

# Integrated Health Systems Strengthening & Service Delivery (IHSS-SD) Activity



USAID Cooperative Agreement: No. AID-391-A-17-00002

Annual Report

October 1, 2019 to September 30, 2020

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## Submitted to:

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## Cover photo:

Photo: The picture was taken during a pediatric checkup at MHSU camp at BHU Hassan Zai, Charsadda in September, 2020

Photo Credit: Community Resource Person of RSPN, Charsadda.

## Disclaimer:

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## Acronyms

ADGHS	Additional Director General Health Services
ANC	antenatal care
BHU	basic health unit
CDCS	Country Development Cooperation Strategy
CMW	community midwife
CRP	community resource person
COE	center of excellence
COVID-19	Corona virus disease 2019
CVE	Countering Violent Extremism
DGHS	director general health service
DHIS	district health information system
DOH	Department of Health
DHQ	district headquarter
DQA	data quality assessment
GHSA	Global Health Security Agenda
HFA	health facility assessment
HRSU	Health Sector Reforms Unit
IDSRS	integrated diseases surveillance and response system
IHSS-SD	Integrated Health Systems Strengthening & Service Delivery
IHP	Integrated Health Project
IMNCI	integrated management of newborn and childhood illness
JSI	JSI Research & Training Institute, Inc.
KP	Khyber Pakhtunkhwa
LHW	lady health worker
M&E	monitoring and evaluation
MEL	monitoring, evaluation, and learning
MHSU	mobile health service unit
MNCH	maternal, newborn, and child health
MoNHSR&C	Ministry of National Health Services Regulations and Coordination
NIH	National Institute of Health
PNC	Pakistan Nursing Council
PPP	public-private partnership
PPFP	postpartum family planning
RHC	rural health center
RSPN	Rural Support Program Network
TB	tuberculosis
TIMS	Training Information Management System
WHO	World Health Organization

## **Executive Summary**

During this reporting year (2019-2020), the Integrated Health Systems Strengthening & Service Delivery (IHSS-SD) Activity expanded its scope of work to cover COVID-19 related activities throughout all six provinces/regions of Pakistan. This support package (Phase 1) included i) strengthening of Provincial Disease Surveillance and Response Units (PDSRUs) in all six provinces/regions of the country, ii) establishing District Disease Surveillance and Response Units (DDSRUs) in 158 districts, iii) training more than 3,000 district health personnel on Rapid Response Teams, and iv) orienting health care providers on the smartphone app HealthAlert® to generate alerts and report on suspected COVID-19 cases. Because of the successful completion of Phase I support, USAID asked IHSS-SD activity to extend further support (Phase II) to the provincial Departments of Health to build the capacity of hospital staff in infection prevention and control, case management, ICU/ventilators, and home-based care for which a buy-in from all the provincial departments was obtained. A separate COVID-19 assignment completion report was submitted to USAID in August 2020.

In the second quarter of the financial year the COVID-19 lockdown interrupted activity implementation, but soon after the COVID-19 lockdown lifted the activity resumed achieving the set targets and results.

In **Khyber Pakhtunkhwa**, IHSS-SD continued to support the Department of Health (DOH), to improve access to and provision of quality care. In particular, the Activity assisted the DOH to strengthen its existing institutions, increase capacity at both facility and community levels, and improve referral. During this year, the Activity achieved the following:

- Finalized the analysis of the health facility assessment in Charsadda, Swat, and Lakki Marwat, based on the criteria and scope of refurbishment.
- Conducted a total of 58 MHSU camps.
- Completed refurbishing and installation of equipment at the three Centers of Excellence (COEs) in intervention districts (Lakki Marwat, Swat, and Charsadda) and established fourth additional COE at Peshawar.
- Refurbished and updated critical hospital areas (accident and emergency rooms, labor rooms, gynecology and pediatric wards, and operation theatres) in seven hospitals including District Head Quarter (DHQH) Lakki Marwat, CITY Hospital Lakki Marwat, DHQH Charsadda, Tehsil Head Quarter Hospital (THQH) Shabqadar Charsadda, THQH Khwazakhela, THQH Matta, and Saidu Teaching Hospital, Swat.
- Established three sick newborn care units and seven well baby clinics in the above hospitals.

At the community level, under the community engagement component, IHSS-SD activities conducted Maternal, Newborn and Child Health (MNCH) awareness sessions reaching a total

of 129,915 people (112,915 women and more than 17000 men) in Charsadda, Lakki Marwat, Swat, and Mohmand districts.

As of 20 September 2020, the Rural Support Program Network (RSPN) and Jhpiego successfully completed their project activities and submitted their final end of project documents. RSPN was responsible for the technical content and support for the social mobilization activities implemented in the selected districts, and Jhpiego was responsible for managing and conducting clinical trainings for health care providers in the selected districts. The IHSS-SD team discussed and developed a plan with relevant government bodies to continue the activities after the support from RSPN and Jhpiego ended.

In **Sindh**, the IHSS-SD team worked with the Department of Health Services to develop a plan of action for re-structuring of the health department. During this period, the team provided technical support including developing and sharing many documents for comments including job descriptions, eligibility criteria, and functions for posts under new organogram. The IHSS-SD team worked to finalize the plan for implementing the multidrug-resistant tuberculosis (MDR-TB) component for the Sindh TB program.

In **Punjab**, IHSS-SD supported the development of Planning Commission performa-1 (PC-1) for an Integrated Program for Communicable Disease Control per the request of Primary & Secondary Health Department Punjab. The final draft of the PC-1, after incorporating the inputs of the authorities and experts, has been presented to the department for further approvals by the Punjab's planning and finance departments.

At the **federal level**, IHSS-SD continued to provide technical support to strengthen the Islamabad Health Care Regulatory Authority Board (IHRA). During the reporting period, IHSS-SD presented draft recommendations on business rules and an analytical report. The team worked with Pharmacy Council for finalization of the assessment report to fulfil its mandate and to perform according to the given functions. The team also held a meeting with Registrar, Pakistan Medical Council (PMDC) to discuss the proposal of automating the registration process of medical and dental graduates.

IHSS-SD's most important achievement in the areas of administration, finance, and partnerships was setting up strong operating and management systems that resulted in strategic partnerships. This enabled the Activity to successfully evolve with the major changes that occurred throughout the year such as the COVID-19 pandemic among others. JSI implemented the Activity in accordance with the terms of the Cooperative Agreement and its modifications.

The focus of the Activity during this reporting year continued to be on sustainability by making sure that the Government of Pakistan can sustain progress made under IHSS-SD at all levels

from the facility to community. The IHSS-SD team continued to assist the government and communities to identify ways to leverage and mobilize resources from local stakeholders, including the private sector, to achieve their health goals.

## Introduction

USAID awarded the three-year USAID Cooperative Agreement: No. AID-391-A-17-00002 for the Integrated Health Systems Strengthening & Service Delivery Activity to JSI Research & Training Institute, Inc. (JSI) on September 28, 2017. JSI collaborates with three partners for Program implementation: Jhpiego Corporation (Jhpiego), the Rural Support Programmes Network (RSPN), and Contech International.

Per the work plan submitted in September 2017, IHSS-SD was to work in the provinces of Khyber Pakhtunkhwa (KP), Sindh (to continue JSI's Health Systems Strengthening Component legacy work), and at the federal level.

By April 2018, JSI's application for a no-objection certificate (NOC) providing permission to work in KP was pending and the annual work plan (AWP) revised to shift the bulk of activities to Sindh Province, where JSI had both, permission to work and a good working relationship with the health department. The first two quarters of Project Year (PY) 1 focused on transitioning from HSS to IHSS-SD in Sindh and continuing support to the Ministry of National Health Services, Regulations, and Coordination (MoNHSR&C) at the federal level.

In January 2019 USAID announced that Countering Violent Extremism (CVE) and health would no longer be linked and that the IHSS-SD Activity should focus on the Global Health Security Agenda (GHSA), a major shift in the project. The Activity's AWP was revised to focus on the GHSA and maternal, newborn, and child health (MNCH) in KP and on the GHSA exclusively at the federal level and in Sindh and Punjab Provinces. USAID also requested that IHSS-SD work in Balochistan.

USAID approved the re-aligned work plan in March 2019. After exhaustive discussions, Charsadda, Lakki Marwat, Swat, and Mohmand (from the newly merged districts of FATA) were selected for Activity implementation. A letter of understanding was signed with Health Department KP on April 10, 2019. After the IHSS-SD Agreement Officer's Representative approved the revised AWP in July 2019, provincial and district-level activities commenced, and the IHSS-SD Peshawar provincial office was established with requisite staff for overseeing operations.

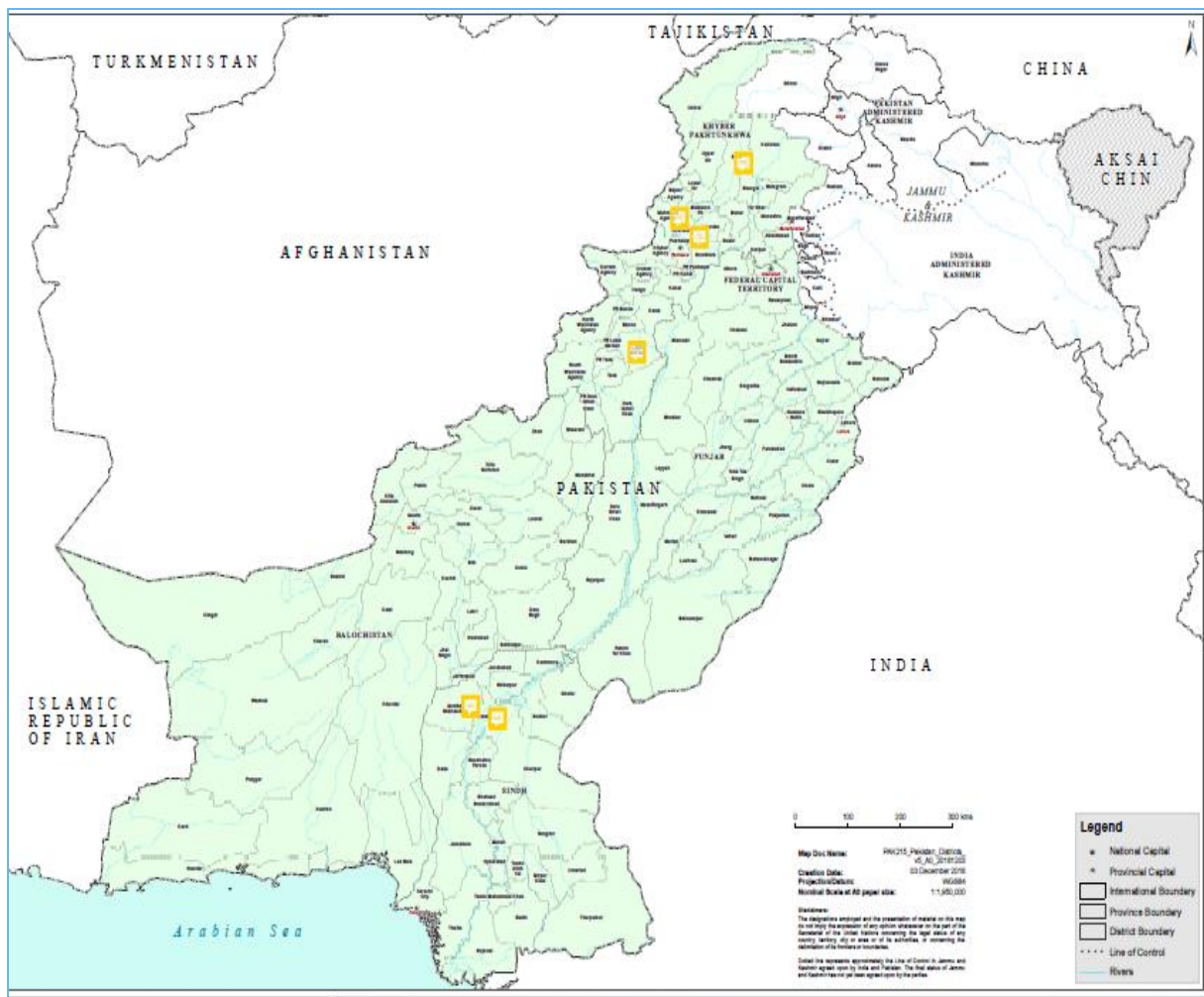
In September 2019, the AWP was revised again to align IHSS-SD activities with the revised Country Development Cooperation Strategy (CDCS) of USAID/Pakistan, which prioritized geographic areas along the Afghanistan/Pakistan (Af/Pak) border, KP, southern Punjab, and Karachi. Moreover, countering violence and extremism (CVE) became a major cross-cutting theme and the ultimate objective for all program activities, and IHSS-SD revised its theory of change accordingly. CVE was dropped some time later from the IHSS-SD theory of change and program description.



On August 17 2020, USAID extended the award to two more years. During the extension period, JSI will be the sole implementing partner and the project will end on September 27, 2022.

The Activity reflects USAID’s commitment to assist the Government of Pakistan (GOP) to achieve its objectives under the developed Pakistan’s National Health Vision (NHV) 2016-2025. The Integrated Health Systems Strengthening & Service Delivery Activity operates in districts in 3 provinces. The Activity will provide services to approximately 5.6 million people, or 2.53 percent of the country’s total population.

### IHSS-SD Intervention Areas (Provinces and Districts)



## II. Second Year Activities and Results

This section presents progress on activities and results by province from October 1, 2019 to September 30, 2020.

