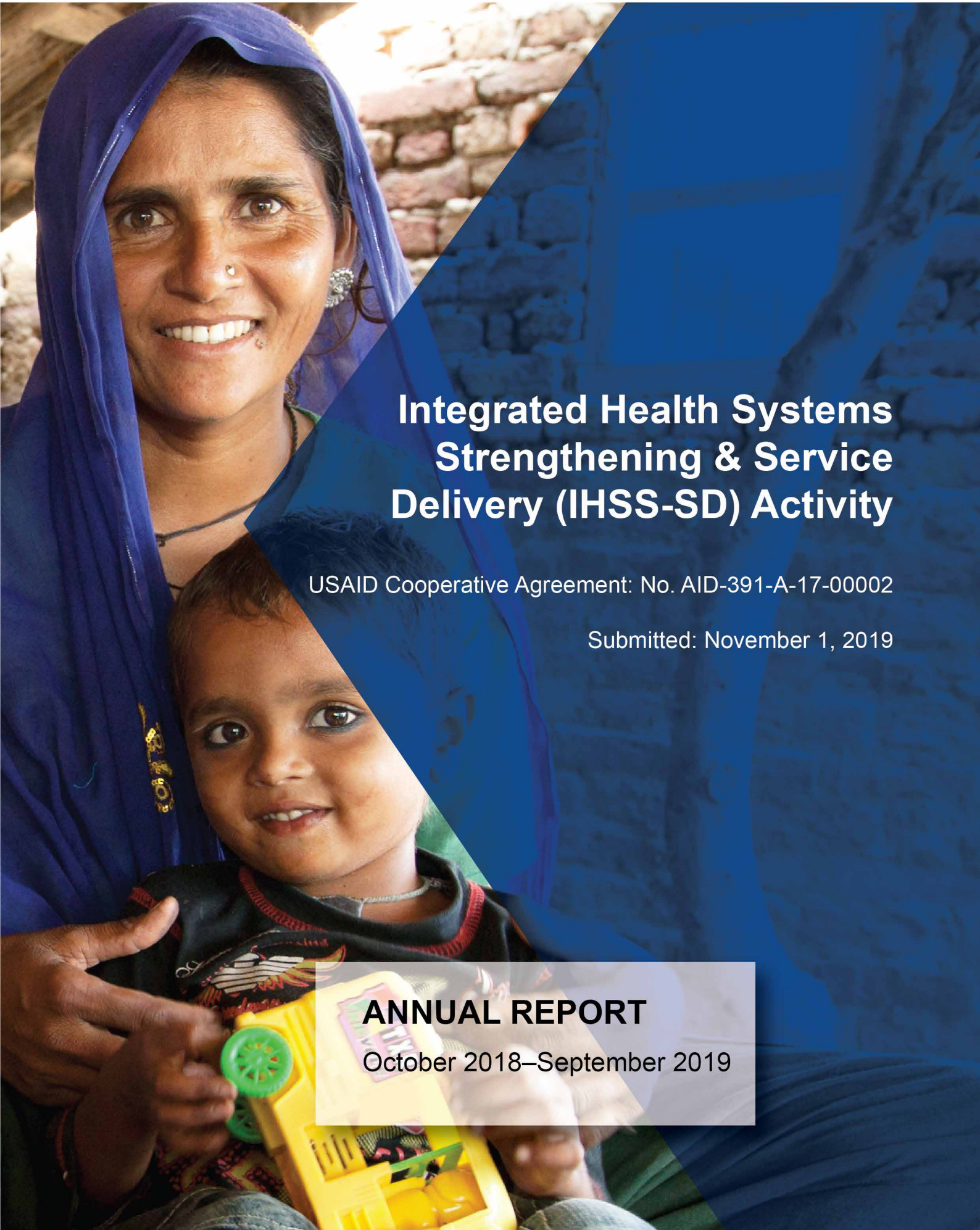

USAID
FROM THE AMERICAN PEOPLE

JSI Research & Training Institute, Inc.

