018. HPSIU suggested that IHSS-SD consider providing initial support to the KMU for collecting and developing a central repository as a KM portal. The portal would be a curated repository of relevant documents, research studies, and reports on HSS, maternal, newborn, and child health (MNCH), and family planning (FP) conducted by donors, development partners, and research and academic institutions over last 10 years. Once the PC-1 for MONHSR&C with Government-to-Government support from USAID is approved, KMU technical staff will be recruited. It was agreed that the ultimate objective of the KMU should be to use the KM portal and all secondary data sources available at HPSIU for developing policy and analytical briefs to help departments of health and development partners improve management and delivery of high-quality health services. The terms of reference (TOR) and initial support for the KMU have been initiated for implementation in the next quarter.

Health and Population Think Tank

The Health and Population Think Tank (HPTT) platform, which is used to discuss issues of public health significance, convened the Health Information Systems: Data Quality & Integration meeting on September 26, 2018. The meeting was chaired by Honorable Health Minister Mr. Amir Kayani, and include secretary MONHSR&C, director general (DG) health, and management information systems (MIS) experts. The purpose of this meeting was to deliberate on challenges pertaining to the health information systems, resources needed and the way forward under the HPTT initiative.

The key challenges identified were: overlapping and duplicating information as multiple information systems are operational; poor data quality; lack of analytical capacity at all levels to use facility and community-based information to develop responsive and appropriate service-delivery strategies and community-based interventions; lack of a regulatory authority to ensure standardized data systems across provinces; and lack of a centralized data repository. Additionally, the current systems are unable to capture any data from private-sector facilities. The need for integration for all MISs to improve evidence-based decision making was noted. Additionally, participants explored what needed to be done at the federal and provincial levels to ensure effective use of data for analysis and evidence-based decision making. Participants identified innovations to support inclusive recording and reporting from public and private sectors to improve the timeliness, accuracy, and quality of data. The scope of introducing a district health information system (DHIS) 2 strategy and steps to move toward one health survey to inform health information system (HIS) and integrate SDGs indicators were also discussed.

Dr. Arshad Mahmood, director M&E presented the current status of HIS in Sindh. The HPTT was informed of JSI’s support to develop an MIS including a dashboard and LHW-MIS for Sindh Health Department.

An MIS task force will be formed to deliberate on the above-mentioned areas. A detailed report on the recommendations will be generated by the HPTT and circulated among the participants and other health experts.
Third quarterly meeting of the country engagement working group for FP-2020

The Population Program Wing of the National Health Services, Regulations and Coordination convened the third-quarter meeting of the country engagement working group for Family Planning (FP) 2020 on September 13th, 2018 in Peshawar. The meeting was chaired by DG Population Mr. Ghaffar Khan. The purpose of the meeting was to review the implementation of decisions from the previous meeting and to review progress on FP-2020 core indicators. Opportunities, challenges, and priorities developed by FP-2020 focal points for Pakistan and other partners were discussed. The provincial representatives and partners discussed their progress on the Country Action Plan implementation.

The National Institute of Population Studies presented the findings of Pakistan Demographic Health Survey 2017–2018. All provincial participants expressed concerns over the persistent low contraceptive prevalence rate, despite improvement on all other MNCH indicators. This is especially alarming given the statistics presented in the FP2020 forum shows progress. It was decided then to wait for the full detailed report before drawing conclusions.

Development of PC-1 (Planning Commission Form 1) for establishing a National Public Health Institute at the National Health Institute

A consultant was engaged to develop PC-1 to strengthen the NIH as a National Public Health Institute. The inception report was shared with MONHSR&C and NIH. A stakeholders meeting was held on August 6 at the NIH to map donor contributions and areas of integration among implementing partners. In-depth interviews with stakeholders from development partners, implementing organizations, and other line departments were conducted. A matrix to capture
current and committed financial contributions from development partners and implementing agencies was shared.

The DG health and the executive director NIH participated in the progress review meeting on September 28, 2018 on PC-1, and discussed institutionalizing the Field Epidemiology & Laboratory Training Program as part of the NIH and included it in the PC-1 being developed by IHSS-SD. This will require a minor amendment to the TOR and deliverable, for which a formal meeting will be held with MONHSR&C.

**Development of PC-1 to strengthen and establish points of entry/exit (POE)**

The MONHSR&C, with assistance from IHSS-SD organized a consultative meeting on July 18, 2018 attended by the representatives of MONHSR&C, NIH, USAID, JSI, WHO, CDC, DFID, Public Health England, International Health Regulation, and Public Health Lab Division. Dr. Irfan Tahir, Department of Central Health Establishments director, gave a brief overview of the department in general and POE in particular. He discussed gaps and challenges identified by the joint external evaluation and internal assessments. IHSS-SD's contracted consultant for developing the PC-1, explained his methodology and approach. He said that pre-inception meetings were held with concerned representatives of the MONHSR&C including the department central health establishment (CHE) and JSI.

The meeting proposed special consideration to improve the coordination and linkage among key partners and that specific activities be included in the PC-1 to improve cross-border collaboration. Skills development of POE staff need to be given more emphasis and it was recommended that the consultant hold discussions with focal persons at NIH, WHO, CDC, Plant Protection, Animal Quarantine, Civil Aviation, visit one major airport (preferably Karachi), one seaport, and one ground crossing before submission of the draft PC-1. Dr. Solangi will incorporate feedback into the draft PC-1 and submit the final PC-1 in the next quarter.