## Overall Achievements

- Provided quality basic maternal, child, and reproductive health care services to more than **13,000 beneficiaries** through mobile health service units
- Established **four centers of excellence** for clinical training in Maternal, Newborn and Child Health
- Trained more than **7,600 health care providers** (facility and community based) on various Maternal, Newborn and Child Health interventions
- Refurbished and updated critical hospital areas (accident and emergency rooms, labor rooms, gynecology and pediatric wards, and operation theatres) in **seven hospitals**.
- Established three sick newborn care units and seven well baby clinics in these hospitals.
- Provided **83 different items of essential MNCH equipment** to each of the **180 health facilities** in districts Charsadda, Lakki Marwat, Swat, and Mohmand
- Provided **11 state of the art and fully equipped ambulances** for strengthening referral of emergency cases.
- Strengthened **six provincial disease surveillance and response units** in the directorate general of health
- Established **158 district disease surveillance and response units** (one per district throughout Pakistan) that are operationalized and connected with their provincial units
- Built capacity of more than **3,000 staff of the district health system** throughout Pakistan in rapid response teams training for COVID-19
- Trained more than **5,900 health care providers** on using HealthAlert® a smartphone App for generating alerts on suspected COVID-19 cases.
- Trained **650 hospital intensive care unit staff** from **62 hospitals** on management of critically severe cases of COVID-19 on ventilators
- Installed more than **4,600 wall mounts on clinical management of COVID-19 cases** in health facilities across Pakistan

### 1. KHYBER PAKHTUNKHWA

IHSS-SD supported the Department of Health (DOH) to strengthen existing institutions, referral systems, build the capacity of health care providers, and improve community

awareness regarding health and hygiene. The health systems strengthening component of the activity includes reviving the role of district health and population management teams (DHPMTs) in Charsadda, Lakki Marwat, Mohmand, and Swat and training them on the development and use of district action plans (DAPs).

**IR 1.2.K: Trust in Government Enhanced**

**Sub IR 1.2.1.K: Access to basic service increased**

**Activity 1.2.1.1.K: Strengthen the emergency response of DHQ & THQ (Category A, B, C & D) hospitals of selected districts of KP**

**Health Facility Assessments**

The IHSS-SD team completed the assessment analysis and findings for 147 health facilities (10 Rural Health Centers and 116 Basic Health Unit) in the three target districts in Khyber Pakhtunkhwa (Charsadda, Lakki Marwat, and Swat). The assessment was deferred for Mohmand district due to security concerns. The technical team developed summary reports for all the assessed RHCs and BHUs that included their health facility profiles. To respond to the Government’s plan to expand the comprehensive primary health care services to the BHU level, the Activity added in the assessment of the selected 29 BHUs criteria of the Comprehensive Health Units (CHUs). All tasks of this activity are complete.

**Table 1: Health Facility Assessment in four districts**

District	RHCs	BHUs	Total	CHUs
Charsadda	3	44	47	6
Lakki Marwat	4	30	34	11
Mohmand	Not conducted	0	0	
Swat	3	42	45	12
<b>Total</b>	<b>10</b>	<b>116</b>	<b>126</b>	<b>29</b>

**Key Findings**

As an example, following figures illustrates key findings of HFA regarding availability status of assessed equipment items at RHCs and BHUs within three targeted districts of Khyber Pakhtunkhwa:

**Figure 1: Availability of assessed equipment items in RHCs of district Charsadda**

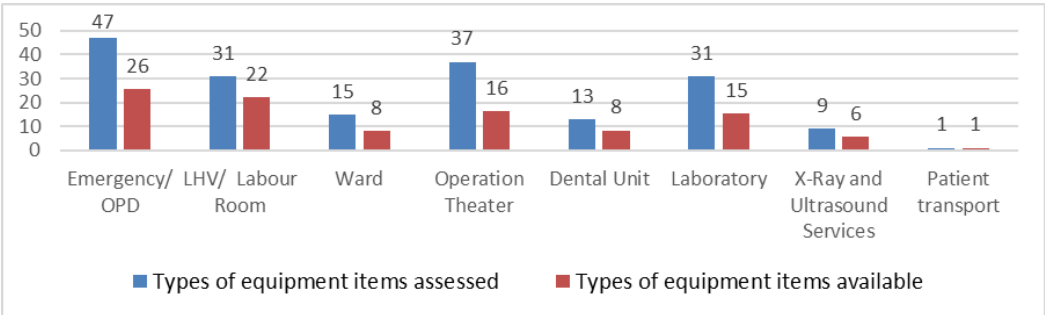


Figure 2: Availability of assessed equipment items in RHCs of district Lakki Marwat

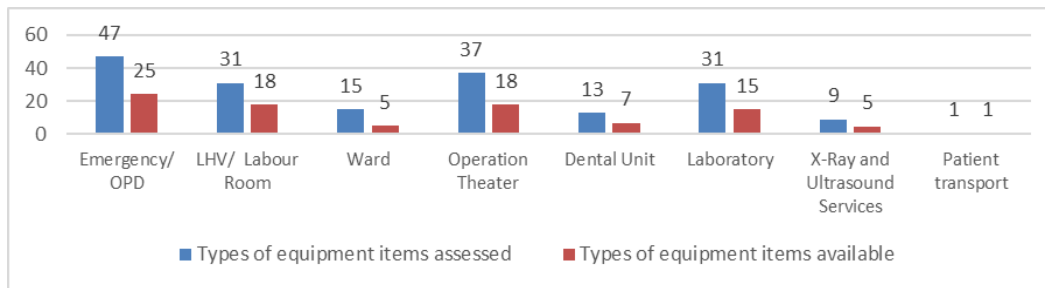


Figure 3: Availability of assessed equipment items in RHCs of district Swat

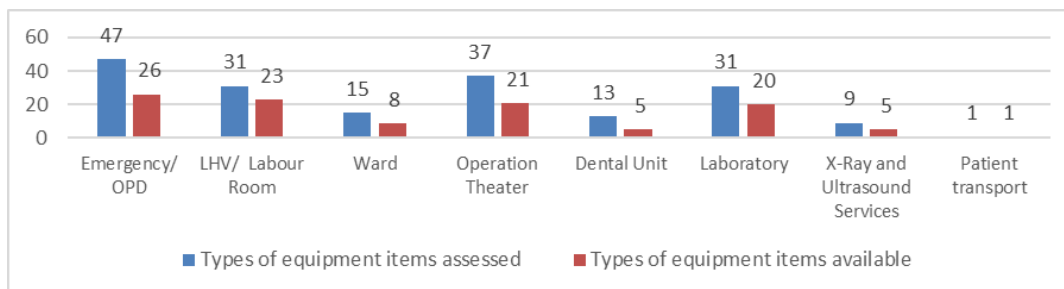


Figure 4: Availability of assessed equipment items in BHCs of district Charsadda

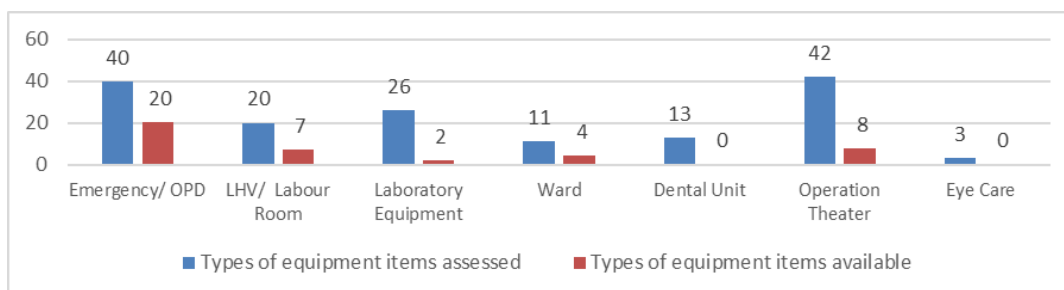


Figure 5: Availability of assessed equipment items in BHCs of district Lakki Marwat

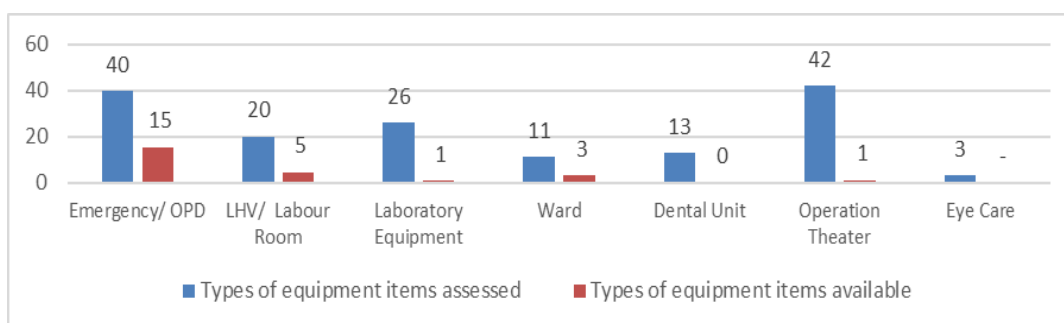
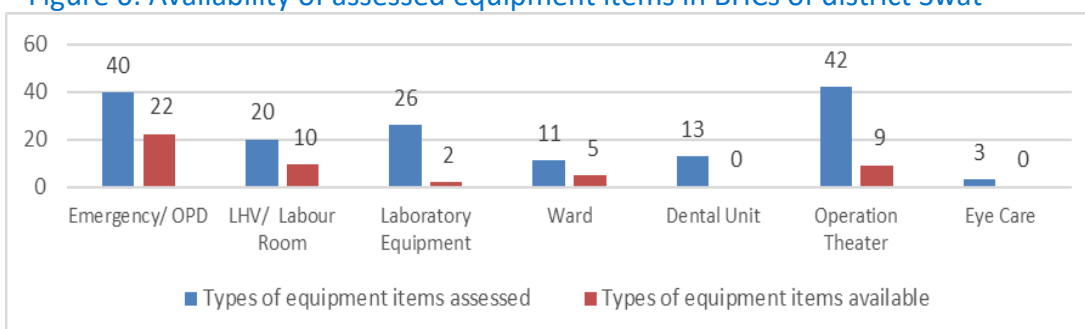


Figure 6: Availability of assessed equipment items in BHCs of district Swat



### **Repair works for selected Hospitals**

The project technical team jointly reviewed and completed the prequalification of contractors/firms and shared pre-qualification report in mid-June 2020. The report also included the pre-qualification analyses, hospital-wide bid invitation notices, and hospital-wide bid forms and tender documents. IHSS-SD already reported in detail the repair work in its previous quarterly reports. At the end of September 2020, the majority of the repair works were complete (Table 2 below). In some districts, pace of repair works was faster because of availability of local contractor, labour and material. At other places, these had to be mobilized from adjacent or nearby districts/larger cities. It is expected that by February 2021 all repair works in all districts will be completed.



Photo1: Children ward under construction in City Hospital, Lakki Marwat

**Table 2. Progress Status of the Repairs Work at Selected Hospitals June-Sept. 2020**

S/No.	Health Facility	Repairs Work	Status (on-going/ pending/ completed)	% Completed
<b>LAKKI MARWAT DISTRICT</b>				
1	District Head Quarter (DHQH) Lakki Marwat	Diagnostic Block	On- going	95%
		OT Department	On-going	90%
		Labor Room	On-going	90%
		WBC & SNCU	On-going	85%
		Emergency Block	On-going	35%
		Admin Block	Completed	100%
2	CITY Hospital Lakki Marwat	Typical Wards	On-going	98%
		Emergency Ward	On-going	85%
		Diagnostic Block	On-going	85%
		Labor Room & OT Dept	Pending	0%
		WBC	Pending	0%
<b>CHARSADDA DISTRICT</b>				
3	DHQH Charsadda	Gynae Wards	Completed	100%
		Children & RHC Wards	Completed	100%
		WBC	On-going	75%
		Children OPD	On-going	50%
		Emergency Male Ward	On-going	45%
		Diagnostic Block	On-going	40%
		OT & Labor Room	Pending	0%
4	Tehsil Head Quarter Hospital (THQH) Shabqadar	Gynae Wards	Completed	100%
		Children Ward	Completed	100%
		WBC & SNCU	On-going	75%
		OT	On-going	75%
		Gynae OPD	On-going	20%
		Diagnostic Block	Pending	0%
		Labor Room	Pending	0%
		Emergency Block	Pending	0%
<b>SWAT DISTRICT</b>				
		WBC	Completed	100%
5	THQH Khwazakhela	Gynae Ward	On-going	80%
		Labor Room	On-going	70%
		Diagnostic Block	Pending	0%
		Children Ward	Pending	0%
		OT	Pending	0%
		Emergency Block	Pending	0%
6	THQH Matta	Diagnostic Block	Completed	100%
		WBC & SNCU	Completed	100%
		Children Ward	Completed	100%
		Emergency Ward	Ongoing	95%
		Labor Room & OT Dept.	Pending	0%
7	Saidu Teaching Hospital	WBC	Completed	100%

### Activity 1.2.1.2.K: Mobile Health Service Units (MHSU), operationalize after review and assessment of the existing MHUs

The Activity refurbished three DOH Mobile Health Service Units (MHSUs) in the target districts in order to increase access to and coverage of basic health services. In consultation with the respective District Health Officers (DHOs), the IHSS-SD team finalized the plan for MHSUs. Afterwards, the team recruited the requisite MHSU staff (doctors, lady health workers, lab technicians, drivers, and helpers) and assigned them to three MHSUs. The assigned staff received an orientation on their role (job descriptions) and MSHU Standard Operating Procedures (SOPs), especially during the COVID-19 period. The Activity also applied for the No Objection Certifications (NOCs) from the Deputy Commissioners in selected districts in accordance with the security measures and local government by-laws.

From October 1, 2019 to September 30, 2020, the MHSUs supported by the IHSS-SD Activity provided the following services.