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

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

Submitted: November 1, 2019

ANNUAL REPORT

October 2018–September 2019

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Acronyms

BHU	basic health unit
CHU	comprehensive health unit
CMW	community midwife
CRP	community resource person
DAP	district action plan
DDSRU	district disease surveillance & response unit
DGHS	director general health services
DHIS	district health information system
DHO	district health office
DHQ	district head quarter
DOH	department of health
FELTP	field epidemiology & lab training program
FMC	finance management cell
FP	family planning
GHSA	Global Health Security Agenda
HBS	Helping babies survive
HCC	health care commission
HFA	health facility assessment
HSA	health services academy
HSRU	health sector reform unit
HSS	health system strengthening
IDSR	Integrated Disease Surveillance And Response
IHP	Integrated Health Project
IHSS-SD	Integrated Health Systems Strengthening & Service Delivery
IMNCI	integrated management of newborn and childhood illness
JSI	JSI Research & Training Institute, Inc.
KP	Khyber Pakhtunkhwa
LHS	lady health supervisor
LHW	lady health worker

M&E	monitoring and evaluation
MHSU	mobile health service unit
MIS	management information system
MNCH	maternal, newborn, and child health
NIH	National Institute of Health
PCPNC	pregnancy, childbirth, postnatal care
PDSRU	provincial disease surveillance & response unit
PHKH	Pakistan Health Knowledge Hub
PHSA	Provincial Health Services Academy
PMDC	Pakistan Medical & Dental Council
PMDT	programmatic management drug resistance tuberculosis centers
PPFP	post-partum family planning
PPP	public-private partnership
PWD	Population Welfare Department
PWO	Population Welfare Officer
RHC	rural health centers
RHS	reproductive health services
RSPN	Rural Support Program Network
SNBCU	sick new born care unit
SNE	statement of new expenditure
SOP	standard operating procedures
SRSP	Sarhad Rural Support Program
TB	tuberculosis
TCV	typhoid conjugated vaccine
THQ	tehsil head quarter
TIMS	training information management system
TWG	technical working group
UNICEF	United Nations International Children's Emergency Fund
WBC	well baby clinic
WFP	World Food Program
WHO	World Health Organization

OPERATIONALIZATION OF IHSS-SD

The Integrated Health Systems Strengthening & Service Delivery (IHSS-SD) Activity (the Activity) is a three-year (2017–2020) program awarded to JSI Research & Training Institute, Inc. (JSI) under USAID Cooperative Agreement No. AID-391-A-17-00002. The program was officially approved on September 24, 2017. 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 permissions 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 September 2018, the AWP was revised again to align IHSS-SD activities with the 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.

JSI received permission to work in Punjab on January 3, 2019, but the NOC for KP was pending. The Activity held preliminary discussions in Punjab with ministerial and secretary level health and population welfare departments (PWDs), but implementation was put on hold while USAID's efforts across all stakeholders in Punjab were synergized.

The third major shift in the Activity description occurred in January 2019 when USAID announced that CVE and health would no longer be linked and that the IHSS-SD Activity should focus on the Global Health Security Agenda (GHSA). The Activity's AWP was revised to focus on GHSA and maternal, newborn, and child health (MNCH) in KP, and on GHSA exclusively at the federal level and in Sindh and Punjab Provinces. USAID also requested that IHSS-SD work in Balochistan. JSI has submitted a formal NOC application, still under consideration, to the Ministry of the Interior to work in Balochistan. Meanwhile, IHSS-SD continued to work with national and provincial governments of Sindh and Punjab to support the GHSA and Pakistan's Journey to Self-Reliance.

Despite submission of the revised Activity description, AWP, costed plan, and budget and budget notes, activities in KP could not begin until JSI received the NOC from the Ministry of Interior on January 24, 2019. The IHSS-SD work plan was again re-aligned with the KP Provincial Health Policy 2018–2023 to complement health department efforts to strengthen its health system. 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 ex-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. Nevertheless, on July 24, 2019, a letter from Agency Surgeon Mohmand District to all NGOs said that a separate NOC for working in the tribal district was necessary. JSI has pursued the case with the directorate of merged districts, health department, and other concerned agencies and is awaiting a reply. IHSS-SD activities in the other three districts continue as planned with the three consortium partners, Jhpiego, Contech International, and Rural Support Program Network (RSPN).

Activities at Sindh encompass health department restructuring, Public Health Act drafting, and regularizing CMW cadre as government employee. GHSA activities in the Larkana and Kambar Shahdadkot Districts are underway in close collaboration with the Director General Health Office. Meanwhile, the work plan and GHSA activities were finalized with the Health Department Punjab in September 2019 and the provincial staff for IHSS-SD are being hired.