**Punjab Health Care Commission**

Upon request of Punjab Health Care Commission (PHCC), the MONHSR&C asked JSI to undertake an independent third party assessment to assess the PHCC process functionality and effectiveness outputs related to each of the five core functions.

The multi-pronged methodology included documentation and a secondary data review. A participatory approach was used to identify current process and maturity status. The assessment included IDI with key staff on PHCC process functionality and effectiveness and with internal and external stakeholders to identify key strengths, weaknesses, opportunities, and threats for the PHCC. The findings identified a solid base of effectiveness and functionality with respect to PHCC’s operations and systems. The findings also revealed several areas to improve the ability of the PHCC to achieve its mandate and improve the quality of service delivery with the goal of improving health outcomes.

A meeting with PHCC and IHSS-SD team was held in Islamabad on July 20 to discuss the PHCC comments on the draft assessment report. After a detailed discussion, consensus was reached and the draft report was finalized. The final assessment report will be shared with DG health at the national level.

**Other federal-level activities and meetings**

Major events and meetings attended during the current quarter are described below.
- COP Dr. Nabeela Ali attended the policy dialogue on Contraception as Women & Child Health Intervention at the Planning Commission in Islamabad on July 3. Dr. Ali’s presentation, “Breaking the status quo and the modus operandi of taking the family planning agenda forward” noted the challenges of translating policies into action, a lack of coordination between health and population, and weak tracking of policy implementation. Supply-side challenges included poor access, frequent stock outs, capacity issues, and weak monitoring and supervision (M&S). Demand-side issues included dissatisfaction, myths and misconceptions, coverage, unmet FP need of 20 percent while the government coverage is 50 percent. The COP stressed the fact that the Population Welfare Department alone cannot reach vulnerable segments of the population; it’s a shared responsibility. There has been a negligible decline in population growth over the last 60 years: the population growth rate was 2.5 percent between 1951 and 1961 and 2.4 percent between 1998 and 2017. In Pakistan only 1.6 percent of women use oral contraceptives; by comparison, 31 percent of contraceptive users in Bangladesh use oral contraceptives. Data from the MIS dashboard show frequent stock outs of all modern contraceptives. MIS data also shows that intra-uterine device (IUD) use is 2.1 percent, even though 6.5 m IUDs have been distributed throughout Pakistan during 2006-12. Citing these statistics and contextual factors, Dr. Ali concluded that “business as usual will not make much of a difference in increasing the contraceptive prevalence rate or reducing the unmet need.”

- Participated in USAID’s U-Report: A Digital Development Panel meeting was held on July 5 and attended by UNICEF, Chemonics, JSI, and USAID health staff. JSI presented its proposed innovative technology use in IHSS-SD Activity which will include telemedicine, mobile mentoring, and digitization of FP, TB and MNCH messages.

- IHSS-SD participated in the World Bank’s stakeholders’ consultation on private health-sector mapping and scoping exercise for Sindh province on July 5. The meeting was chaired by Patrick Mullen, senior health specialist from the World Bank in Washington, D.C, who agreed to share the study report with the Activity. Private-sector activities under IHSS-SD in Sindh may be realigned based on the findings and recommendations of the report.

- IHSS-SD participated in a World Population Day Event organized by the Population Wing of MONHSSR&C on July 11. The director general of population welfare presented the government’s vision to take the Population Agenda forward in the provinces. The meeting was chaired by the two interim ministers of population, Mr. Faisal Mushtaq of Punjab and Dr. Sadia Virk of Sindh. In addition to UNFPA (the main sponsor of the event), all development partners and leading NGOs were represented. Following the event, Dr. Ali met with Mr. Mustaq and Dr. Virk at JSI to orient them to USAID’s HSS Component work, especially the MIS/dashboards. They assured Dr. Ali that the achievements of HSS will be communicated in their handing-over notes to the incoming government.
• Dr. Ali met with Green Star CEO Mr. Abdur Rab at the JSI office on July 20 to discuss areas of common interests and opportunities to work together in the FP sector. It was agreed that IHSS-SD will keep Green Star informed of its FP-related activities.

• A meeting was held with Dr. Ahmed Atteiq from Office of Health Population and Nutrition Afghanistan/Pakistan USAID Washington, DC on August 13. IHSS-SD Activity’s proposed interventions were discussed and it was suggested to keep a provision for involving The Association of Physicians of Pakistani descent of North America (APPNA) and Sehat Kahani at some later stage.

• USAID’s DOC office organized a two-day training in Islamabad on September 4 and 5 on infographics for national Communications Working Group members. Two IHSS-SD members attended. Participants were introduced to CANVA software, an online application used for developing infographics. USAID’s DOC Specialist Christina Putney chaired the training session and emphasized the importance of graphics and visuals while preparing dissemination and communication materials. Mission Director Jerry Bisson informed participants about the Agency’s communication network and gave an overview of the ongoing projects highlighting health, education, and energy sectors. Participants had hands-on training on use of the software.