- Held at least six medical camps per month in each district for a total of 58 camps
- A total of 13,643 beneficiaries received Out-Patient Services (OPD)
- Conducted ultrasound examinations for 622 women,
- Administered polio vaccine to 6 refusal cases at a camp at BHU Mazhara Charsadda
- Carried out nutrition screening for 1,309 beneficiaries.
- Provided family planning counselling services to 1,105 beneficiaries (the Population Welfare Department in Swat district reported a 25% increase in FP services use with the support of these mobile medical camps).



Old MHSU



Refurbished MHSU

Photo 2: Refurbishment of Mobile Health Services Units – before and after photos

**Table 3: MHSU Service Use Status**

Description	Total Number of Clients			
	Charsadda	Lakki Marwat	Swat	Total
Total Camps	21	21	16	58
Total OPD	4,705	4,239	4,699	13,643
Women	2,467	2,089	2,551	7,107
Children	2,081	2,106	1,376	5,563
Men	157	44	772	973
Services		-		
RH	474	219	449	1,142
PHC (Women)	1,546	508	606	2,660
Ultrasounds	173	222	227	622
LHV Counseling	245	446	68	759
ANC Cards	135	129	18	282
FP Counseling	836	130	139	1,105
FP Commodities	550	94	33	677
Nutrition Screening	840	414	55	1,309
Ready-to-eat Foods (RTFs) Sachet	-	873	16	889
EPI Services	275	205	204	684
New Cards	-	47	-	47
Referrals		-		
For Clinical Services		-		
Women	29	32	21	82
Children	34	36	39	109



Photo 3: Female Clinic at MHSU Camp in Charsadda



Photo 4: Awareness session for women being conducted at MHSU Camp in Charsadda



### **Activity 1.2.1.3.K: Strengthening provincial institutions in Khyber Pakhtunkhwa to improve governance (transparency and accountability) and quality of care**

**Sub-activity 1.2.1.3.1.K: Institutional review and addressing gaps for strengthening of Provincial Health Services Academy (PHSA), KP Health Care Commission (KP HCC), Health Sector Reform Unit (HSRU), and Financial Management Cell (FMC).**

#### **Health Sector Reform Unit (HSRU)**

The IHSS-SD Activity technical team conducted consultative meetings with the Health Sector Reform Unit (HSRU) team to discuss its mandate, functions, organization structure/organogram, job descriptions, procedures, and process for institutional strengthening of the HSRU. The work progress was slow initially due to change of HSRU leadership, transfers of senior staff during the assignment, and limited cooperation of the HSRU team, as well as restrictions on official meetings and travel resulting from the COVID-19 pandemic situation. The team visited the HSRU office in June 2020 to meet with the HSRU Chief and his team to discuss HSRU PC-1, HSRU Act of Parliament, existing organogram, job descriptions (JDs), along with the roles and responsibilities circulated by KP Health Department. These documents were finalized (organizational functions, JDs, and performance indicators) and submitted to Establishment Department Khyber Pakhtunkhwa for review and approval.

#### **Provincial Health Services Academy**

The IHSS-SD technical team had consultations with the Provincial Health Services Academy (PHSA) team for PHSA institutional strengthening based on gaps identified in the review report. During a meeting on the institutional review report, the institutional development component and updating training modules and materials for programmed/promotional trainings conducted at PHSA were identified priorities by the Secretary Health. The team shared the activity terms of references to initiate the support regarding the development/update of PHSA courses, curriculum, and training modules on promotional trainings of staff of the Health Department. The team performed the following tasks as part of the technical support for institutional strengthening to PHSA:

- Shared curriculum and training modules on promotional trainings of DOH officers
- Developed public health academic section organogram of PHSA
- Developed job description of each person in the office or department with key performance indicators
- Reviewed the above documents after the feedback from PHSA's Director General

#### **Khyber Pakhtunkhwa Financial Management Cell**

After completing the institutional review report of Financial Management Cell (FMC) that incorporated the feedback from the Additional Secretary Budget and FMC team, the IHSS-SD team finalized the Medium-Term Plan and Annual Plan of Action for FMC institutional

strengthening. The team also developed cost estimation tools and manuals for costing of the District Action Planning, Implementation, and Monitoring activities. After getting feedback from the FMC team, IHSS-SD finalized these tools and manuals. Additionally, IHSS-SD provided support to FMC by building the budgeting capacity of relevant staff and by reviewing, finalizing, and submitting the budget proposals to the DOH for the upcoming financial year.

The IHSS-SD Activity team prepared the implementation strategy for institutionalizing output-based budgeting (OBB) in consultation with FMC. The technical team developed comprehensive plans for trainings on medium term budgetary framework (MTBF), budget guidelines, and presentations for hands-on support for budget preparation in selected districts.

The IHSS-SD Activity team met with the Financial Management Cell (FMC) to prepare the budget for next year. The team also worked on trend analysis of budget grant allocated, final grant, and expenditure at detailed object code level (Project to Improve Financial Reporting and Auditing) Chart of Accounts. At the request of the FMC, the IHSS-SD team also worked on model budgets for different categories of spending units, e.g. District Headquarter Hospital, Tehsil/Taluka Headquarter Hospital, Rural Health Centers, Drug Control, etc.

The IHSS-SD team also had meeting with the Additional Director General Public Health (ADGH) and Director Curative to present output-based budgeting and the updated sample District Action Plan. The ADGH approved the Draft District Action Plan and advised the IHSS-SD team to proceed with preparation of District Action Plans. The IHSS-SD Activity team received the government's approval to conduct capacity building workshops using the Activity-developed data collection tools. This workshop will help prepare the output-based budget including costing of District Action Plan (DAP) activities.

### **Khyber Pakhtunkhwa Health Care Commission (KPHCC)**

The IHSS-SD team shared the findings from the institutional review of KPHCC Health Care Commission (HCC) with key stakeholders (Health Minister, Secretary Health, KP HCC team) The technical team also developed an action plan for institutional strengthening and shared it with Chief Executive Officer, KPHCC. Regarding the HR component, it was decided that KPHCC will follow-up with Organizational Project Management (OPM) for the organogram, JDs, etc. and share with IHSS-SD to inform the technical assistance provided. The technical team worked with the KPHCC technical team and provided the following TA for KPHCC under legal framework and HR management component:

- KPHCC (Amended) Act 2020
- Posts and vacancy position and requirement of new posts for main and zonal offices of KPHCC
- Directorate-wise distribution of posts for main and zonal offices of KPHCC
- Organogram for KPHCC main office
- Organograms for KPHCC zonal offices

During this reporting period, the IHSS-SD team continued to provide technical support for institutional strengthening of Khyber Pakhtunkhwa Health Care Commission (KPHCC). Because of the COVID-19 pandemic, the capacity strengthening activities and meetings were held virtually. During this period, IHSS-SD also reviewed and completed the followings documents.

- List of directorate wise functions
- Distribution of functions into main and zonal offices
- Proposal for adjustment of staff shifted from Health Regulatory Authority
- Proposal on establishing zonal offices
- Organogram and JDs of key management positions
- Revised KPHCC Act, and Comparison of KPHCC Act with the Acts of Health care Commissions of Punjab and Sindh, along with proposed amendments with justifications
- KPHCC Recruitment Policy 2020
- KPHCC Terms & Conditions of Service 2020
- KPHCC Performance Evaluation Policy 2020z
- Efficiency & Disciplinary Rules (E&D Rules) 2020
- Costed Annual Operational Plans (AOP) of KPHCC directorates

The Activity team requested a joint review meeting with the KPHCC's CEO and his team to finalize all the above listed documents.

**Activity 1.2.1.4.K: Institutional capacity development (PHSA, selected tertiary care hospitals and DHQs) to act as provincial and district centers of excellence for high quality MNCH/FP, nutrition, and selected infectious diseases services**

**Sub-activity 1.2.1.4.1.K: Strengthen Centers of Excellence (COE) to support best practices**

IHSS-SD continued its support for COEs in the intervention districts by installation of equipment; development of the clinical SOPs on maternal, newborn health, IMNCI, IYCF; and set up of workstations related to all training packages. During this period, three COEs were established and handed over to relevant government bodies. These COEs are the District Head Quarter Hospitals (DHQH) in Charsadda and Lakki Marwat and Saidu Group Teaching Hospital (SGTH). The forth COE (Molvi Ameer Shah Hopsital in Peshawar) is near completion and will be handed over to the health department in the next quarter. These Centers of Excellence will be used for the capacity building trainings and workshops with a specific focus on MNCH. Photos 5 and 6 show the handing over ceremonies at two different COEs.



Photo 5: Ribbon cutting and handing over ceremony of Centre of Excellence at DHQH, Charsadda



Photo 6: Handing over ceremony of Centre of Excellence at SGTH, Swat

## **Sub IR 1.2.2 Service Quality Improved**

### **Activity 1.2.2.2.K: Capacity building of service providers to improve access and quality MNCH/FP Services-Facility based providers on MHSDP**

#### **Sub-activity 1.2.2.2.1.K: Capacity development of Facility based-service providers**

Capacity building and training of health care personnel is the hallmark of the IHSS-SD Activity. Working to strengthen the public sector health system requires upgrading the knowledge base and skill set of the health care providers, health managers, and community-based health workers. This capacity building works in tandem with the objectives of improved service delivery, a responsive health system, and evidence-based planning for better health outcomes. These objectives in turn serve the goal of enhancing community trust in the government health system. The Activity has introduced a comprehensive training package which encompasses multi-dimensional aspects of maternal, newborn, and child health (MNCH). These trainings were offered to health staff in Charsadda, Lakki Marwat, and Swat. During the reporting period, these trainings did not cover the district Mohmand, due to security reasons.

In addition to MNCH, IHSS-SD Activity's second important component is the Global Health Security Agenda (GHSA). The project extended capacity building support to the provincial health department at the time of the COVID-19 pandemic outbreak. The IHSS-SD Activity provided training to District Rapid Response Teams in all 158 districts of Pakistan.

Table 4 and the text below is the exhaustive list of trainings conducted by IHSS-SD for different cadres of health personnel and health care providers.

**Table 4: List of Trainings delivered to health care professionals**

Sr. No	Title of Training
1.	Pregnancy, Child birth, Postpartum, and Newborn Care (PCPNC)
2.	Management of Complications during Pregnancy and Childbirth (MCPC)
3.	Integrated Management of Childhood and Newborn Illness (IMNCI)
4.	Helping Baby Survive (HBS) & Use of Chlorhexidine
5.	Infant and Young Child Feeding (IYCF) & Growth Monitoring
6.	Postpartum Family Planning (PPFP)/ Family Planning Compliance
7.	Infection Prevention and Control
8.	Training of Lady Health Workers on MNCH, PPFP, Nutrition, Infectious diseases
9.	Training of Community Midwives on MNCH
10.	Case definitions and management guidelines
11.	Front line Workers training
12.	Rapid Response Teams' Training
13.	Infection Prevention & Control for COVID-19 (IP&C)
14.	Training of ICU staff on COVID-19 case management on ventilators
15.	Training on mild to moderate COVID-19 case management
16.	Training Information and Management System (TIMS)
17.	Monitoring & Supervisory (M&S) System

**1. Pregnancy, Childbirth and Postnatal Care (PCPNC)**

IHSS-SD trained women health service providers including medical officers, lady health workers (LHWs), charge nurses, and other female staff on pregnancy, childbirth, postnatal care (PCPNC), and the continuum of care. The six-day training was based on World Health Organization (WHO) best practices in timely and effective management of pregnancy, childbirth, and postpartum care for both women and newborns. From October 1, 2019 to September 30, 2020, IHSS-SD trained 81 PCPNC master trainers who conducted further drill down trainings for 290 health care providers and 236 health care staff.

**2. Management of Complications during Pregnancy and Childbirth (MCPC)**

IHSS-SD trained women health service providers including medical officers, lady health workers (LHWs), charge nurses and other female staff on the management of complications during pregnancy and childbirth (MCPC). The four-day training was based WHO, UNFPA and UNICEF training manual for developing an understanding of the trainees on the key elements of an approach to reducing maternal and perinatal mortality and morbidity. From October 1, 2019 to September 30, 2020, IHSS-SD trained 14 master trainers who conducted further drill down trainings for 126 health care providers and 100 health staff on MCPC.

### **3. Integrated Management of Childhood and Newborn Illness (IMNCI)**

IHSS-SD organized IMNCI trainings for the health service providers deployed at first-level health care facilities to improve the quality and continuum of care for sick children. WHO's internationally recognized IMNCI guidelines were used for the training. During this year, IHSS-SD trained 71% of the targeted health care providers (196 people trained out of the target of 276). At the community level, IHSS-SD trained 82% of the targeted community-based health care providers (2,427 people out of the target of 2,954).

### **4. Helping Baby Survive (HBS) & Use of Chlorhexidine**

The Health Department Khyber Pakhtunkhwa endorsed the Helping Babies Survive learning resource package, which includes modules on helping babies breathe, essential care for every baby, and essential care for small babies. This training was imparted to the facility-based staff in three intervention districts. Moreover, Chlorhexidine is now proven to be a lifesaving agent for the new born when applied to the umbilical cord stump; it prevents sepsis, which has been recorded as one of the leading causes of neonatal mortality all over the world. IHSS-SD Activity trained skilled birth attendants including medical officers, nurses, community midwives and lady health workers on the importance and use of chlorhexidine among the newborns in their respective communities and catchment populations. From October 1, 2019 to September 30, 2020, IHSS-SD trained 19 HBS master trainers who conducted further drill down trainings for 132 health care providers and 94 health staff.

### **5. Infant and Young Child Feeding (IYCF) & Growth Monitoring**

IHSS-SD Activity trained health care providers in Khyber Pakhtunkhwa on the importance and promotion of breastfeeding, weaning and nutrition for young children in order to address the grave issue of malnutrition among children and diseases related to under-nutrition. Similarly, growth monitoring was covered as an important aspect of checking a child's growth milestones such as head and mid-arm circumference. As of September 2020, IHSS-SD conducted IYCF training for more than half or 62% of the targeted health care providers (180 out of the target of 292).