As the Activity moves into PY3, we are well positioned to support the delivery of basic health services along the AF/PAK border, and GHSA at all levels of the health system. Pending approval, IHSS-SD will commence activities in Balochistan.

HEALTH SYSTEMS STRENGTHENING

Strengthen the emergency response of DHQ & THQ (Categories A, B, C & D) hospitals

Assessment & Refurbishment of Health Facilities

During the reporting year, the IHSS-SD technical team completed a health facility assessment (HFA) to determine gaps in emergency response at district headquarter (DHQ) and tehsil headquarter (THQ) hospitals (Categories A, B, C & D), rural health centers (RHCs), and basic health units (BHUs) of selected districts (Charsadda, Swat, Lakki Marwat, and Mohmand) of KP. Data were collected from 167 health facilities (20, DHQ/THQ hospitals, 11 RHCs, and 136 BHUs).

The following charts highlight the key findings of the HFA in seven priority health facilities (DHQ & THQ hospitals) within the targeted districts of KP.

Figure-1: Percent availability of medical equipment

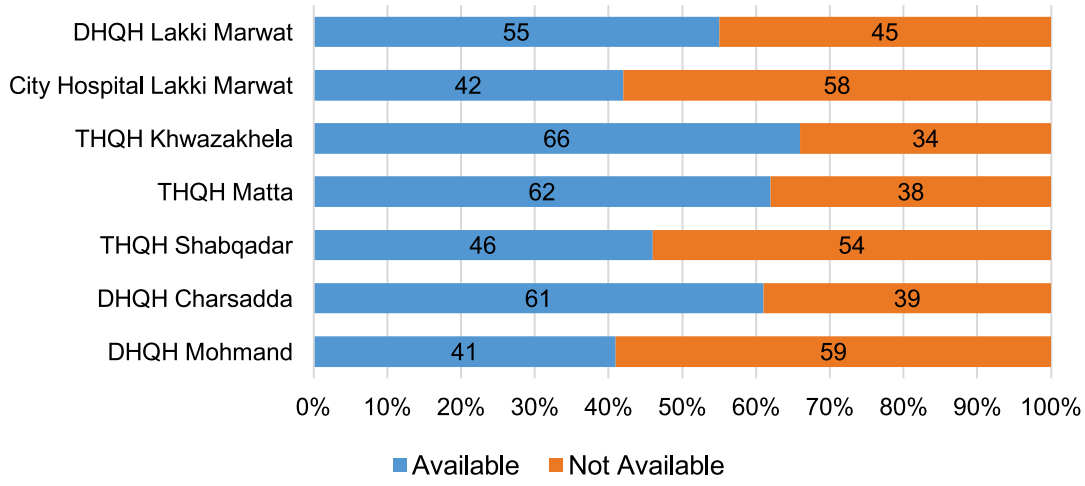


Figure-2: Percent availability of hospital furniture

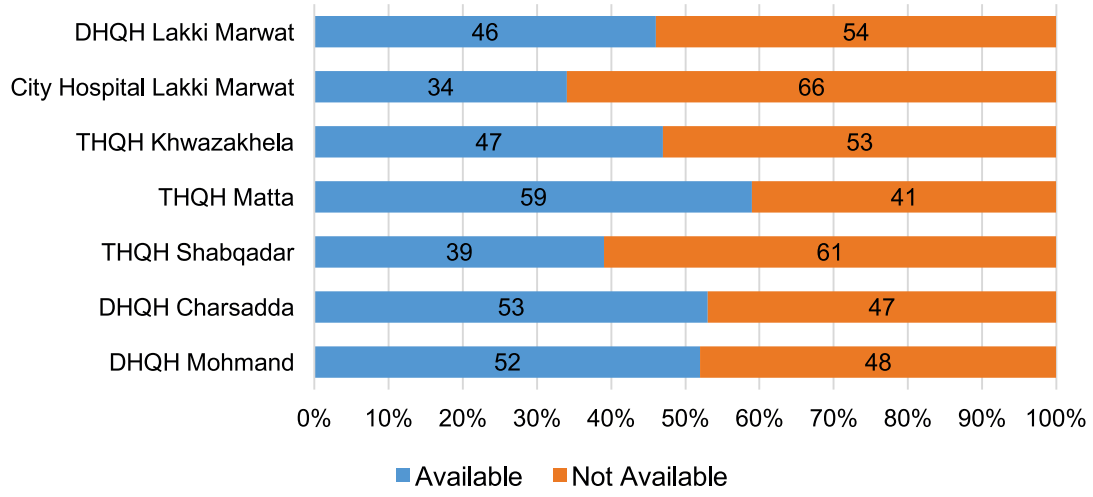
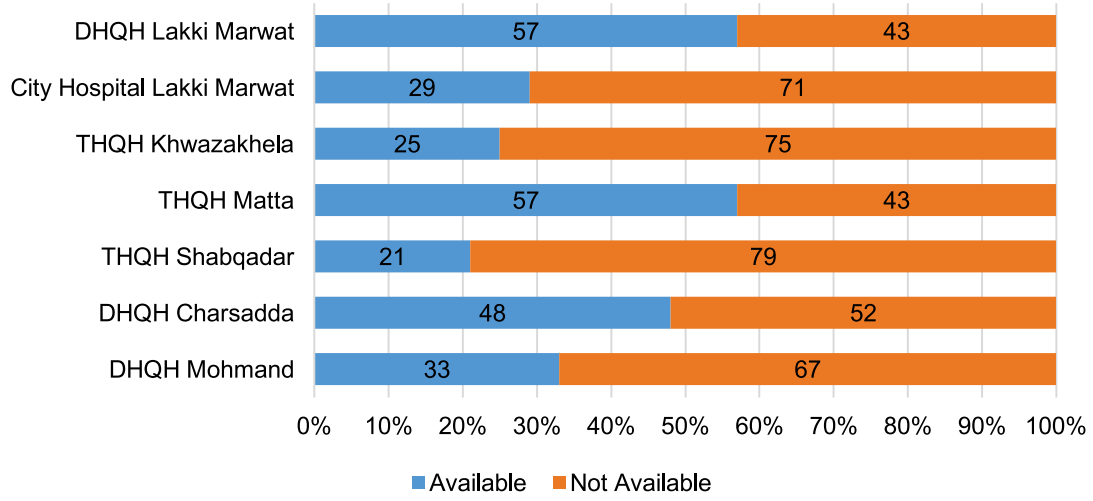


Figure-3: Percent availability of medicines & supplies



Based on the HFA and need, seven DHQ and THQ hospitals in four selected districts of KP have been selected for refurbishment and upgrading of existing building components (accident and emergency; gynecology and pediatric wards; operating theaters, labor rooms, and laboratories). In these facilities, well baby clinics (WBC), sick newborn child units (SNCU), and an installation location for ambulance shed and central medical oxygen supply system will be provided.

District/Facility	Facility Category	Beds	Scope
DHQ Lakki Marwat	B	200	Refurbishment + WBC + SNCU