• The COP attended a World Bank meeting on human capital development and health sector reforms in the context of Sindh on September 5. USAID/JSI HSS Component was introduced to the bank’s team and IHSS-SD’s proposed activities on capacity-building for various cadres was explained. The IHSS-SD Activity plan to provide scholarships to youth in the selected districts to build their capacity to be absorbed into the public and private health sectors was also discussed.

• JSI staff attended the Health Policy Advisory Council meeting hosted by DOH at the KP House in Islamabad on September 28. The Minister for Health Dr. Hasham Afridi chaired the meeting and presented his first observations about the KP’s health department. Later, the Health Sector Reforms Unit chief gave a presentation on the Health Sector Strategy 2010–2017. The council will meet again on October 12th 2018.
2. Continuum of HSS Legacy - Sindh Province

During the quarter, under the continuum of HSS Legacy, TA was provided to DOH Sindh in the following areas:

a) Restructuring Sindh Health Department

During a meeting with newly appointed Health Minister Dr. Azra Pechuho on August 28th 2018, Dr. Ali presented the concept paper on restructuring of Department of Health Sindh. A number of options for restructuring were discussed and it was decided that splitting the department in primary and secondary and specialized care, as in Punjab, would not be adopted. Instead restructuring will include redistribution of existing functions with refined roles and responsibilities and integration of vertical programs to ensure efficiency of services and costs. At the end of the meeting the health minister asked IHSS-SD to prepare and share a two-year roadmap on restructuring of DOH with timelines, proposed composition, and a TOR for technical working groups in several priority management areas (M&E, public/private partnership node, and directorate of procurement).
After the restructuring meeting in August, the health minister called a follow-up meeting on September 18, 2018. In addition to DOH officials, the USAID Health Team participated in the meeting. During the meeting, the health minister was briefed on the roadmap of Sindh DOH restructuring by Dr. Ali. Various key steps were described in detail. This was followed by a sharing of the restructuring plan of action (Gantt chart) showing activities and key tasks. The health minister agreed with the proposed roadmap and timelines, and asked the additional chief secretary health to notify establishment of a reforms support unit and its TOR. This unit would engage with IHSS-SD Activity team for implementation of approved plan of action for Sindh DOH restructuring. Dr. Ali assured the Sindh health minister of continued TA under IHSS-SD Activity.

The following points were agreed:

- **DOH** will issue notification to establish a reform support unit in the department with dedicated staff and defined TORs that will work for 3-4 years until reforms are completed.
- **IHSS-SD** team will convene an orientation meeting with the reform support unit and initiate work on departmental reforms.
- DOH will forward a request to USAID to conduct an assessment of the Sindh CMW program.
- **IHSS-SD** team will prepare technical materials to orient reform support unit staff.
b) Strengthening Sindh Health Care Commission (SHCC)

The TA support to SHCC during the current quarter is as follows:

*Mapping/census of private health care establishments*

The IHSS-SD Activity held discussions with senior SHCC staff regarding support for completing the technical and financial bidding process for mapping/census of private health care establishments in Sindh. On July 20, the IHSS-SD technical team visited SHCC and met with Dr. Minhaj Qidwai SHCC CEO, Dr. Ayub Sanjrani, director business support, and Mr. Ayaz Kiyani, director clinical governance to review nine technical bids received by SHCC for conducting a census of private-sector health care establishments. Based on the shared criteria for review of technical proposals, the IHSS-SD technical team worked with the SHCC team to assess the bids. All nine bids were reviewed and SHCC capacity was built through the review processes, particularly in areas of evaluating experience, proposed staff, field work methodology, staff deployment, work plans, risk management, and quality assurance mechanisms. The IHSS-SD technical team provided support for short-listing the top three firms based on the proposal evaluation criteria. In addition, financial scoring criteria were developed and SHCC members helped evaluate the financial proposal.

*Institutional strengthening of SHCC - pre-audit of auditable documents of SHCC for period ended June 30, 2018*

The SHCC requested TA from IHSS-SD during the pre-audit for period ending June 30, 2018. The IHSS-SD team reviewed the trial balance of SHCC and determined the scope of pre-audit. The team met with CEO and director finance SHCC and discussed and agreed upon the scope of work. Documents pertaining to the procurement of goods and services were sampled and reviewed for compliance with Sindh Public Procurement Regulatory Authority (SPPRA). Documents were selected to cover petty purchases, through quotations, and tender. IHSS-SD team identified deficiencies in the documentation and discussed them the CEO, directors of business support and finance. IHSS-SD team prepared and shared a report on the findings of the review activity with the SHCC. The team also supported the development of SHCC Delegation of Financial Powers, and shared the draft with SHCC for review and finalization.

*Development of performance audit tools for conducting third-party performance/clinical audits of health care establishments*

On August 10, 2018, IHSS-SD team met with the director of clinical governance and training to discuss the development of performance and clinical audit tools for third-party evaluation of private health care establishments (HCEs) in Sindh and to seek feedback on the drafted request for proposal sent to SHCC earlier. It was agreed to proceed with the request for proposal and the tools for private HCE performance audits. The IHSS-SD team also briefed the CEO SHCC on the difference between inspection and audit requirements and progress in the development of performance audit tools. A set of action points were agreed with the SHCC director of clinical governance and training to conduct the performance audit. A follow-up telephone/skype meeting was set for the development of performance audit tools for primary health care (PHC) facilities, clinics, and hospitals. The IHSS-SD team gave the draft audit tools to SHCC team for review and finalization.