### **6. Postpartum Family Planning (PPFP) & Family Planning (FP) Compliance**

IHSS-SD Activity focused on capacity building of the skilled birth attendants both at the health facility as well as community level to be trained in the concept of postpartum family planning. In order to address the issue of high fertility rate and the unmet need for contraception, the women of reproductive age after having multiple children look out for PPFP, especially for long term spacing. The training included key concepts of PPFP, guidelines on FP compliance and the counselling skills of the health care providers including the importance of voluntarism and informed choice. From October 1, 2019 to September 30, 2020, IHSS-SD trained 23 master trainers who conducted further drill down trainings for 132 health care providers and 168 health staff on PPFP & FP compliance.

## 7. Infection Prevention and Control

Training on Infection Prevention & Control in the hospital setting while delivering maternal, newborn and child health was conducted for the health facility staff. This included handwashing, use of gloves, masks and gowns, preparation and use of chlorine solution for disinfecting linen and instruments, needles and other sharp gadgets, isolating a patient with infection etc. From October 1, 2019 to September 30, 2020, IHSS-SD trained 54 master trainers who conducted further drill down trainings for 500 health care providers and 986 health staff on Infection Prevention & Control.

## 8. Training of Lady Health Workers on MNCH, PFP, Nutrition, Infectious diseases

Community based lady health workers are the first contact for many women and children in the villages and peri-urban areas in most parts of the country. This community-based staff performs its duties very well and have received international recognition. Nevertheless, IHSS-SD Activity had planned to train these LHWs and to refresh their knowledge base on MNCH, PFP, nutrition and infectious diseases. A one-week training was designed and conducted for the LHWs. At the end of September 30, 2020, IHSS-SD trained 242 master trainers who further trained 96% of the targeted LHWs (3,062 out of 3,200).

## 9. Training of Community Midwives on MNCH

CMW is another important community-based health worker to transmit the health messages to the village women and children. She is also a trained birth attendant registered with the Pakistan Nursing Council. Hence, IHSS-SD Activity had planned to refresh the knowledge base of CMWs on MNCH. Table 5 shows the MNCH training conducted for CMWs at the end of September 2020.

**Table 5: MNCH trainings for CMWs as of September 30, 2020 (n=150)**

<b>MNCH Training topics</b>	<b>No. of CMWs</b>
PCPNC	143
Lactation management and growth monitoring	168
PFP	20
Chlorhexidine for cord care	97
Management Information System	135

## 10. Case Definitions and Management guidelines

All provinces have lists of notifiable infectious diseases, based on which IHSS-SD Activity designed a two-day case definition and management guidelines training for the provincial and district managers. Training covered concepts of surveillance, case identification protocols and case management protocols. In the reporting period, this training was held in two districts in Sindh (Kambar Shahdadkot and Larkana) for 156 managers. In Khyber Pakhtunkhwa, two trainings were held for 48 managers in Lakki Marwat and for 27 managers in Charsadda 27. The Activity could not conduct this training in Swat district because of the COVID-19 lockdown.

### **11. Frontline Workers training**

Training for frontline workers is designed to build the capacity of district health staff to deal with infectious diseases outbreaks and emergencies. This is one of the internationally recognized three-tiered training modules of Centre for Disease Control and Prevention (CDC). It is facilitated by Field Epidemiology and Laboratory Training Program (FELTP) in Pakistan to improve critical skills required for disease detection, reporting, and feedback for effective surveillance at local level. The trainees attend a 12-day training in three subsequent workshops, followed by 8–10 weeks of on-the-job training to complete field assignments and apply training guidelines during implementation. At the end of September 2020, this training was held for 27 managers in Sindh and for 25 managers in Khyber Pakhtunkhwa.

### **12. Rapid Response Team Training**

At the outset of the COVID-19 pandemic outbreak in Pakistan, USAID complemented the efforts of Government of Pakistan to strengthen surveillance of COVID-19. The IHSS-SD Activity team trained the district health staff under the DHO office as Rapid Response Teams (RRTs) throughout the 158 districts of Pakistan. Nearly 3,000 government staff received training in case definition, identification, management, referral, sample collection and transportation, and risk communication and community engagement. These RRTs were then officially notified by the District Health Offices.

### **13. Training on Infection Prevention & Control for COVID-19 (IP&C)**

COVID-19 infection threatens the lives of people who contract the infection as well as the health care staff providing care to patients. Many health care providers also contracted COVID-19 and some lost their lives. The IHSS-SD Activity proposed a comprehensive training on IP&C for the health care staff in the hospitals dealing with COVID-19 cases. The Activity designed a training curriculum for IP&C for COVID-19 in collaboration with NIH and trained the first batch of 43 master trainers in Balochistan. The IHSS-SD Activity will be conducting this training throughout Pakistan aiming to train approximately 10,000 health care staff in IP&C.

### **14. Training of ICU staff on COVID-19 case management on ventilators**

The IHSS-SD Activity built the capacity of intensive care unit (ICU) staff in the hospitals where USAID donated ventilators for managing severe COVID-19 cases. This training was designed and carried out in collaboration with National Disaster Management Authority (NDMA). Ventilators were distributed by the NDMA to the designated hospitals across Pakistan and nominations were also obtained from the provincial health departments. The IHSS-SD technical team with the senior medical and anesthesia consultants provided these trainings in all provinces/areas. At the end of September 2020, the Activity trained 550 ICU staff on managing severe COVID-19 cases on ventilators.



### 15. Training on mild to moderate COVID-19 case management

Health Department Khyber Pakhtunkhwa made a special request to train its hospital staff in mild-to-moderate COVID-19 case management. The IHSS-SD Activity in collaboration with NIH trained 51 hospital staff as master trainers to date and this training continues.

### 16. Training Information and Management System (TIMS)

The Training Information Management System (TIMS) is an updated and dynamic version of a prior system developed with USAID support. It was transferred to the Punjab, Balochistan, and Sindh PWD and provincial health departments in 2018-2019. TIMS will facilitate the electronic management of training records at KP DOH and PWD. The IHSS-SD Activity plans to deploy TIMS in DHIS cell of DOH KP. The IHSS-SD Activity trained relevant staff at all tiers of the directorate general of health services (DGHS) and in all districts of Khyber Pakhtunkhwa. As part of health system strengthening component of the IHSS-SD work plan, capacity building of the provincial and district level DHIS managers were also taken up as an important task.

### 17. Training on Monitoring & Supervisory (M&S) System

The IHSS-SD Activity reviewed and revised the monitoring checklists for all the vertical programs in the Health Department of Khyber Pakhtunkhwa. Staff at the provincial and district levels were trained to use these checklists and to report accordingly. The M&S system is geared to introduce the concept of accountability and will subsequently improve the efficiency and quality of health care (Table 6).

**Table 6: Government Staff Trained on M&S System as of September 30, 2020**

Institutes	No. of participants
District Population Managers training in Population MIS and Online M&S system	48
Provincial managers trained in Population MIS and online M&S system	18
DHIS Coordinators and Assistant District Coordinators trained in M&S system from other than 3 project districts, DOH	18
<b>Total</b>	<b>84</b>

### Supportive supervision/mentoring

Supportive supervision (SS) is widely used in Pakistan. In Khyber Pakhtunkhwa this has been primarily implemented to support the Lady Health Worker (LHW) and Community Midwives (CMW) programs rather than health facilities. In partnership with the KP Department of Health (DOH), IHSS-SD identified that strengthening supportive supervision for LHWs in addition to developing a mechanism for health facilities staff would be a critical contribution to strengthen the health system. This is particularly important as a means to support the significant investment in strengthening service provider knowledge, skills, and confidence through the various trainings conducted by the IHSS-SD Activity.

IHSS-SD developed a SS checklist that including six technical areas (Focused Antenatal Care, Labor & Delivery, Postnatal, Postpartum Family Planning, Helping Babies Survive, and Infection Prevention) which were used during visits to assess the knowledge and skills of service providers. DOH constituted a supportive supervisory committee in each district (Swat, Lakki Marwat, and Charsadda), with membership including the District Health Officer, a public health specialist, program focal person, and one master trainer. To prepare committee members to provide SS, IHSS-SD provided an orientation and introduction to supervisory tools and checklists for competency-based performance standards.

Photo 7, 8, and 9 below show some training activities conducted by IHSS-SD in the reporting period.



Photo 7: District Level Orientation on Supportive Supervision with notified Supervisory Committee members from DOH- conducted on 27-28 July at M&E Cell Lakki Marwat



Photo 8 Certificate distribution after PCPNC in Swat



Photo 9 A snapshot from PCPNC training in Swat

**Sub IR 1.2.3 Civic Engagement Increased**

The aim of the community component was to support and complement the IHSS-SD activities at the district level through public participation for increasing access to health care and for adopting positive health behavior among the target population in rural areas not covered by Lady Health Workers (LHWs).

### **Awareness sessions on Maternal, Neonatal and Child Health (MNCH):**

Under IHSS-SD Activity, female Community Resource Persons (CRPs) in 1,680 communities conducted MNCH awareness sessions in their targeted 60-80 households covering approximately 810,400 people. The aim of the awareness sessions is to improve the public's trust in government health services and promote positive behavioral related to health care seeking for mothers and children. The sessions covered six different MNCH topics: a) introduction to health rights; b) pregnant women's health and nutrition; c) birth spacing; d) hygiene and handwashing; e) child health and nutrition; and f) infectious diseases.

### **Introduction to Health Rights**

These sessions emphasized the key messages related to the health facilities and the services they provide and referring women, especially pregnant women, for check-ups from the public health facilities or LHWs. During this period, LHWs conducted 17,061 sessions reaching 109,663 women. Details are in Table 7 below.

### **Pregnant Women, Health & Nutrition**

The aim of these sessions is to inform women about the danger signs during pregnancy, the importance and timing of antenatal checkups, proper nutrition during pregnancy for better health outcomes, and positive behavior change related to maternal and child health. In all four districts, 13,755 awareness sessions were conducted on pregnant women's health and nutrition and 112,915 women attended these sessions.

### **Birth Spacing**

To ensure better health outcomes for both mother and child as well as reduce pregnancy related complications, advocacy sessions on birth spacing were conducted. The risk for anemia and low birth weight in the newborn are also addressed in these sessions. The CRPs and female social mobilizers conducted 13,518 sessions on the importance of birth spacing. In these sessions, 112,437 women were outreached (Table 7).

### **Hygiene and Handwashing**

Hygiene and handwashing sessions inform people of the critical times and the ten steps for effective handwashing with soap, importance of using latrines, and the purification of water at the household level to prevent diseases. Awareness sessions on hygiene and handwashing under the IHSS-SD Activity started before the COVID-19 mainly targeting schools. In this reporting period, the emphasis on awareness and practices related to hygiene and handwashing increased. The health service mobile unit in Charsadda, Lakki Marwat, and Swat districts also incorporated these awareness sessions in their services (Table 7). 13,116 CRPs in three districts and 338 female social mobilizers in Mohmand district conducted 13,454 awareness sessions reaching 112,636 women.

## Child Health & Nutrition

Malnutrition can cause physical and mental deficiencies in children and can lead to lifelong health issues. Knowledge on balanced and adequate nutrition for children at an early age is very important for mothers as they are the key caregivers. Providing them with information on proper nutrition for children at different ages (ranging from birth to 24 months) can greatly help improve the nutrition of children at home. During this period, 13,086 sessions in Charsadda, Lakki Marwat, Swat, and Mohmand districts were conducted and 97,923 women participated in the sessions.

## Infectious Diseases

Awareness of the prevention and signs of tuberculosis, typhoid, malaria, and measles are conducted with the public in the areas not covered by LHWs. In the reporting period, 12,674 sessions were conducted in the four districts (Charsadda, Lakki Marwat, Swat, and Mohmand). In these sessions, 91,193 women participated in these sessions.

**Table 7: Number of sessions by topics of awareness sessions**

Session topics	Charsadda	Lakki. Marwat	Swat	Subtotal (CRPs)	Mohmand Social Mobilizers	Total	No. of women participated
Introduction & Health Rights	4,076	2,484	10,212	16,772	289	17,061	53,639
Pregnant Women, Health & Nutrition	3,319	2,240	7,916	13,475	280	13,755	112,915
Birth Spacing	3,260	2,240	7,680	13,180	338	13,518	112,437
Hygiene and handwashing	3,236	2,240	7,640	13,116	338	13,454	112,636
Child Health & Nutrition	3,188	2,240	7,456	12,884	202	13,086	97,923
Infectious Diseases	3,088	2,112	7,272	12,472	202	12,674	91,193
<b>Total</b>	<b>20,167</b>	<b>13,556</b>	<b>48,176</b>	-	<b>1,649</b>	<b>83,548</b>	-

Overall, the CRPs conducted a total of 83,548 sessions against their target of 78,553 sessions. The CRPs surpassed their respective targets in all three districts by conducting 20,167 sessions in Charsadda, 48,176 in Swat and 13,556 in Lakki Marwat. In Mohmand district, the female social mobilizers conducted 1,649 awareness sessions with women (Table 8).

**Table 8: Comparison of Target Awareness Sessions and the Actual Conducted**

District	Target	Achievement
Charsadda	19,644	20,167
Swat	44,396	48,176
Lakki Marwat	12,864	13,556
Sub-total	76,904	81,899
Mohmand	1,649	1,649
<b>Total</b>	<b>78,553</b>	<b>83,548</b>

**Referral slips to access basic health services**

Referrals slips are instruments that show the nature of health issue and a name of referred health facility. The CRPs use these referral slips to send women with various health issues, focusing mainly on pregnant women, to public health facilities (BHUs, LHW, RHC, District hospital, etc.). In all three districts during this period, the CRPs referred 22,375 clients for further services at the health facilities. Almost one-fourth (24%) were referred for MNCH services and the rest for general health.