City Hospital, Lakki Marwat	C	110	Refurbishment + WBC
THQ Matta Hospital	C	110	Refurbishment + WBC + SNCU
THQ Khwazakhela, Swat	C	110	Refurbishment + WBC
Saidu Teaching Hospital, Swat	A	554	WBC
DHQ Charsadda	B	270	Refurbishment + WBC
THQ Shabqadar	C	110	Refurbishment + WBC + SNCU

Institutional reviews and plans

The IHSS-SD team completed institutional review of the following: health sector reforms units (HSRU), provincial health services academies (PHSAs), financial management cells, and Khyber Pakhtunkhwa Health Care Commission (KP HCC). IHSS-SD conducted a literature review of key documents, consultations, and key informant interviews with concerned officials and stakeholders. Key findings are presented below.

Health Sector Reform Unit

Thematic Areas	Findings
Mandate & functions	Absence of clarity on current role and missing functions of research and monitoring and evaluation in PC-1. Unclear role of HSRU to oversee implementation of health policy and other reforms.
Administration and financial management	Lack of standard operating procedures (SOPs) and operational manuals on assigned functions. No administration or finance officers. Insufficient budget allocation to perform its core functions.
Human resources systems	Shortage of skilled human resources compared to its mandate. Absence of structured induction or refresher training. Lack of expertise in core areas, including health financing.
Coordination and communications	Weak internal coordination and no regular mechanism for reporting progress on health sector reforms. Weak coordination within directorates of department of health.
Evidence-based decision making	Lack of use of data for informed decision-making due to inaccessibility of information systems, such as DHIS or any other dashboard.
Sustainability	Lack of long-term planning to ensure sustainability of HSRU, and dependence of core functions on donor support.