*Development of directorate work plans and key performance indicators*
IHSS-SD team helped SHCC prepare business plan and annual action plan guidelines, which were described to the SHCC team and technical advisory committee and approved. The SHCC team was advised to prepare its plan using the approved guidelines. In addition, the IHSS-SD technical team supported preparation of financial tools with user guides in preparation of annual budget demands for each directorate.

The IHSS-SD technical team supported the SHCC draft business and operational plans for each directorate. These were shared with CEO SHCC and M&E director for review and finalization.

**Development of policy guidelines, tools, and standard operating procedures (SOPs) for effective and efficient use of SHCC resources**

The IHSS-SD team talked with the SHCC director finance about developing procurement guidelines according to SPPRA and the financial delegation of powers. The IHSS-SD team developed the draft procurement rules, procedures, and SOPs, and shared them with SHCC.

On July 19–20, a meeting was held with the SHCC CEO and director business of support to review and finalize the procurement rules, procedures, and SOPs. The IHSS-SD team incorporated the suggested changes and finalized the documents accordingly. The following documents were shared with SHCC for approval from the executive committee followed by the board:

- Draft procurement rules
- Comparison table containing SPPRA rules with suggested amendments for adoption as SHCC procurement rules
- Procurement procedure for SHCC with annexes
- Standard operating procedures for procurement for SHCC

**Development of Sindh service delivery standards for laboratories and diagnostic centers**

The technical team supported SHCC to develop service delivery standards for laboratories and diagnostic centers. Accordingly, the draft standards with comparison of lab standards were shared with SHCC team for review and approval by the concerned committee and the board.

**Development of survey guide for inspection teams’ field visits according to the notified service delivery standards**

Service delivery standards for hospitals, PHC facilities and clinics, and laboratories and diagnostic centers have been developed. SHCC has initiated the process of registering HCE; and the Activity will help SHCC implement the service delivery standards and obtain licenses. The IHSS-SD technical team supported development of a reference manual for the implementation of minimum service delivery standards (MSDS) and a surveyors’ guide for inspection teams. This survey guide will include processes and a scoring matrix for assessing the implementation status of service delivery standards in hospitals. During the quarter, the IHSS-SD team completed development of reference manual on implementation of MSDS at HCEs for clinics; the surveyors’ guide for inspection teams at HCEs and clinics has been initiated and will be completed in the next quarter.

**Development of performance evaluation criteria and format for SHCC employees**

The IHSS-SD team met with the CEO SHCC and reviewed provided feedback for improvement of the draft human resources (HR) manual. In addition, the IHSS-SD team supported the development of SHCC staff performance assessment tools.
c) Technical support to DOH and districts for HSS, M&E, and use of information

Health facility assessment (HFA) in Sindh

Per the directives of the Chief Justice Supreme Court of Pakistan, a committee was formed to assess deficiencies that hamper health care service delivery at district headquarter hospitals. The secretary health requested technical assistance from JSI for the assessment of district headquarter, major, and tertiary hospitals. After discussions with DOH, it was agreed that the facilities will be assessed on infrastructure and availability of human resources, equipment, and furniture. The HFA tools were finalized and approved by DOH, and teams of JSI and DOH Sindh officials conducted the assessment of all secondary and tertiary health care hospitals as follows:

- 14 district headquarter hospitals completed in July, 2018.
- 11 major hospitals, Karachi (6) and Hyderabad (5) completed in August, 2018.
- Four tertiary health care facilities in the interior Sindh completed in August, and four in Karachi Division completed in September, 2018.

The tabulation of HFA data collected through these assessments was prepared and shared with secretary health, and director general health services (DGHS). Major observations included:

**Infrastructure:** The condition of most of the buildings was unsatisfactory and required repair and renovation. Seepages were observed in most of the facilities. The hospitals lacked adequate space for doctors and patients, particularly in the outpatient departments (OPDs). The waiting areas outside the OPDs were crowded and not sufficient to accommodate the flow of patients. Patients were seen on the veranda on stretchers, stools, and chairs receiving first aid and even oxygen support. Most facilities lacked proper internal and external drainage. A large number of facilities lacked public toilets in OPDs and had no proper waste management and disposal system. Recurrent power outages and a lack of funds for alternate power supplies were also major problems.

**Human resources:** An acute shortage of human resources was observed in most facilities. In a number of facilities, the posts of cardiologist, general surgeon, ENT specialist, urologist, psychiatrist, and anesthetist were vacant. Facilities also lacked support staff.

**Equipment and furniture:** Equipment, instruments, and furniture to run OPDs were not available. Most did not have a torch, thermometer, tongue depressor, X-ray illuminator, measuring tape, stethoscope, sphygmomanometer, diagnostic set, weighing scale, or height scale. Equipment and furniture in the indoor wards was also insufficient. In most facilities laboratories were non-functional.
Capacity Building of DOH and Districts on Use of Information

During the quarter, weekly and monthly analyses identified several problems with LHW reporting compliance, timely submission of partner reports, Peoples Primary Health Care Initiative (PPHI) and Integrated Health Services, data quality, M&S visits by district health staff, error reports, drug stock out, ANC-1 recording/reporting, and monthly review meetings. Shortcomings in these monthly reports were compiled and sent to the relevant district health supervisors for resolution. JSI shared a consolidated report of all identified weaknesses with DG Health Services Sindh and asked to resolve them. Accordingly, the DGHS sent letters to all responsible officers and instructed them to resolve the problems under M&E system, avoid reporting errors in future, submit monthly reports on time, and conduct planned M&S visits.