**Awareness sessions on MNCH with men**

In Pakistan's rural culture, the decisions about a woman's health are usually made by her male family members. Similarly, a woman's movement out of her community or village is subject to the permission of her male family members or mother-in-law. Raising awareness only among women at the community level about MNCH may not produce the desired results. Thus, men were also engaged in the IHSS-SD community awareness sessions to support in women's decision to seek health care at a public health facility. 7,882 sessions were conducted in the same villages where the women CRPs or social mobilizers were organizing awareness sessions on MNCH with women. The men and women in a family had the opportunity to attend the awareness sessions. Table 10 shows the awareness sessions on MNCH organized for men in the Activity area in the reporting period.

**Table 9: Number of Awareness Sessions conducted by Male Social Mobilizers from October 1, 2019 to September 30, 2020**

Sessions' topic	Charsad da	Lakki Marwat	Mohmand	Swat	Total	Participants
Introduction & Health Rights	338	222	206	797	1,563	17,134
Pregnant Women - Health & Nutrition	396	244	214	709	1,563	17,619
Birth spacing	411	224	246	739	1,620	18,508
Water & Sanitation	319	183	126	732	1,360	15,018
Children - Health & Nutrition	154	80	0	441	675	8,363
Infectious Diseases	303	147	0	651	1,101	10,979
<b>Total</b>	<b>1,921</b>	<b>1,100</b>	<b>792</b>	<b>4,069</b>	<b>7,882</b>	-

**Orientation of community notables**

In the community component, the role of the community notables was to support the social mobilization activities at the community level for awareness raising on MNCH. Community notables were identified through social institutions (Community Organizations, Village Organizations and Local Support Organizations). The majority are community activists or social workers, local government representatives, LSO members, teachers and doctors, etc. In the four project districts, all 225 community notables (six of whom are women) received orientation. These notables supported the IHSS-SD activities in the field. They played a key role in advocating for the community-based activities by identification of suitable



Photo 10: Community notables’ orientation, Charsadda

CRPs, facilitation of MHSU camps, and resolution of minor community issues related to the project. Table 10 shows details of the community notables orientation.

**Table 10: Number of Community notables Received Orientation as of September 30, 2020**

Districts	Men	Women	Total
Charsadda	39	6	45
Lakki Marwat	30	0	30
Swat	105	0	105
Mohmand	45	0	45
<b>Total</b>	<b>219</b>	<b>6</b>	<b>225</b>

**Awareness Sessions on handwashing and hygiene in schools**

Awareness sessions on hygiene and handwashing in schools were designed to promote understanding and positive behaviors related to spread of diseases due to unhygienic environments, importance of use of latrine, clean drinking water, personal hygiene, and handwashing with soap during critical times with the ten handwashing steps. Many students took part in the awareness sessions and learned the steps of handwashing and its importance and further communicated it to their family members. 525 schools (235 boys’ primary schools and 290 girls’ primary schools) were engaged in the community component in Charsadda, Swat, and Lakki Marwat districts. In these 525 schools, 125,803 students enrolled to participate in the activities. Every month, each trained teacher conducted two sessions in his/her school. More than 85% children in these schools were reached in these sessions (88% boys and 83% girls) as detailed in Table 11 below.

**Table11: Handwashing & Hygiene Activities in School from October 2019 to March 2020**

Description	Boys	Girls	Total
Number of students enrolled in target schools	5,6276	6,9527	125,803
Number of sessions conducted	2,301	2,195	4,496
Number of students outreached	49,615	57,994	107609
Percent of students outreached	88	83	86
Number of Hygiene Clubs formed & demo kits received	235	290	525
Number of soaps distributed	58,134	55,917	114,050

IHSS-SD developed and printed 605 hygiene toolkits for all four districts’ schoolteachers and social mobilizers. Additionally, the Activity distributed 12,736 soaps to 28,77boys and 27,596 girls. The administration of these schools reiterated that they will continue hygiene related activities post of the IHSS-SD with their existing budget of Parents-Teachers-Committee.

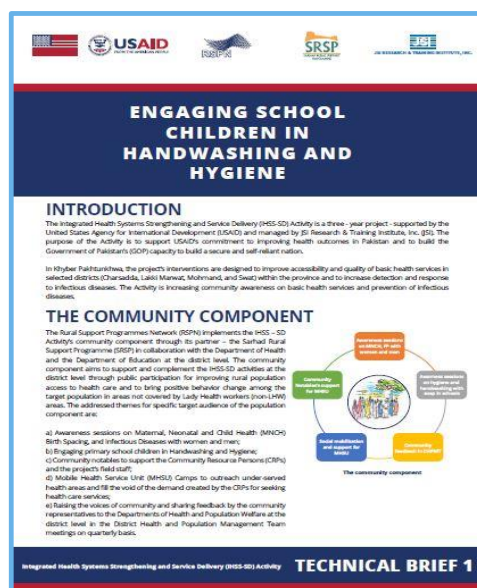
### Civic engagement component closure after completion of activities

IHSS-SD’s partner organization for direct civic engagement, Rural Support Program Network (RSPN) completed all the targeted/planned activities. In this reporting period, the partner organization designed, developed, and handed over complete Information, Education, and Communication (IEC) materials as follows:

- Success Stories Booklet
- Video Clips
- Technical Briefs (shown on right)
- End of Project Report
- Photo Bank

### IR 2.2: Governance improved Overall Achievements

- Conducted first DHPMT meetings in three districts (Charsadda, Lakki Marwat & Swat)
- completed situation analysis for action planning through developing the district analytical profiles for Charsadda, Lakki Marwat, and Swat
- Develop District Action Planning Toolkit based on standards of Minimum Health Services Delivery Package (MHSDP)
- Programmatic Management of Drug Resistance TB (PMDT) sites were identified for the support of PTP (Provincial TB Program)



## Sub IR 2.2.1 Government Accountability Increased

### Activity 2.2.1.2.K: Institutionalizing the District Health & Population Management Teams (DHPMTs)

The IHSS-SD Activity team completed the rapid appraisal of existing status of district health management teams in the targeted districts of Khyber Pakhtunkhwa, i.e. Charsadda, Lakki Marwat, and Swat. The following activities were carried out to revitalize district teams:

- Drafted DHPMT notification with its terms of reference,
- Supported in issuance of the notification from Health Department that involved seeking formal approval from Chief Secretary Khyber Pakhtunkhwa
- Developed DHPMTs' meeting tools and performance assessment criteria for conducting effective meetings and quality assurance, including roles and responsibility of team members, template minutes of meeting, meeting performance scoring matrix, data collection tools for presenting performance in meeting, performance analysis guide, and template for presentation of members in meeting.
- Conducted orientation of district health officers of target districts.

**Table 12: DHPMT meetings conducted from June-September 2020**

District	Date of DHPMT Orientation	Date of First DHPMT Meeting
Charsadda	20.8.2020	10.9.2020
Lakki Marwat	6.8.2020	16.9.2020
Swat	24.6.2020	28.7.2020

Districts now need support in implementing decisions and recording and reporting progress to the Director General Health Services (DGHS).



Photo 11: DHPMT Meeting at Laki Marwat



Photo 12: DHPMT Meeting at Charsadda



### **Sub-activity 2.2.1.2.2.K: Building and institutionalizing capacities of provincial institutions for operationalizing District Action Plan (DAP) in selected four districts**

The IHSS-SD Activity team completed a situation analysis for action planning through developing the district analytical profiles for Charsadda, Lakki Marwat, and Swat. The team supported districts and completed final DAP and annual operational plan (AOP) of these districts. Below is a description of detailed tasks completed:

- Reviewed the government documents including the Khyber Pakhtunkhwa Health Policy 2018-25 and Health Sector Strategic Plan 2019-25.
- Visited the respective District Health Offices (DHO) for collection of required data and completed districts analytical profiles.
- Shared the draft profiles with DHO of Charsadda, Lakki Marwat, and Swat, which were finalized after joint review with DHO and his team.
- Developed Sample Medium Term District Action Plan and Annual Operational Plan comprising of activities based on health sector strategic plan interventions.
- Held consultative meetings with Department of Health and key stakeholders at provincial level for sharing the implementation strategy of District Action Planning (DAP), Planning Framework showing linkages between targets of Sustainable Development Goals, Khyber Pakhtunkhwa Health Policy and District Action Plan.
- Conducted joint review sessions with the Health department constitution technical advisory committee for review of draft District Action Plan for operationalizing provincial Health Policy and health sector strategic plan.
- Drafted DAP approved by technical advisory committee with advice to prepare district action plans for remaining districts.
- Developed documents of DAP comprises of Medium-Term Activity Plan and Annual Operational Plan matrices, showing activities designed to operationalize health sector strategic plan.
- Developed District Action Planning Toolkit based on standards of Minimum Health Services Delivery Package (MHSDP).
- Made follow-ups with districts to constitute District Health Planning Committees (DHPCs) for engaging in preparation of DAPs through collecting required data and review planning matrices.
- Conducted capacity building workshop in each district on 1) understanding use of data collection tools with user guides, 2) provide hands-on support for finalizing medium-term and annual operational planning matrices, 3) target setting, 4) understanding and use of costing tools for costing of planned activities
- Supported target districts in preparing and finalizing district action plan.



Photo13: DAP Workshop is being conducted in Swat

### **Sub-activity 2.2.1.2.3.K: Building and institutionalizing capacities of KP Finance Management Cell for operationalizing Medium-Term Budgetary Framework (MTBF)**

The progress under this sub-activity is the same as already reported under Activity 1.2.1.3.K; Sub-activity 1.2.1.3.1.K for strengthening Khyber Pakhtunkhwa Financial Management Cell.

### **IR 2.3.K: Equitable delivery of basic services increased**

#### **Activity 2.3.1.K: Government capacity to deliver Global Health Security (GHS) including Infectious diseases**

##### **Sub-activity 2.3.1.1.K: Support to DGHS in implementation of Global Health Security activities**

During the reporting year, IHSS-SD technical team conducted the following activities under GHS:

- Developed the Priority Diseases Response Plans according to the practical needs of Department of Health (DOH) Khyber Pakhtunkhwa. These plans were reviewed and updated through provincial and district level consultative review meetings to ensure practicability of response plans. These response plans contain disease wise steps to be taken at health facilities and district authorities.
- Trained district Integrated Disease Surveillance Response (IDSR) staff frontline workers (one from each district). The frontline workers training program is an internationally recognized three-tiered training modules of Center for Disease Control and Prevention (CDC), facilitated by Field Epidemiology and Laboratory Training Program (FELTP) in Pakistan. This training was designed to improve critical skills required for disease detection, reporting, and feedback for effective surveillance at the local level. Per the training design, the trainees spend up to 12 days in three training workshops, followed by 8-10 weeks of on-the-job training to complete field assignments for practice, implementation and reinforcement of what they have learnt. 25 participants successfully completed their field assignments and were awarded with the frontline workers certificates by Director Public Health Khyber Pakhtunkhwa. These trained personnel worked as district focal persons on IDSR.
- Conducted refresher training of Provincial Rapid Response Team (RRT), upon request of DOH Khyber Pakhtunkhwa. In 2017, DOH Khyber Pakhtunkhwa nominated and trained these RRTs to provide an effective and well-coordinated response to communicable disease threats. The technical team organized a five-day refresher training on RRT with the technical support of FELTP Pakistan from November 18-22, 2019 at Peshawar. 25 participants successfully completed training and enhanced their skills on rapid response to notifiable disease threats.

- Prepared the material for training on case management for health care providers to identify and report priority notifiable diseases. The team carried out extensive literature review of WHO/CDC documents along with consultations with DOH to plan two-days training on communicable disease case definitions and management. Three training sessions were conducted in Lakki Marwat and Charsadda, and 75 health care providers were trained.



Photo14 Breakout session during RRT Training  
Khyber Pakhtunkhwa



Photo 15: Case Management Training at DHQH  
Lakki Marwat

- Developed training manual on Safe Laboratory Practices, Biosafety, and Quality Assurance. This manual provides guidance for establishing laboratory management, laboratory operations and quality management system. IHSS-SD team also identify the area to support the DHQ hospital laboratories of Charsadda, Lakki Marwat and THQ hospital Matta, district Swat to supplement the IDSR activities.
- Finalized the planning for implementing the multidrug-resistance tuberculosis (MDR-TB) component. As an outcome of this activity, the TB plan has been reviewed and finalized and now JSI will implement TB-related activities in Khyber Pakhtunkhwa (Charsadda, Swat, and Lakki Marwat) and in Sindh (Larkana and Kambar Shahdadkot). To strengthen referrals, decentralized/satellite Programmatic Management of Drug Resistance TB (PMDT) sites were identified by the Provincial TB Program at different service delivery areas. With support of IHSS-SD satellite/decentralized PMDT sites will be established at Kambar Shahdadkot in Sindh (Larkana already has one) and Lakki Marwat & Charsadda in Khyber Pakhtunkhwa (Swat already has one). PMDT sites will be established in a functional health facility not less than a Tehsil level (sub-district) hospital. The Provincial TB Control program will provide at least two rooms for the PMDT site. The IHSS-SD Activity will support in refurbishment (minor repair work and provision of furniture if required) of PMDT sites, IT equipment, infection prevention measures, PPE for staff working in PMDTs, and essential equipment for the satellite PMDT sites. The Provincial TB Program will provide and ensure the availability of HR and medicines while JSI will organize capacity building trainings for the staff provided by the Provincial TB Program. Satellite/decentralized PMDT sites will have a vital role

in diagnosis and treatment of contacts traced under IHSS-SD support. All the suspects/contacts will be tested at these PMDT sites (along with already functional PMDT sites in Districts). Field staff will be responsible to collect the data and facilitate to submit the specimen on designated decentralized/satellite PMDT sites.