Provincial Health Services Academy

Thematic Areas	Findings
Courses offered	Lack of formal curriculum No accreditation or refresher trainings offered Dependency on visiting faculty disrupts uniformity of trainings.
Linkages	Absence of formal linkages to national or international public health institutions. Deficient links to Khyber Medical University due to lack of clarity on roles.
Human resource	Lack of qualified teaching and support staff.
Curriculum	Outdated curriculum. Skills laboratory needs upgrade.
Governance	Lack of authority.

Finance Management Cell

Thematic Areas	Findings
Mandate & functions	Deficient financial management capacity according to PC-1. PC-1 expired on June 30, 2019, and new/revised PC-1 has not been approved.
Resources (human, financial, and infrastructure)	Shortage of technical staff/human resource. No staff capacity-building plans. Staff salaries have been incorporated in the regular budget. Insufficient non-salary budget to conduct mandated functions. No salary/operational budget for financial year 2019–20. Space for financial management cell at health secretariat not available, currently rental premises. Insufficient office equipment and furniture & fixtures.
Performance	Absence of formal operational plan and target-setting document. Lack of spending unit staff capacity to prepare budgets. Disconnect between district health plan, KPIs and budget.
Financial reporting and monitoring	Lack of spending units' expenditure reporting system. Lack of online reporting by Drawing Disbursement Officers to health department. Expenditures not monitored. Weak mechanism for financial performance reviews.

Khyber Pakhtunkhwa Health Care Commission

Thematic Areas	Findings
Governance	Weak strategic direction and oversight due to absence of governing principles, strategy, business plan, and rules of business. Pending constitution of all the statutory committees. Unavailability of checklist, guidelines, and manuals for implementation of health care standards, progress reporting systems and mechanisms of performance appraisal of the executive management team and staff.
Management & Operations	Lack of staff per KPHCC organogram and general ban on new appointments from provincial government. Lack of staff capacity to undertake inspections using specific checklists. Lack of human resource policies and manuals including financial manual. Unprepared work plans of staff and activity plan of KP HCC. Weak monitoring systems and mechanism to provide technical, advisory, educational, and disciplinary support to the already registered health care establishments
Stakeholder Engagement	Weak coordination with department of health and its allied offices, as well as with other regulatory bodies, sister organizations, and HCCs.
Communication & Awareness	Lack of communication strategy.
Sustainability	Lack of long-term planning to ensure financial and programmatic sustainability.

The IHSS-SD Activity will provide further technical assistance in the areas identified in consultations with senior management and health department leadership.

The IHSS-SD technical team completed the district analytical profiles for Swat, Charsadda, and Lakki Marwat by reviewing the documents of respective district health offices (DHOs), meetings with Department of Health and key stakeholders at the provincial level, to develop planning framework with linkages between targets of Sustainable Development Goals, Health Policy, and district action plan. Following the meetings, the District Action Planning Toolkit per the Minimum Health Services Delivery Package is being developed.

SERVICE DELIVERY

Capacity development of human resources

IHSS-SD trained 118 female service providers including medical officers, lady health workers (LHWs), charge nurses, and staff on **pregnancy, childbirth, and postnatal care (PCPNC)** and 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 the postpartum periods, for both women and newborns.

Training of PCPNC at Swat

Integrated management of newborn and childhood Illness (IMNCI): IHSS-SD organized IMNCI trainings for 29 service providers (4 females and 25 male) deployed at first-level health care facilities to improve the quality and continuum of care for sick children.

IHSS-SD trained 23 female health providers at the provincial level on **postpartum family planning (PPFP) & family planning compliance** to serve as master trainers for rolling-out district trainings for service providers. The training includes key concepts and policies on FP compliance, such as voluntarism and informed choice.