Institutionalizing the district health and population management teams (DHPMTs) for improved accountability

The DHPMT meetings remained a regular feature of the DHO during this quarter. In the meetings the partner and stakeholder progress and issues were discussed, gaps identified, and remedial action suggested. Each DHPMT meeting is facilitated by the Activity field manager. An M&E manager attended one meeting in Larkana District in September 2018 as an observer. While reviewing the progress from last DHPMT meeting, it was noted that facilities in Larkana were performing better per Key Performance Indicator system. It was also promising to note that the participants discussed data quality and timelines for submitting and uploading reports. Participants also discussed FP, nutrition, polio, malaria, measles, MNCH, the MIS dashboard, human resources, and supplies. Follow-up actions were documented and will be reviewed at the next DHPMT meeting.

Human resources for health (HRH) issues at the district level through focus group discussion (FGD) - Shikarpur

The objective of the FGD was to document perceptions on the main HRH issues such as policy, education, recruitment, retention, and migration. The participants were MS of the civil hospital Shikarpur, three senior management personnel/specialists of the hospital, DHIS and LHW coordinators from office of DHO. Broad management issues such as supervision, staff motivation, job descriptions, and mechanisms to evaluate staff performance were assessed. The main findings and recommendations are described below:

- There is inconsistency in communication policies. As a result, managers and health workers have insufficient knowledge, skills, and motivation to implement and be accountable for complying with policies and procedures.
- A large number of specialist posts are vacant, resulting in inadequate service delivery at secondary hospitals and an increase in patient load in tertiary hospitals.
- Inadequate in-service training opportunities for staff.
- Dismal working conditions in health facilities make it difficult for staff to perform optimally.
- Detailed job descriptions are not provided to all cadres of staff, resulting in a lack of clarity on roles and responsibilities.
- 90 percent of doctors at DHQ/civil hospital Shikarpur work during morning hours, which hinders evening and night service provision.
- 90 percent of the doctors are involved in private practice, neglecting patients at the hospital or referring patients to private practitioners on a commission basis.
- 302 of 500 sanctioned positions are vacant.
- 33 percent of management cadre positions are vacant. The post of medical superintendent/civil surgeon has been vacant for more than eight months.
- At the health worker level, staff vacancy rates were 77 percent for specialists; 36 percent for doctors; 50 percent for dentists; and 49 percent for nurse). Orthopedic surgeon, gynecologist, radiologist, physicians, and pathologist positions are also vacant.
Recommendations

- Develop protocols for internal and inter-departmental communication of health policies and implementation guidelines.
- Fully implement transfer and re-deployment policies.
- Strengthen health managers’ leadership and management skills.
- Fill gaps in specialist positions by rotating post graduate (PG) services to district headquarter hospitals.
- Improve performance objectives and the performance appraisal system.
- Conduct orientation sessions on job descriptions with different categories of health workforce.
- Train doctors and nurses on Essential Health Service Package.
- Develop an in-service training strategy that is responsive to the needs of the workforce.
- Ensure quality of all training providers.
- Follow-up training to ensure effective implementation.
- Improve staffing pattern and schedule plan by rotating shifts to ensure equal distribution.
- Develop and operationalize an HR management information system.
- Link PHDC with reputed educational institutions and obtain their services on a contractual basis.
- To retain staff, DOH may consider signing a two year service agreement with PHDC staff prior to sending them on long term trainings.
- Collaborate with other ministries and development partners to create interest in and source finances for improving infrastructure and working conditions.
- Hold orientation sessions with district staff to develop a plan of action to solve problems at the local level.

Progress review meeting with JSI field managers

During the current quarter, the COP held a progress review meeting with field managers (FMs) in Karachi to review their performance and provide guidance for the tasks assigned for the next quarter (Oct–Dec, 2018). The COP reviewed the progress of HSS and M&E activities in districts and informed the field managers about closing of project activities by December 2018. The FMs were advised to keep close liaison with the district health office (DHO) and provide the required technical support on HSS and M&E activities. The FMs will:

- Work with district teams to prepare a presentation for the DHPMT meetings. FMs will accompany the DHO team for meetings with education, PPHI, and Population Welfare Department (PWD) to discuss issues and prepare them for DHPMT meetings.
- Hold monthly review meetings with DHO, PPHI, and PWD.
- Support DHO monthly review meetings and will use Sindh Health Information System (SHIS), M&E visits, and survey reports to prepare for DHPMT meetings.
- Provide technical guidance to LHW program on filling logistics section.
- Clarify role and responsibilities of the DGHS office on what DG office expects from DHIS, LHW program, and district population welfare office.
- Visit health facilities regularly.
Monitoring and supervisory visits by district health managers

The analysis of M&S visits conducted during the last three quarters shows an increase in planning, conducting, and confirmation of M&S visits. In the quarter Jul–Sep 2018, 2,682 visits were planned as compared to 2,652 in quarter Jan–Mar 2018. Similarly, 2,259 monitoring visits were conducted and 1,797 visits confirmed in the quarter Jul–Sep 2018 compared to 2,191 monitoring visits conducted and 1,613 confirmed visits in Jan–Mar quarter.