## **2. SINDH**

### **IR 2.2.S Governance Improved**

#### **Sub IR 2.2.1.S Government capacity to respond to citizen's needs strengthened**

##### **Activity 2.2.1.1.S: Restructuring of DOH Sindh with focus on building capacity on Global Health Security**

##### **Transfer of eight Vertical Programs from development budget to non-development budget**

During this reporting year, the Government of Sindh shifted all the vertical programs to the non-development budget. In his budget speech for year 2020-21, the Chief Minister of Sindh announced the shift. The Department of Health requested IHSS-SD to extend the technical assistance in implementation of restructuring intervention. The following tasks have been completed and handed over to the Department of Health, Sindh:

1. Drafted Notification of revised posts appeared in budget book 2020-21
2. Drafted Request Letter for remaining posts according to revised organogram
3. Prepared job descriptions of all posts according to revised organograms of DGHS, DHS, and DHO offices
4. Complete package for operationalizing activities related to Sindh HIV- AIDS Control included:
  - Plan of activities
  - Summary of budget allocation as per original budget proposal,
  - Cost center wise budget allocations as per budget book 2020-21 with aligned targets of activities, and
  - Cost center wise budget Comparison (Demand vs. Allocation)

##### **Development of Legislative Framework: Sindh Public Health Act**

On the request of the Government of Sindh, the IHSS-SD technical team, including public health and legal experts, provided technical assistance to the Department of Health (DOH) for drafting Sindh Public Health Bill as there was no legislative framework to protect the people from public health emergencies. This bill enables the government to implement and enforce measures to prevent and control spread of diseases for active disease surveillance, detection, and reporting from the grassroot to the provincial level for an effective health response through analysis of the problem and development of specific approaches. In addition to the drafting of the bill, the technical team also developed schedules on rules and notification of public health emergency, powers of Commissioners and Deputy Commissioners, and the list

of priority diseases and case definitions. After internal approval, DOH has forwarded the bill to the Law Department for legal vetting, which will be tabled to the Cabinet and Sindh Assembly next year.

**Strengthening the referral system through handing over of ambulances for District Larkana and Kambar Shahdaktot**

In support of the Global Health Security Agenda, the Activity handed over fully equipped ambulances to District Hospital Kambar and Civil Hospital Larkana. These ambulances are being used as part of referral system in these districts.



Photo16 Handing over of state of the art ambulances to Health Minister, Sindh

**Strengthening the District Laboratories for diagnosis of Infectious Diseases**

Under IHSS-SD activity, District laboratories at focused districts are envisaged to strengthen as they provide diagnostic services for infectious diseases. The refurbishment work of Laboratory is under progress at the Chandka Medical College, Larkana. Refurbishment work started September 2020 and is expected to be completed in three months.

**Supporting Provincial TB Control Program to increase Case Detection Rate (CDR)**

The World Health Organization’s reports ranks Pakistan fifth among 30 high burden countries for TB and fourth for Drug Resistant TB (DRTB). The surveillance and research data of Provincial Tuberculosis Control Program reveals that Sindh contributed 22% of the National TB burden of disease during 2018 and tuberculosis (TB) remained one of the main health problems in Sindh. In the light of mentioned facts IHSS-SD activities is supporting the national & provincial TB program in screening, case detection, reaching the missing cases and awareness about prevention and treatment. The broad objectives are to increase case detection rate (CDR) of MDR TB cases through active contact screening and follow up of lost registered MDR cases.

The IHSS-SD team coordinated and met with national, provincial, and district TB administration to share the details of proposed activities. The team identified hot spots areas based on number of MDR patient registered and areas with sputum positive patients registered. The program will be launched in district Larkana and Kambar Shahdadkot in the next quarter.

IHSS-SD conducted meetings with LHW Training Coordinator to include Sindh LHW Program in TB control intervention. It is planned that the social mobilization for camps will be done through LHWs in covered area, and with social mobilizers (hired) in non-covered areas. IHSS-SD is also working with the Sindh LHW training coordination department for the home-based care (HBC) training of LHWs. To strengthen referrals, decentralized/satellite Programmatic Management of Drug Resistance TB (PMDT) sites were identified by the Provincial TB Program at different service delivery areas as already discussed above under GHSA (Activity 2.3.1.K).

### **3. PUNJAB**

#### **IR 2.3.P: Equitable delivery of basic services increased**

**Activity 2.3.1.P** Government capacity to deliver GHSA, including infectious diseases

**Sub-activity 2.3.1.1.P** Support to DGHS in implementation of GHSA activities

#### **Establishment of Provincial Disease Surveillance and Response Unit Punjab**

Per the scope of work decided with the Director General Health Services Punjab, the Activity provided technical and logistics support to the DGHS office Punjab for establishment/strengthening of Provincial Disease Surveillance and Response Unit (PDSRU).

The Provincial Disease Surveillance and Response Unit in Punjab was initially established by CDC Atlanta supported Field Epidemiology and Laboratory Training Program (FELTP) in the year 2014 at Directorate General Health Services Punjab. The initial scope of the PDSRU was to act as provincial training site for FELTP fellows for their two-year fellowship training as field epidemiologists and support the CDC program in communicable disease surveillance and response activities in the province. PDSRU Punjab remained redundant for three-to-four following its establishment due to various issues.

In the year 2019, DGHS Punjab asked JSI to provide technical and operational support for re-activation, refurbishing, and strengthening of the PDSRU under IHSS-SD Activity. In response to this request, the Activity provided following support to the DGHS Punjab:

1. Provision of Human Resource (Director Programs Punjab and Program Officer) to be based at PDSRU

2. Refurbishing of office space allocated for PDSRU at Director General Health Services office
3. Provision of furniture, fixtures, IT and communication equipment for PDSRU
4. Operational support for PDSRU



Photo17 Photos from PDSRU Punjab, showing visits of DG Health and Secretary Primary & Secondary Health Department.

With this support, the scope of PDSRU has been enhanced from merely a training attachment site for FELTP sites to steer the communicable disease surveillance and response activities and technical support to concerned staff at all tiers of health care delivery system in the province.

The IHSS-SD team based at the PDSRU is supporting the department in the activation of a Disease Surveillance System (DSS) which is a digital interface for case based surveillance data to be reported by all levels of health care facilities including teaching hospital, secondary level health care facilities (District Head Quarter Hospitals, Tehsil Headquarter Hospitals) and primary level health care facilities (Rural Health centers and Basic Health Units). PDSRU is generating daily reports on communicable disease surveillance and compliance on DSS. In the wake of COVID-19 Pandemic, PDSRU Punjab was designated as provincial focal point for coordination, disease reporting, and response activities in collaboration with Provincial Command and Control Centre.

PDSRU Punjab is actively engaged in coordination with District Health Authorities, focal persons of District Disease Surveillance and Response Units, and rapid response teams regarding communicable disease surveillance and response activities in the province including COVID. Regarding COVID-19 surveillance and response, PDSRU Punjab is supporting the

Department of Health Punjab in generating daily Situation Reports (SitReps) for the provincial and federal entities like National Command & Operations Centre (NCOC) for COVID-19.

### **Technical Assistance for Development of PC-1 for Integrated Program for Communicable Disease Control, Punjab**

With the support of USAID's IHSS-SD Activity, the Primary & Secondary Health Department of Punjab has prepared and submitted the PC-1 for a new development scheme titled "Integrated Program for Communicable Disease Control, Punjab" (IPCDC Punjab).

Per the initial scope of work finalized with Director General Health Services Punjab in September 2019, DGHS Punjab requested IHSS-SD to provide technical assistance for development of PC-1 for CDC program. IHSS-SD engaged consultants from the province and federal for this purpose. After thorough deliberations with officials of primary and secondary health care department, directorate general health services, CDC Program and WHO Punjab, first draft of PC-1 was presented to the Special Secretary Primary and Secondary Healthcare Department in March 2020.

Due to COVID-19 pandemic, the focus of the department shifted temporarily in managing the pandemic which led to delay in finalization and submission of PC-1 for further approval. On the basis of experience with COVID-19 experience, major changes were suggested in the scope and financial components of the PC-1 before submission to P&D. IHSS-SD Punjab staff actively engaged in modifying the PC-1 as per the revised scope and departmental priorities.

The final draft of PC-1 has been submitted last month i.e. October 2020 to Planning & Development Department for approval.

## **4. FEDERAL**

### **IR 2.2: Governance improved**

#### **Sub IR 2.2.1 Strengthened federal government's functions**

##### **Activity 2.2.1.1.F Strengthen Regulatory Institutions at Federal level**

###### **Sub-activity 2.2.1.1.1.F Operationalizing Islamabad Healthcare Regulatory Authority**

IHSS-SD is providing technical support to the Islamabad Health Care Regulatory Authority Board (IHRA) on request of the Chief Operating Officer, IHRA. During the reporting period IHSS-SD Team conducted following tasks:

- Prepared and shared draft IHRA 2018 Analytical Report with IHRA
- Prepared and shared draft TORs for Complaints Management Committee and Technical Committee
- Prepared and shared draft outline of IHRA Rules of Business



Development of service delivery standards for public and private sector health care establishments is one of the key functions of IHRA and also a major area of technical support being provided under USAID's IHSS-SD Activity. The team provided technical support in adaption of service delivery standards for public and private sector health care establishment in the ICT. Following globally prevailing norms and steps, the team conducted a comparative review of following hospital standards existing in the country:

- Hospital Standards of Sindh Health Care Commission
- Minimum Service Delivery Standards of Punjab Healthcare Commission
- Hospital Standards of Government of Khyber Pakhtunkhwa

#### **Sub-activity 2.2.1.1.2.F Strengthening PMDC, Pakistan Nursing Council, & Pharmacy Council**

##### **Pakistan Medical & Dental Council (PMDC)**

Support to PMDC is on hold due to its dissolution and change in its constitutional status (now the Pakistan Medical Commission). Discussion with the new administration will be held to figure out what further support is needed for the institution.

##### **Pakistan Nursing Council**

No further support is envisaged for the rest of the work plan.

##### **Pakistan Pharmacy Council**

The Pharmacy Council was established subsequent to the of Pharmacy Act 1967. The Council has been operational since its inception, dealing with matters related to registration, inspections and credentialing of institutions imparting pharmacy educations, curriculum design for Pharm. D Program and defining pharmacy practice parameters. A review of the work and processes undertaken by the Pharmacy Council of Pakistan (PCP) has been requested by the Ministry of National Health Services, Regulations, and Coordination with the support and cooperation of USAID and IHSS-SD.

The assessment was carried out by an independent group of pharmacy and health consultants to evaluate PCP in terms of its Act, regulation, rules, health workforce registry, and registration process and to suggest if there is a need for a renewed council Act in order to re-strategize the PCP and its interventions.

The review explored effects of 18th Amendment and Devolution to pharmacy council and provincial pharmacy councils. The review determined that various regulations, processes, and procedures should be re-evaluated, revised, and updated according to the international standards. The review also identified and analyzed literature on pharmacy education, training, and regulation in Pakistan and identified following findings regarding implementation and enforcement of issues related to pharmacy education and practice in Pakistan. The IHSS-SD

technical team presented a copy of the assessment report to the Director General Health, MoNHSR&C for review.

### **Sub-activity 2.2.1.1.3.F Strengthening health information systems/dashboards**

The Special Assistant to Prime Minister for Health visited JSI's office in Islamabad on October 24, 2019. He acknowledged USAID's support for strengthening health systems and regulatory bodies at the federal level. Further, he conceded support of USAID in developing health information system for AJK and GB and its linkage with Pakistan Health Information System.



Photo 16 Former Minister of Health visiting JSI Islamabad

During the reporting period, IHSS-SD organized a hands-on training for 12 Lady Health Supervisors (LHSs) from Islamabad. The Special Assistant distributed Android tablets among the LHS. As a training follow-up, 302 LHWs were linked with 15 first-level care facilities and uploaded all reports for 2019 on the newly developed LHW-MIS.

### **Activity 2.2.1.2.F Supporting NIH**

#### **Sub-activity 2.2.1.2.1.F Support NIH implementation of GHSA**

IHSS-SD met GHSA/IHRA stakeholders (World Health Organization, Chemonics, Department of International Development, FELTP, and UNICEF) at NIH to discuss implementation of IHR and GHSA in Pakistan and GHSA packages to be implemented at the federal, provincial, and selected district levels. IHSS-SD initiated meetings with the provincial counterparts on November 13, 2019 with DG Health Punjab and NIH executive director and MNHSR&C program director to roll out GHSA activities and areas of technical assistance required in the province.

A follow-up meeting on landscaping for National Action Plan for Health Security/IHRA was conducted at the NIH Islamabad on December 17 with stakeholders and technical partners. Outcomes included:

- Trainings will be sent to NIH irrespective of whether FETLP, WHO, or CDC is engaged in the implementation.
- A list of staff trained under GHSA will be sent to NIH.
- Laboratory assessment tools will be sent to NIH.
- Equipment procured to strengthen district labs will be sent to NIH to assess its feasibility and to monitor the equipment for continued optimal use.

- IHSS-SD and Fleming Fund will send the lab assessment report, which estimates the feasibility of selected sites with reference to their ability as centennial sites for AMR reference points.

#### **Activity 2.2.1.4.F: Support to MoNHSR&C**

##### **Sub-activity 2.2.1.4.1.F Technical assistance to develop a National Medicine Policy**

The MoNHSR&C requested USAID support, through the IHSSD-SD Activity, to help develop a comprehensive National Medicine Policy (NMP). This policy aims at providing safe, effective, and affordable medicinal drugs of good quality to the people of Pakistan. IHSS-SD initiated by supporting a four-day meeting on National Medicine Policy (NMP), “a commitment to goal and guide for action,” in October, 2019.