Table-1: Number of participants for different trainings

Training	Project Target	Progress (July–Sep 2019)			Achieved
		Charsadda	Swat	Lakki	
Training of trainers PCPNC	N/A	-	12	-	12
Training of service providers on PCPNC	290	23	41	42	106
Training of service providers on IMNCI guideline	276	17	12	-	29
Training of trainers on PPFP & FP compliance	N/A	-	23	-	23
Training of provincial and district trainers of LHW training package on MNCH/ FP, nutrition, and infectious diseases	N/A	77	103	62	242

The KP DOH 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.

IHSS-SD conducted a district-level training on MNCH, nutrition, family planning and FP compliance, infectious diseases for LHWs and facility-based trainers in Charsadda, Lakki Marwat, and Swat Districts. A total of 242 master trainers (140 females and 102 male) including doctors, medical technicians, LHVs, and lady health supervisors (LHSs) attended the five-day training.

The Training Information Management System (TIMS) is an updated and dynamic version of a prior system developed by Jhpiego with USAID's 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 PWD. IHSS-SD will install TIMS at selected training sites and monitoring and evaluation (M&E) cells at provincial DG offices. IHSS-SD will train relevant staff at all tiers of the Directorate General of Health Services (DGHS) and district.

COMMUNITY ENGAGEMENT

The RSPN, through its partner Sarhad Rural Support Programme (SRSP), is implementing community-based interventions and social mobilization activities in the selected districts of KP.

Meetings between JSI representatives and the four target district commissioners were conducted to obtain permission to implement the IHSS SD Activity at the community level. Three district commissioners (Charsadda, Lakki Marwat, and Swat) issued permission letters; the letter from Mohmand is pending. RSPN also organized a two-day orientation of district program staff in June 2019.

Table of content MNCH toolkit

After a series of consultations and a review process, a toolkit was prepared, printed, and delivered to the district offices. The toolkits were provided to 1,680 community resource persons (420 in Charsadda, 280 Lakki Marwat, and 980 in Swat) during orientation on MNCH orientation. It covers six topics (health rights, MNCH, birth spacing, personal hygiene, nutrition, and infectious diseases) and contains teaching guidelines that CRPs and social mobilization teams will use for standard community awareness sessions with men and women. A training module for the master trainers and CRPs orientation is also part of the toolkit.

Sixty district Activity staff (social mobilizers, hygiene promotion officers, district coordinators, community development officers, and management information system [MIS] assistants) from the selected districts were oriented to IHSS-SD interventions including staff roles and responsibilities and coordination/ communication protocols with consortium partners. Participants were trained on maternal and child health, birth spacing, nutrition, and infectious diseases (TB, typhoid, malaria, measles) in Peshawar and Swat. The training also focused on developing

District	Male	Female	Total
Charsadda	10	6	16
Lakki Marwat	9	3	12
Swat	17	12	29
Mohmand	2	0	2
SRSP focal person	0	1	1
Total	**38**	**22**	**60**

district-level plans, implementation through SRSP community resource persons, data collection, reporting, and coordination with government counterparts.

Following the training of social mobilizers (male & female), 1,680 female CRPs were identified through the SRSP to serve in areas where the LHW program does not provide services. Each CRP will be responsible for providing awareness sessions to 60 households, although this may vary in areas with scattered or dense populations. Two-day sessions in each district trained CRPs to conduct community awareness sessions using a standardized MNCH toolkit.

District	CRPs (females)
Charsadda	420
Lakki Marwat	280
Swat	980
Total	**1,680**

Community sessions are organized in six parts, each of which covers one of the following topics: introduction and health rights; pregnancy health and nutrition; birth spacing methods; health and hygiene promotion; children's health and nutrition; and infectious diseases. Each CRP will organize four sessions a month for women in 60 households. Social mobilizers will conduct the same awareness sessions with male community members twice a month. 93,640 women attended the session on health rights and 44,692 women attended the session on pregnancy health and nutrition. See graph below for details.

Project staff orientation on MNCH & implementation strategy

Table-2: Number of Women Participated in Community Sessions on Health Rights and Pregnant Women's Health & Nutrition during June-September 2019

Districts	Women attending health rights session	Women attending pregnancy health & nutrition session
Charsadda	25,514	14,125
Lakki Marwat	11,564	3,502
Swat	56,562	27,056
Total	**93,640**	**44,683**

IHSS-SD involved community elders and decision-makers from each district to support the social mobilization activities at the community level. The leaders, identified through SRSP social institutions (community, village, and local support organizations), are community activists, social workers, local government representatives, teachers, and doctors.