Support district health teams to improve data quality at facility level

The M&E manager and concerned DHIS coordinators visited four facilities, two each in Shikarpur and Kashmore, to revalidate the data. The data from the following health facilities were revalidated using lot quality assurance sampling (LQAS) and compared with the data collected by a supervisor within the same period from the same facilities.

- **Rural Health Center Tangwani District Kashmore**: Data were checked from each register and the number of patients tallied for each element mentioned in the LQAS sheet. It was observed that data for all 12 elements matched the monthly reporting forms. The facility record-keeping was excellent and the medical superintendent in-charge was conversant with data and its importance. All registers were found neat, well-maintained, and updated.

- **THQ Hospital Kandhkot, Kashmore**: Data were revalidated with reference to the earlier LQAS conducted by district coordinator DHIS Kashmor. It was surprising that the source of data from which monthly report originated did not exist in some OPDs. The team was unable to compare the previous LQAS accuracy percentage with the one conducted in the same period (July, 2018). The medical superintendent of the hospital was debriefed and asked to ensure the availability of OPD registers.

- **Basic Health Units Dodo Ditho, Taluka Garhi Yasin, District Shikarpur**: The team checked the OPD, medicines stock, and FP registers. Since there was no maternal health register at the facility, data for ANC-1 and PNC-1 were not available and was therefore not recorded or
reported. Out of 12 LQAS elements, seven from OPD registers were selected and checked; out of which five elements were validated in the monthly report.

- Rural Health Center Sultankot, District Shikarpur: Data for the month of April, 2018 were revalidated. The team reviewed 12 data elements from the registers; 11 of which matched, for an overall accuracy of 90 percent.

Training supervisors of LHW on MIS and M&S

During the quarter, a two-day M&S and MIS training for LHW field program officers (FPOs) was held in Hyderabad. The 20 participants included 11 FPOs and nine provincial managers. The training was facilitated by director M&E and Sindh-based JSI staff. The FPOs will conduct regular M&S activities in the next quarter.

Review monthly progress of LHW FPOs

Technical assistance for reviewing FPOs monitoring visits was provided to the LHW program. The number, quality, and outcome of visits were discussed using the SHIS dashboard. It was evident that district LHW coordinators and district health officers need to take responsibility to overcome the program’s M&E challenges. It was decided that program will have division-wide review meetings with district coordinators along with DHOs using the SHIS dashboard.

Provide technical support to improve the quality of DHIS and other MIS

The Department of Health Sindh in collaboration with UNICEF and JSI’s HSS Component revised the DHIS data collection tools in 2017. DOH requested IHSS-SD Activity for TA to modify the DHIS software for alignment with the revised monthly reports. Software development firm Cybervision was sub-contracted by JSI in May 2018 to modify and revise the DHIS data entry forms for primary and secondary health care facilities, train data entry and management staff, and revise DHIS analytical reports.

Training data entry operators on revised DHIS

During the quarter, data entry operators from all districts were trained on the revised DHIS tools and entry technique formulas. The two training sessions were held in Karachi and facilitated by the IHSS-SD Activity technical staff and officers from DGHS office Sindh. UNICEF provided financial support for the trainings.
Development of analytical reports on revised DHIS software

A two-day meeting for developing the revised analytical reports was held on September 12–13 in Karachi. The consultative meeting was organized by DOH Sindh in collaboration with UNICEF; JSI provided technical support. Existing analytical reports in DHIS were reviewed and consensus reached on the revised reports for maternal health, child health, immunization, nutrition, family planning, TB, disease patterns, human resources, stock outs, and availability of services. The revised analytical reports will be uploaded to DHIS by end of October 2018.

d) Coordination and support activities

Council general visit to director general health services

IHSS-SD Activity Sindh team and DOH coordinated and facilitated the US Council General visit to the Director General Health office Hyderabad on July 5th 2018 to meet staff, discuss USAID support, and explore opportunities to improve service quality through strong M&E systems. The council general visited the M&E cell at the DG health office. The DG office provided an overview of the SHIS, which was established with support of JSI under the USAID HSS Component. The council general was also updated on the typhoid outbreak in Hyderabad and steps taken by Health Department Sindh.
Coordination and facilitation of USAID Mission visits to districts (July 9–13, 2018)

The JSI Karachi office provided coordination and communication support for USAID’s visit to Jamshoro, Hyderabad, and Matiari Districts. During the visits, detailed discussions were held with provincial and district teams on implementation progress and challenges. During meetings with DG Health Sindh, discussions on the overall status of USAID’s support in the health sector and steps taken by DOH to ensure their sustainability were held. At request of the director of the TB Control Program, the Mission attended the quarterly provincial performance review meeting and requested support for advocacy and social mobilization. Additional support was requested to establish a mechanism for defaulted patients and establishing waste-management systems in TB clinics. The Sindh LHW Program office was visited to discuss program reporting status, especially monthly and annual reporting based on analysis of the SHIS data. The project director assured the Mission that he will work with his team on developing analytical reports for the program. A meeting was held with the provincial DHIS coordinator to discuss technical issues in data collection, reporting, and analysis based on the SHIS. The team also visited Bhittai Hospital Hyderabad and Liaquat University Hospital to understand causes of recent epidemic of typhoid in Hyderabad.