The NMP is a comprehensive document. It encompasses almost all matters related to the wellbeing of patients and consumers with reference to medicines. At the same time the policy document also effectively regulates and provides a level playing field to the private sector.

The NMP framework consists of the following components:

- Access and Essential Medicines
- Regulation: Safety, Efficacy and Quality of Medicines
- Manufacturing and Supply Chain
- Rational Use of Medicines
- Research, Development and Innovation
- Human Resource Development

The draft NMP is with the MoNHSR&C for final approval and dissemination. This national document will set a direction in developing National ministry of Health Services, Regulation & Coordination as a technical hub for providing policy and strategic guidelines for different health initiatives. The draft NMP was sent to provincial stakeholders for their buy-in and endorsement.



Photo 17: Former Minister of Health endorsing IHSS-SD efforts



Photo 18 Participants of NMP meeting

### Activity 2.2.1.3.F: Chlorhexidine National Scale-up

#### Sub-activity 2.2.1.3.4.F: Production of chlorhexidine (CHX) documentary

IHSS-SD produced a documentary that provides the journey of the CHX initiative in Pakistan to use as an advocacy tool for development partners, implementing agencies, and public sector stakeholders (UNICEF, Promoting the Quality of Medicines (PQM) and Pharmaceuticals) for CHX scalability and better results. This CHX documentary was presented at the National Integrated Reproductive Maternal Newborn & Child Health and Nutrition (IRMNCH&N) Technical Working Group meeting in December 2019. Discussions on the challenges and way forward for scale-up were held at the screening. The MONHSR&C plans to place it on their official portal for easy access and promotional sharing.

Another task to showcase the CHX initiative in an international journal is under way and initial stakeholder interviews have been completed.

## V. Monitoring, Evaluation, and Reporting

### USAID’s Family Planning and Protecting Life in Global Health Assistance Compliance

IHSSD-SD included in the clinical training the USAID FP and abortion requirements, including Protecting Life in Global Health Assistance (PLGHA), as a way to ensure full compliance with USG regulations.

IHSS-SD monitored clinical trainer’s sessions to ensure they followed USAID FP and PLGHA requirements. The findings confirm that all trainings complied with PLGHA. The IHSS-SD staff also monitored the work of trainers who trained village men and women and school teachers on public education activities. This monitoring was to ensure that all trainers and teachers involved in the IHSS-SD Activity followed USAID FP and abortion requirements.

One of the IHSS-SD implementing partners, the Rural Support Program Network (RSPN), is responsible for the technical content and support for the social mobilization activities implemented in the selected districts. All activities undertaken by RSPN are fully compliant with the USAID FP and PLGHA requirements. Jhpiego is responsible for the clinical training; Contech and JSI are responsible for management trainings. Before any training, JSI, as the lead partner, ensures that the curricula and teaching aids and educational and behavior change communication and posters comply with FP and PLGHA requirements.

### **Operationalization of LHW-MIS in the project districts**

In this reporting year, the IHSS-SD monitoring team, in consultation with Lady Health workers (LHWs) Directorate, trained the remaining Lady Health Supervisors (LHSs) and data entry operators of LHW-MIS (Management Information System) in Swat and Lakki Marwat. Training for Charsadda LHSs was completed in the previous year. The project trained 57 LHSs in Swat and 26 LHSs in Lakki Marwat. These LHSs are now entering monthly performance data of the LHWs using computers at the M&E cells. The feedback from the districts shows that data entry in the LHW-MIS continued throughout the year. Although small dip in the data entry was shown during lockdown period because of restricted mobility of LHSs to M&E Cells. However, data entry of monthly report has considerably improved as Swat data entry remained 95%, Lakki Marwat 85%, and Charsadda 91.3% during the reporting year.

### **Development of Population Management Information System (PMIS)**

#### **Development of Monitoring and Supervisory System of Population Welfare Program**

The PMIS was developed and deployed, and all relevant Population Welfare staff were trained on the data entry and use of the software. The IT consultant worked very closely with the PWD Monitoring committee and its senior management to develop a training plan and incorporate some reporting tools into the software. 48 field staff members, working at district level and 18 provincial staff members were trained in December 2019 on data entry of monthly performance reports of Family Welfare Centers (FWCs), Reproductive Health Services (RHS), Mobile Service Units (MSUs) and District Population Welfare Offices. Data entry from all outlets of PWD have started in all districts of Khyber Pakhtunkhwa as of January 2020. In the beginning there were several issues reported from the field which were addressed by the consultant. The data entry status starting from January 2020 reached to 100 percent by August 2020. PMIS is now stabilized and hosted by the Khyber Pakhtunkhwa IT Board.

### **Sub-activity 2.2.1.1.4.K Strengthening health and population monitoring and supervisory systems**

#### **Monitoring and Supervisory System (M&S) in project districts**

After developing an online M&S system and training district and provincial supervisors of vertical programs, the district coordinators formally started M&S visits by in January 2020 in all project districts. Technical support for conducting M&S visits by district coordinators of vertical programs was provided by the M&E team during the reporting year. This included

making visit plans to health facilities, selection of checklists, approval of plans by DHOs and subsequent visits to sites. These coordinators were also assisted in the verification of visits and to uploading the filled checklists into the M&S software.

During the reporting period, the district coordinators in Swat planned 324 visits and accomplished 279 visits achieving 86.1% percent of its target. Charsadda district coordinators planned 166 visits and completed 119 visits achieving 72% of its planned target. In Lakki Marwat, the planned visits were 159 and 57 were accomplished with 36% achievement. It is important to note that due to the COVID-19 emergency situation in country, the number of visits planned from the March to August were limited due to restricted movements of coordinators to hospitals and health facilities. Some of the visits were suspended as outpatient facilities in the government hospitals were closed.

### **M&E Working Group meetings**

The IHSS-SD Activity M&E working group, which was constituted in 2019, was responsible for overall M&E activities of all partners and JSI. During the reporting period one regular meeting was held in Islamabad in January 2020 for all sub-partners and JSI field staff. Another meeting was convened in April 2020 via phone call due to restricted mobility because of the COVID-19 pandemic. The working group reviewed and provided feedback on data collection and monitoring tools drafted by consortium partners including health facility and institutional assessments, and training databases. They also reviewed the TIMS software developed by Jhpiego, which has been introduced in training institutions of Khyber Pakhtunkhwa to record trainings conducted by the IHSS-SD and other development partners.

### **M&E of the IHSS-SD Activities during the year:**

#### **Monitoring of training activities**

During the reporting year, IHSS-SD M&E team monitored 131 training sessions on MCPC, PCPNC, PPF & FP Compliance, IMNCI, C-IMNCI, TIMS, IPC, IYCF, Growth Monitoring, Case Management for COVID-19, ICU training for COVID-19, HBS and LHW & CMW training on MNCH. Monitoring teams used the standard training monitoring checklists, Protecting Life in Global Health Assistance (PLGHA) checklists, and administration and logistics related checklists developed for IHSS-SD Activity to monitor IHSS-SD trainings. Monitoring included verification of participant nominations with actual participant names, registration forms, payment forms, hall arrangements, attendance, theoretical content, the skills of the trainers, and the time and trainee's involvement.

During the reporting quarter, IHSS-SD M&E team monitored various training activities conducted in the three project districts. Training sessions on PCPNC, PPF & FP compliance, IMNCI, IP&C, Lactation Management & Growth Monitoring, IYCF, MCPC, Application of Chlorohexidine and TIMS handling held at the district level were monitored. The field teams prepared monitoring reports and all were shared with implementation partners to take

immediate corrective measures for gaps identified in the reports. These reports were also discussed with partners during review meetings.

In Swat, 89 training venues were monitored for different types of training with variety of health care providers (HCPs). In district Charsadda 30 training sessions were monitored by M&E team during the reporting period. Lakki Marwat team monitored 12 training sessions in the district.

**Key M&E findings are as follows:**

1. Overall training activities monitored under IHSS-SD were satisfactory in all districts. However, in some of the training sessions the list of participants and list of objectives/norms at the venue were missing and participants were not following proper safety measures for COVID-19 (not wearing masks/gloves).
2. The training environment was found to be satisfactory and venues were easily accessible for all the participants. Feedback from the participants was generally satisfactory. In all training sessions, handouts, writing pads and all the essential material were provided to the participants. In LHWs roll out training, the participants were divided into small batches keeping in view the small size of the rooms to avoid congestion and follow safety measures of COVID-19. In some of the training sessions, objectives of the training were also displayed on charts. Trainers were delivering the training properly and they have good command on the topics. Pre-tests were also conducted on time.

**Monitoring of Community Mobilization Sessions:**

During the reporting period, IHSS-SD Activity Monitoring teams conducted monitoring of the Community Resource Person (CRPs) awareness sessions. Overall 473 CRPs sessions were monitored (214 in Swat, 157 in Charsadda, and 102 in Lakki Marwat). 979 participants were validated from the communities where the CRP delivered sessions on MNCH. The M&E team also monitored 121 school hygiene and hand washing sessions in both boys and girls' schools in the three project districts.

**Feedback on CRP sessions**

- Documentation of activities by some CRPs was not according to the standards.
- Communication gaps were observed between the social mobilizers team and CRPs.
- During COVID-19, CRP sessions were attended in smaller groups (4-5 participants instead of 16 during normal period) Social distancing and SOP for COVID was observed in all sessions
- Overall school handwashing sessions were conducted appropriately and teachers have excellent knowledge about the topics. These sessions were very fruitful for the children and they are regularly washing their hands in critical timings after using latrine, before eating food etc. In the of majority schools, sessions were conducted during morning assemblies on a routine basis.

## Monitoring of MHSU Camps

MHSU camps were started in December 2019. In April 2020, due to lockdown, these camps were stopped in order to follow COVID-19 SOPs including social distancing. In July 2020, the MHSU camps resumed in project districts in consultation with DHOs and district administration.

The M&E teams monitored a total of 48 camps activities during the reporting period. They also conducted 255 exit interviews with the patients' availing services at MHSU. The exit interviews provided feedback on the quality of services availed in the camps.

### Key observations by M&E team

- All the patients were examined physically and were satisfied with the services.
- Counselling along with proper treatment/supplies of contraceptives were provided to the patients in the Family Planning (FP) centre
- Infant and child care patients were satisfied as they were thoroughly examined
- Awareness sessions and practical demonstration of the hand washing steps was the ongoing activity of female social mobilizers.
- COVID-19 SOPs were followed properly during camp
- Services which includes FP, EPI Centre, nutrition Centre, hand washing, registration Centre, Audio-visual were organized properly in different stations and direction notes were also presented so that all the patients can easily access the stations.
- Majority of the patients complained that they didn't get medicines as per doctor prescription. They wait for a long time to get the check-up.

**Table 13. Performance on the PIRS, IHSS-SD Activity**

Sr. No.	Indicator	Annual Target FY 2019-2020	Achieved (Oct19-Sep 2020)	% Achieved
1	1.2.1d. Percent of USG-assisted service delivery sites providing family planning services	171	138**	81%
2	1.2.1e. Number of women and children receiving maternal, neonatal, and child health (MNCH) services in USG assisted sites (DOH facilities)	448,000	548,053	122%
3	HL.6.6-1 Number of cases of child diarrhea treated in USG-assisted programs	200,000	206,820	103%
4	PPR HL.6.2-2. Number of women giving birth in a health facility receiving USG support	41,000	4,1060	100%
5	PPR HL.6.6-64. Number of cases of childhood pneumonia treated in USG-assisted programs	36,000	36,498	101%
6	1.2.2d. Number of people trained in basic health services to deliver minimum health services delivery package by gender through USG support	2,880	Female-3493 Male-800 Total – 4293	149%
7	2.2.1e. Number of districts with improved institutional capacity scores in management and oversight of FP/MNCH	4	3	75%
8	PPR HL-2-CUST. Presence of the Mission support to strengthen Human Resources for Health (HRH)	Yes	Yes	Achieved





# Online Monitoring and Supervisory System to Enhance Accountability of Healthcare Services

SUCCESS STORY SUBMITTED TO USAID AS PART OF THE 2019-2020 ANNUAL REPORT

The Integrated Health Systems Strengthening and Service Delivery (IHSS-SD) Activity is funded by the United States Agency for International Development (USAID) and is implemented by JSI Research & Training Institute, Inc.

## Background

Monitoring the delivery of health care services and ensuring performance accountability is one of the most challenging areas in the health sector. Accountability and transparency can be ensured by monitoring and supportive supervision of the field activities, which is a process of guiding, monitoring, and coaching workers to promote compliance with standards of practice as well as assuring the quality of service delivery. The supervisory process allows supervisors and supervisees the opportunity to work as a team to meet common goals and objectives.

JSI, under the Health Systems Strengthening Component of USAID Maternal and Child Health Program (2013-2018), designed, developed, and implemented the Monitoring & Supervisory (M&S) system with Sindh's Department of Health (DOH). In the current Integrated Health Systems Strengthening and Service Delivery (IHSS-SD) Activity, the Khyber Pakhtunkhwa (KP) Department of Health has decided to include the "monitoring the delivery of health care services and ensuring accountability of performance" into its Health Sector Strategy. In implementing this strategy, KP's DOH requested IHSS-SD to conduct a district and provincial-level assessment in KP in April, 2019. The assessment showed an absence of systematic, coordinated M&S efforts at both district and provincial levels.

KP's DOH requested IHSS-SD to implement the online Monitoring and Supervisory (M&S) system in three pilot districts, similar to the M&S system JSI developed and implemented in DOH Sindh. The online M&S system aims to improve the quality of services as well as the quality of data. The system includes quality checks of reporting and recording in registers; data transfers are rechecked; and some elements of the monthly reports are recalculated. It involves the identification and discussion of challenges in data management and provides opportunities for learning. The M&S system also supports supervisors, program, and health facility managers in executing their roles and responsibilities to monitor and supervise quality health care service delivery. Through the M&S system, the health managers and supervisors will continuously support their staff to achieve goals according to the provincial, district and facility objectives, standards, and expectations.