Table-3: Breakdown of community notables attending the project orientation

Districts	Target	Men	Women	Total
Charsadda	45	39	6	45
Lakki Marwat	30	27	0	27
Swat	105	105	0	105
Total	**180**	**171**	**6**	**177**

Fifty-seven district Activity staff (Charsadda 16, Swat 27, Lakki Marwat 11, Mohmand 2, and SRSP provincial manager 1) in Peshawar and Swat were trained to implement hygiene and handwashing activities in target schools.

605 primary schools in the Activity districts will be involved in handwashing and hygiene promotion activities. To date 525 schools (Charsadda 150; Lakki Marwat 60; and Swat 315) have been selected. As a start, hygiene tool kits were developed and printed. One teacher at each school was nominated as the handwashing focal person, and 517 teachers (235 males and 282 female) were trained on the use of hygiene tool kit to conduct awareness

Booklet for teachers

Toolkit for school children

Hygiene clubs will be established at each of the schools as part of the awareness effort. Under the IHSS-SD activity, each of the 605 schools will get a hygiene demo kit consisting of soap, buckets, toothbrush, and toothpaste, etc. The kits have been delivered to the districts (including Mohmand) and will be distributed to teachers in October.

GLOBAL HEALTH SECURITY AGENDA

Khyber Pakhtunkhwa

While the KP Government has made enormous strides in improving GHSA readiness with the enactment of the KP Public Health Surveillance and Response Act, gaps still exist. The IHSS-SD Activity conducted a situational analysis for KP focused on GHSA readiness. The questions encompassed the entire spectrum of GHSA readiness: legislative and financial frameworks, coordination and communications, surveillance, response, preparedness, risk communication, human resources, laboratory, and points of entry. Preliminary findings, which outline the package of interventions covered under the district GHSA plan, were shared with the DGHS.

The IHSS-SD team also started working on district-level GHSA plans in consideration of the geographic disparities and varying readiness of health systems across KP. These plans will provide strategic direction and actions for designing and implementing disease surveillance and response functions.

Disease-readiness matrix. The IHSS-SD Activity prepared a disease-readiness matrix, conducted extensive lab assessments at the health care facility level, and prepared draft individual disease response plans for each of the priority notifiable communicable diseases in KP. The activity was designed to enhance the capacity of the Health department and respond to communicable disease threats after an extensive literature review of updated WHO and Centers for Disease Control and Prevention documents.

Development of IDSR capacity-building plan for DOH staff. The Activity developed a detailed workforce capacity-building plan in consultation with the DOH and FELTP (Field Epidemiology and Lab Training Program). The plan proposes training for frontline workers and rapid response teams on communicable disease case definitions, IDSR, and data flow mechanisms.

Preparation of draft response plans of priority notifiable communicable diseases:

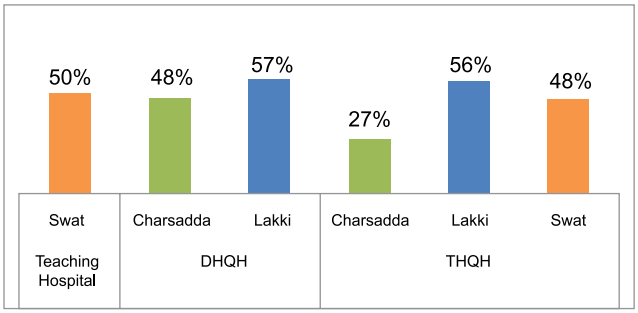
The Activity drafted disease response plans for the priority notifiable communicable diseases at the request of the KP Director Public Health. The Activity also conducted a detailed literature review to ensure use of the most updated WHO and the U.S. Centers for Disease Control guidelines in preparation of the response plans, and met with WHO, FELTP, and government stakeholders to agree on plan format.

DHQ hospital laboratories

As part of the DHQ hospitals assessment, the Activity reviewed services provided by district laboratories and suggested ways to improve service delivery, with a focus on GHSA and IDSR. The data were collected using a tool adapted from the WHO Lab Assessment Tool. The assessment indicated that most of the laboratories of the

assigned health facilities did not provide essential services.