Coordination and technical assistance to Provincial Health Department Sindh (ongoing)

IHSS-SD Activity staff provided orientation and hands-on support to the newly posted special secretary health on SHIS. IHSS-SD also gave a brief orientation on JSI activities and support provided (July 30, 2018). The Activity provided regular TA and coordination to secretary health office, DG health office, and other partners on strengthening M&E, re-structuring DOH, DHPMT performance, SHCC, DHIS dashboard, and data quality.

3. Cross-cutting issues

Gender

The IHSS-SD team drafted the Gender Action Plan (GAP), which will serve as a key guideline for gender mainstreaming throughout the project. It will help gender mainstreaming be tangible in program design and implementation, enable gender to be integrated as a cross-cutting theme across
the project, and facilitate strategic changes in gender relations. The GAP includes activities and outcomes to overcome barriers to gender equality, including helping ensure increased participation by women in project activities. It also helps ensure more equitable access to Activity resources, including skills training and services, thereby enabling progress on gender equality, including organizational leadership. It will also be a road map for project implementation, monitoring, and evaluation.

The conceptual framework for the GAP is based on key USAID documents: the USAID Gender Equality and Female Empowerment Policy, and Automated Directive System Chapter 205: Integrating Gender Equality and Female Empowerment in USAID’s Program Cycle. The IHSS-SD Activity GAP also incorporates findings from a gender assessment conducted by the Johns Hopkins Center for Communication Programs under the USAID Sindh Maternal and Child Health Program in 2014–15, as well as learning and outcomes of a gender and social inclusion strategy developed under the same program.

IHSS-SD partners agreed on an integrated approach for GAP implementation and will remain actively involved in the development and implementation of the plan. IHSS-SD established a gender team for the project comprising representatives from each project partner and USAID. This gender team will remain closely involved throughout the Activity to help mainstream gender across all partners’ activities.

The GAP proposes the following activities be implemented in Year 2 of IHSS-SD:

- Promote needs assessment and gender mainstreaming in the DOH: DOH’s organizational and human resource policies will be reviewed to identify:
  - Barriers preventing women’s participation in leadership and management positions in the health system and service delivery.
  - Sexual harassment faced by women in the health system at management and service delivery levels, its effect on their ability to perform their duties, and existing mechanisms for redress.
  - Implementation of redress mechanisms, especially the Sexual Harassment Act.

- Gender analysis: district-level gender analyses will be conducted in two of the project districts, since intervention districts will be clustered together and be similar in terms of their overall profile. The analyses will be based on the USAID Automated Directive System 205 guidelines for gender analysis.

- Gender training for project staff: strengthening capacity of IHSS-SD Activity and partners to integrate gender into all aspects of the Activity.

- Ongoing gender mainstreaming: collaborating with partners to integrate gender into all activities through review of activities, service delivery guidelines, training curricula, and information, education, and communications materials.

4. Realigning IHSS-SD program activities and budget

Development of revised project description:

During the quarter, all Activity partners and JSI staff were engaged in developing the realigned IHSS-SD proposal, work plans, and budget in accordance with new development objectives in the USAID CDCS.

Realigning USAID’s Health Portfolio with USAID’s CDCS, September 26, 2018
USAID’s Health and M&E team met with all USAID partners implementing the Health Portfolio. USAID’s team explained the Development Objectives (DOs) of the new CDCS and shared the USAID results framework. USAID suggested that all project activities should be mapped to clearly define how they would contribute to the DO of preventing violent extremism (PVE). After discussion, it was agreed that IHSS-SD will submit a revised project description to USAID on October 8th 2018. JSI has tried to develop linkages of proposed interventions to the three DOs and intermediate results. Example of

5. IHSS-SD Activity meetings in Punjab

Policy dialogue on family planning, September 14th 2018, Lahore

JSI staff attended the policy dialogue on Family Planning: Way forward organized by Punjab Public Health Agency. Dr. Ali presented the statistics from the presentation “Breaking the Status Quo and the Modus Operandi of taking the Family Planning Agenda forward.” She reiterated the fact that the PWD alone cannot reach to vulnerable segments of the population, it’s a shared responsibility and business as usual will not work.

Discussion on proposed IHSS-SD Activities for Punjab

COP held meetings with: 1) Punjab Public Health Agency senior management; 2) Secretary PWD Punjab; and 3) Secretary Health Punjab on September 25th 2018 to brief them about the upcoming IHSS-SD /USAID Activity and JSI’s proposed interventions for the province. The scope of work was discussed at length and possible areas where JSI’s assistance may be required were discussed. IHSS-SD has been invited again for a second round of meetings in the last week of October.

Linking IHSS-SD activities to CDCS's Development Objectives (e.g. DO2)
IV. Monitoring, Evaluation, and Reporting

- During the reporting quarter, the IHSS-SD Activity M&E team including FMs monitored the project activities in Sindh. The FMs provided support and guidance to DHOs as well as to the DGHS office in Hyderabad.