## Online Monitoring and Supervisory System in KP

Dr. Fazal Arif is a District Coordinator of the Lady Health Workers Program in Swat District. He participated in a two-day practical training on the M&S system including online field visits, report submission, and the monitoring and supervisory tools/checklists developed by the IHSS-SD Activity. These standardized checklists, along with user guidelines for all vertical

programs and specific checklists of individual activities, allow District Health Officers and Deputy/Assistant District Health Officers to monitor the health care services within his district. Dr. Arif can now use an Android Application to ensure supervisor visits are conducted at the scheduled location and time. These standardized checklists are helpful allowing him to analyze gaps identified during the visits. Additionally, IHSS-SD developed Standard Operating Procedures that allows Dr. Arif to monitor the supervisory visits in accordance with



the plan along with roles and responsibilities at different levels. These are all available within the online M&S system. Figure 1 below shows Standard Operating Procedures of the online M&S system.

Photo 1. Dr. Fazal Arif (sitting in the middle) received M&S training

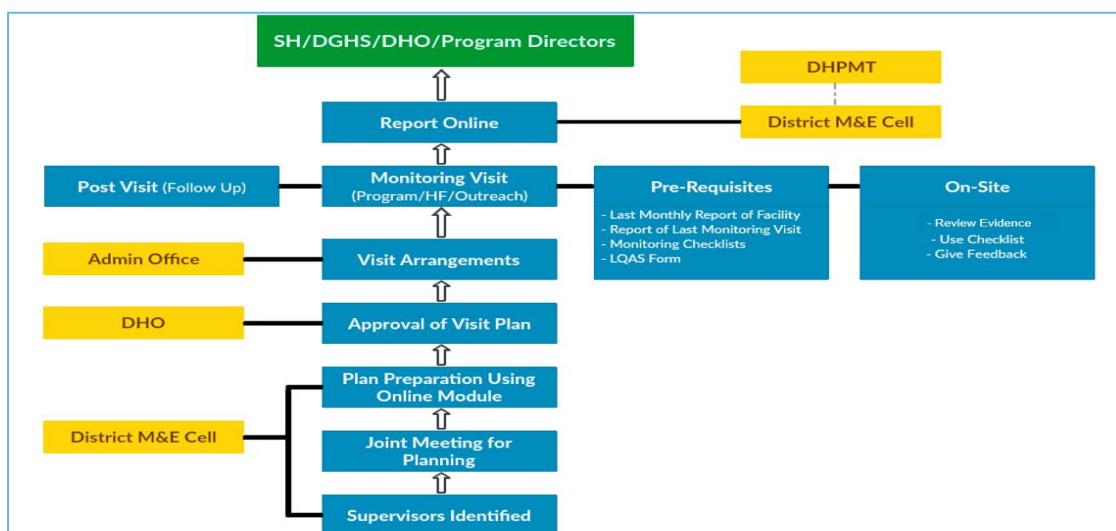


Figure 1: Standard operating procedures of online M&S system

Dr. Arif, along with other district health managers, present their M&S visit findings during monthly meetings chaired by Dr. Akram, the District Health Officer (DHO). In one meeting, Dr. Arif presented on a Lady Health Visitor at the outpatient therapeutic feeding sites who did not properly attend to some malnourished children referred by the Lady Health Workers (LHW).<sup>1</sup> In response, Dr. Akram called a meeting of his staff and directed them to make sure that children referred by the LHWs were attended properly. This is one of many examples of how the M&S system allows for real-time responses to identified gaps and challenges.

<sup>1</sup> The OPT sites are set up to provide management of Severe Acute Malnutrition (SAM) services at the community level. This is the government's effort to extend service availability to decentralized treatment points within the primary health care settings. The services provided are ready-to-use therapeutic foods, community outreach and mobilization.



Photo 2. After the M&S training, Dr. Arif conducted M&S visit at Health home



Photo 3. Dr. Arif participating in a monthly meeting chaired by DHO

Figure 2 below shows the type of information generated out of the online M&E system which is discussed during the review meeting.

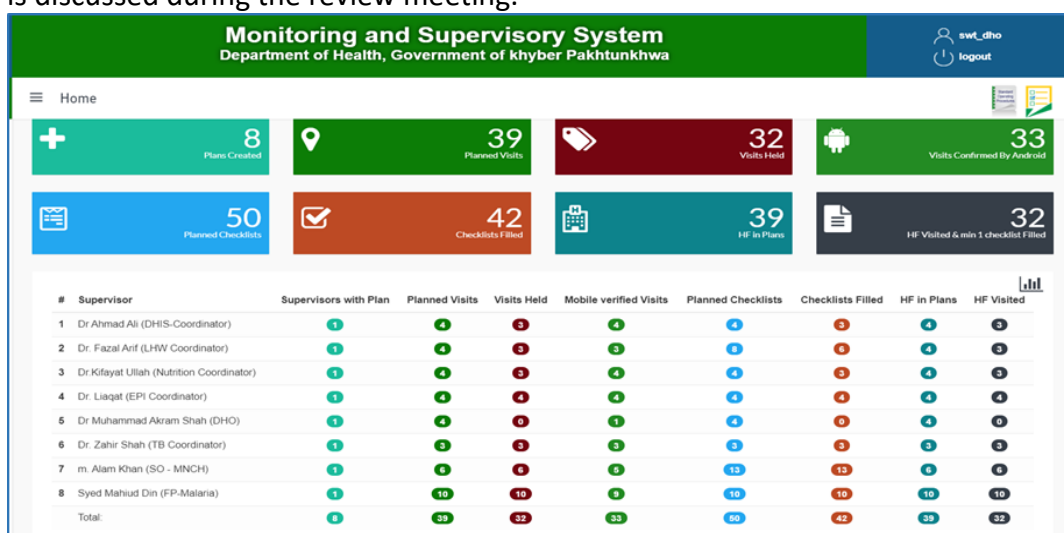


Figure 2: Online M&S visits of all the district supervisors of Swat for the month of September 2020

The online M&E system training has been implemented in three pilot districts of Khyber Pakhtunkhwa (Charsadda, Lakki Marwat, and Swat). During this year, 72 government staff, including Dr. Arif, received the online M&E system training and all are successfully using the system. A total of 454 supervisory visits were made in the three districts and registered in the online system between January and September 2020.

### Promising Results

After one year of implementation of the M&S system in the three pilot districts, the IHSS-SD Activity conducted a review in Swat on October 3, 2020. The review was chaired by the Secretary, Department of Health along with Director General Health Services and Provincial program heads of LHW, MNCH, EPI, Malaria, and TBC programs. The District Health Officer Swat presented the experience of implementing the M&S system in Swat. The Focal Persons of Vertical Programs of MNCH, LHW, Malaria, TB, and Nutrition as well as DHIS Coordinator shared their experience of using the Online M&S system. Overall it was found that the online M&S system had:

Improved the quality of health services being provided  
Improved the quality of data as shown through 12 randomly computer-selected indicators  
Provided a mechanism for monitoring the stocks available in the facility  
Provided data so that timely resolution of the issues could be identified and implemented  
Provided a mechanism to validate M&S visits, in real-time through the Android application  
Provided a feedback loop, and verified evidence to identify improvements.

Dr. Niaz Mohammad Director General Health Services identified two historically weak areas in the health department: 1) poor data quality that needed to be streamlined and 2) weak supervision in the field. Dr. Niaz noted that IHSS-SD's intervention had addressed these issues, *"The two initiatives taken by the IHSS-SD are very encouraging because we have to reach at the health facility and community level to provide them support during supervisory visits. I am glad to hear from my Swat health team that the data quality is improving and online M&S system shows google visits locations which shows real time validation of the visit conducted."*

The Secretary Health in Khyber Pakhtunkhwa appreciated the efforts of IHSS-SD Activity for introducing such an efficient and effective M&S system. He decided to expand the system to all districts in the province. He also requested that the IHSS-SD Activity help the DOH train the district health teams in using the online M&S system so that DOH can scale up the system in all the districts, including the newly merged districts of Khyber Pakhtunkhwa. Syed Imtiaz Hussain Shah Secretary Health Khyber Pakhtunkhwa thanked the JSI team for taking important interventions under IHSS-SD Activity. He appreciated the work of JSI in the province and acknowledged the support of his own DOH Swat team for implementing the M&S System.



# Resuming Mobile Health Service Unit camps during the coronavirus pandemic

SUCCESS STORY IS SUBMITTED TO USAID AS PART OF THE 2019-2020 ANNUAL REPORT

The Integrated Health Systems Strengthening and Service Delivery (IHSS-SD) Activity is funded by the United States Agency for International Development (USAID) and is implemented by JSI Research & Training Institute, Inc.

## Resuming Mobile Health Service Unit (MHSU) camps during the coronavirus pandemic

*“Previously I visited this basic health unit (BHU) with my child but the pediatrician was not available to provide his checkup. This time, there was a camp organized by the Mobile Health Service Unit (MHSU) with a pediatrician who checked up my child,”* said Razia, a young mother of six-month old Hassan Zai from union council in district Charsadda. Razia attended one of the camps organized by the MHSU in her village. Razia, a 35-year-old woman, shared that she suffered two miscarriages and Hussan Zai is her first surviving baby. This is why she has taken extreme care for his health and growth. *“My son had a fever a few days ago. While he is better now, I would like the doctor to check and reconfirm that he is fine. Normally, we cannot afford a child specialist because of heavy fees and difficult access to the city hospital. Availing such opportunity at a MHSU is such a luxury for us.”* Many mothers like Razia wait patiently for their turn to get a free health checkup for themselves and their children.



Antenatal Clinic during MHSU camp at BHU in Charsadda

In Khyber Pakhtunkhwa, most people live in hard-to-reach areas with limited access to health care. Though the government established Basic Health Units (BHU) and Rural Health Centers (RHC) at the local level, non-functioning or under-performing facilities limit the availability of quality care. One way to extend services and increase access in remote areas is through mobile health services. The Integrated Health System Strengthening & Service Deliver (IHSS-SD) Activity, funded by the United States Agency for International Development (USAID), piloted the Mobile Health Service Unit (MHSU) with the support of the government of Khyber Pakhtunkhwa in Swat, Charsadda, and Lakki Marwat districts. The Activity refurbished, equipped, and deployed a MHSU in each intervention district to provide services, with a focus on maternal and child health (MCH), starting in November 2019.

The MHSUs operate maternal clinics at “camps,” where experienced female medical officers provide reproductive and primary health care services. Pediatric clinics are arranged within camps to deliver consultations for children. Preventive services like immunization, nutrition, and family planning are also organized in coordination with district health services authorities. Community Resource Person (CRP) played a pivotal role in social mobilization. As of

September 2020, IHSS-SD has trained 1,680 CRPs. These trained social mobilizers conduct health awareness sessions for male and female clients and attendants in the waiting areas. All services are provided free of charge and include essential medicines, family planning commodities, nutrition supplements, and obstetric ultrasound services. If needed, patients are further referred to higher level facilities for specialized care.

During the national lockdown due to the COVID-19 pandemic early this year, all field activities, including MHSU camps, ceased immediately. During this period, people suffered from not having access to routine health services such as the ones offered by MHSU camps. The halt in MHSU's services lasted four months in Charsadda and Lakki Marwat districts and almost seven months in Swat district.

Irshad Bibi, a 32 year old pregnant woman from Darmai in Swat district said that *“Before COVID, I attended a few health awareness sessions and medical camps organized by MHSU. This was very convenient since it happened in my village. I received both the pregnancy checkup and advice from the MHSU's camp doctor. Now that the camp was stopped because of the lockdown, I had to go to the private clinic three kilometers away. With limited mobility during the lock down, high cost and feeling unsafe (due to COVID) at the private clinic makes life very difficult for us.”*



Families wait in line for services at MHSU camp and medical store at BHU Baz Mian Killi, Charsadda

When the lockdown eased in June, the IHSS-SD team approached the District Health Officers (DHOs) and local government in each district to resume MHSU camp activities. To mitigate the health risks for both health care providers and community members, the IHSS-SD team follows World Health Organization's standard operational procedures (SOPs) to conduct the camps during the pandemic. This plan included social distancing and infection control steps. After several meetings with government officials and persistent follow-up, the Lakki Marwat district's Coronavirus Control & Response Committee gave approval for IHSS-SD to hold the MHSU camps. MHSU camps in Lakki Marwat resumed on July 14, 2020, in Charsadda district resumed on July 16, and in Swat district on August 8. In all three districts, the team added handwashing and hygiene awareness sessions to help prevent the spread of the coronavirus and other diseases.

Irshad Bibi is very pleased that she is again able to access MHSU services at Darmai BHU, which is near her home. *“I am so happy that the camp resumes near my house. I just had an antenatal check-up and, to my surprise, the doctor did an ultrasound for me. I was told that I had a breech pregnancy and was referred to Tehsil Head Quarter (THQ) Hospital for follow-up. I am confident that everything will be fine. It is good to have this important information beforehand.”*

From November 2019 to September 30, 2020, each MHSU has held at least six medical camps per month in each district or 58 camps (10 in Swat, 14 in Charsadda, and 15 in Lakki Marwat). Out of this, 39 camps were organized during the COVID-19 pandemic. These camps have benefitted a great number of people: 13,643 people have come for out-patient services; 622

women for ultrasounds; 1,309 people for nutrition screening; and 1,105 people for family planning counselling services.

The MHSU services provide an important complement to static health facilities and can also serve as part of a rapid response to provide basic health care services during natural and manmade disasters. Integration of this model into the existing health care system is expected to improve the use of primary health care services and strengthen community trust in public health care.