- In the revised project document, the IHSS-SD Activity will design and implement a robust monitoring, evaluation, and learning system to provide up-to-date, reliable, and actionable information. This will help link the program activities to the DOs and intermediate results. To observe the impact of the Activity, baseline and end line assessments including the questions on prevention of violence and extremism have been designed. There are questions on use, access, and coverage of health facilities; community voices; and accountability and governance. Greater connectedness of all tiers of health system will improve footprint writ of government.

- The on-line integrated dashboard and mobile technology will be integral to the day-to-day monitoring of these activities. Evidence will be used to improve programming; measure and share Activity results; and enable discussions about improvement and impact. The IHSS-SD Activity will examine contextual and system-wide issues that shape PVE activity implementation and outcomes. The Activity will monitor and document causal factors beyond the Activity’s control, to understand the pathways and synergies that impact the PVE during a theory of change workshop, to be held in December 2018.

- The theory of change will be revisited on an annual basis and adapted in response to findings. This will allow continuous reflection on contextual and system factors that are affect implementation of the IHSS-SD Activity. It will also generate evidence that health is critical to prevent violence and extremism.

V. Financial and Administrative Management

1 An end line assessment will only be feasible if the project is implemented for a sufficient duration.
Financial management

The financial management activities continue to include monthly review of project disbursements and coordination with home office finance and administrative staff to ensure monitoring of expenses against both the overall budget and the current approved work plan. The financial management tools/budget tracking system was also updated to track expenses against the approved budget and projections on a six monthly basis. The reports are being generated through the financial system designed in QuickBooks for better control in financial management.

As a regular activity, the finance office continued to maintain close liaison and extensive coordination with the head office in Boston regarding financial and administrative management, project budget tracking, and cash flow request for funds management at the field office. The financial data for the accruals and projections detail were provided to USAID in a timely manner. The financial proposal was revised and submitted to USAID in accordance with the revised project description.

Establishment of IHSS-SD offices

Provincial office, KP
The IHSS-SD Activity provincial office of KP closed in August 2018 and the office inventory disposition plan was shared with the agreement officer’s representative, who advised retaining inventory items in anticipation of realigned IHSS-SD activities and the revised project description. The KP staff has relocated to JSI Islamabad and Karachi offices with a revised scope of work.

Human resources
The key personnel position of deputy chief of party/technical director was left vacant after the provincial KP office closed. The hiring process to fill this position will be initiated after the revised project description and annual work plan are finalized.

Main office, Islamabad: JSI received the eligibility notice for a period of one year ending on September 9, 2019, for its Islamabad office located at Ufone tower. The project will continue operations from this location for the implementation of the IHSS-SD Activity.

Safety and security: The Activity finalized the Field Office Safety and Security Manual, which aims to safeguard project staff and assets in the event of a security threat or incident. The manual was developed in coordination with JSI headquarters and all project partners. All Activity staff were given an orientation to the manual, as well as a brief training to understand basic safety and security arrangements, protocols, and processes.

IHSS-SD Activity no-objection certificate from MOI
JSI submitted the revised request for the concurrence of IHSS-SD Activity separately for Punjab and KP. The requests were submitted on August 24, 2018 and September 10, 2018. As required by Memorandum of Understanding clause 4.2 signed between JSI Research & Training Institute, Inc. and Government of Pakistan through the MOI, JSI has provided all additional documents requested by the MOI and concerned authorities in KP and Punjab. JSI has been following the status of its request for concurrence regularly.

VI. Issues and Challenges

- The MOI no-objection certificate for KP is pending. This is delaying Activity implementation.
Three revised program descriptions were submitted to USAID over the two quarters ending September 30. Staff time spent developing the revised program description has limited ability to implement program activities.

Approval of a revised plan may continue to delay initiating activities.

The new government is reviewing the work of the previous government in health and population sector, which may delay the start of activities.

VII. Activities Planned for the Next Quarter

1. Continue support to DOH Sindh during the restructuring phase.
2. Provide technical support to SHCC operationalization phase.
4. Urban health care services:
   - Map public and private sector facilities in Karachi in consultation with stakeholders, DOH/EPI, local bodies (e.g., metropolitan corporations), Pakistan Family Physicians Association, and Pakistan Medical Association.
   - Assess health facilities in urban slums of Karachi.
5. Support provincial governments in designing implementation of family health network model to provide free family planning services.
6. Strengthen emergency units for comprehensive and basic emergency obstetric and newborn care.
   - Finalize list of target facilities in consultation with DOH.
   - Support assessment to set benchmarks, prepare rollout plan (validation of HFA findings).
7. Support provincial and district governments on implementing integrated disease surveillance and response systems:
   - Conduct situation analysis system in provinces.
   - Develop action plan, conduct joint review with stakeholders and approve plan.
8. Desk review of existing provincial HRH strategy for Sindh and conduct assessment of HR in five districts.
9. Meet with stakeholders to review and realign HRH strategy of Sindh and develop implementation plan.
10. Develop detailed TOR to support KMU establishment at federal level and initiate the TA.
11. Meet with stakeholders including the DOH and PWD to review and finalize training materials.
12. Finalize training plans and quality improvement approach in consultation with DOH and PWD.
14. Continue TA to federal regulatory institutions.