Figure-4: Facility-level Availability of Services



The assessment also revealed critical gaps in availability of equipment and found that large quantities of equipment were non-functional. The supply availability assessment, which had dismal results, focused on biosafety, infectious disease sampling, and general requirements for a clinical laboratory. In response, the IHSS-SD Activity prepared a plan of action that includes lab upgrades, staff training, and equipment provision.

Figure-5: Facility wise availability of Lab equipment

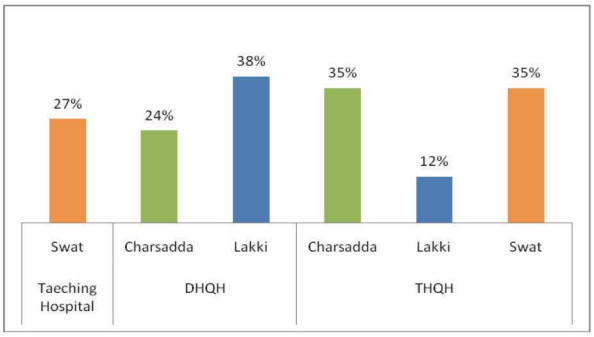
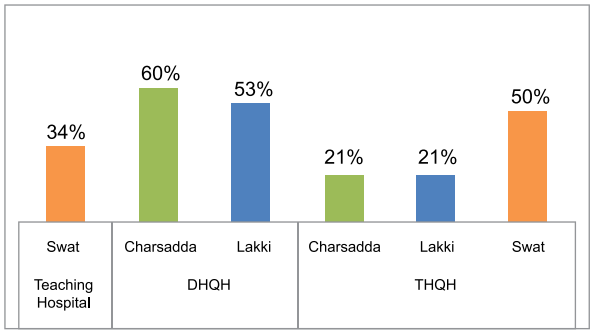


Figure-6: Facility wise availability of Lab supplies



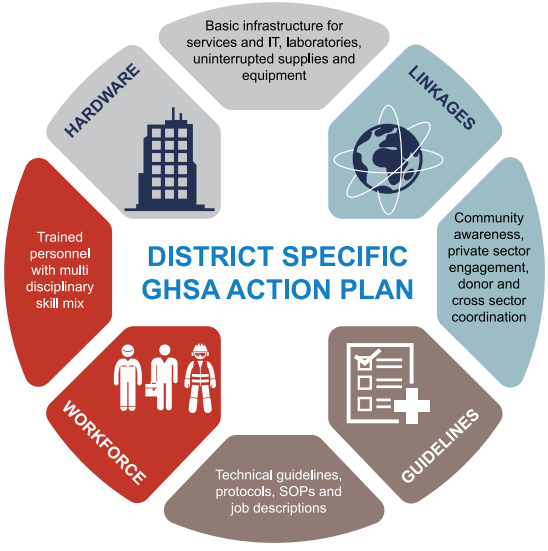
PROVINCIAL ACTIVITIES IN SINDH

Restructuring of the Sindh Health Department: IHSS-SD provided technical assistance to the Sindh Department of Health following the request of the Minister of Health and Population to provide technical assistance to shift eight vertical programs to the regular budget in FY 2019-20. The process was initiated by the Sindh Department of Health (DOH) and established a reform support unit (RSU) to carry forward reforms' agenda. During the reporting year, IHSS-SD developed proposals for shifting the eight vertical programs from development to the regular non-development budget, along with a summary budget showing the cost implications of shifting programs to districts.

The revised proposal is designed to shift and devolve programs to DHOs and proposed institutions for implementing the program activities, including logistics, procurement, printing of educational materials, health education, and advocacy activities. The capacity and responsibility of the DGHS office needed to be strengthened for developing policy guidelines, monitoring and evaluation, and stewardship. Following revised guidelines, a summary budget showing the cost implications of shifting programs to districts was developed. Functions-based job descriptions were developed according to the revised organograms of DGHS Sindh, Health Secretariat, all DHS offices, and respective district health offices. After a series of consultative meetings, a final draft of the proposal was presented to the Minister of Health, Secretary Health, Special Secretary Health, and Special Secretary Public Health.

Upon request of the Minister of Health and Population Sindh, IHSS-SD developed a proposal for **community midwives (CMWs) cadre** and 24/7 MNCH services in government dispensaries. Following the instructions of the Minister of Health and Population Sindh to strengthen the role of CMW by deploying them at relevant health facilities, IHSS-SD developed an implementation strategy and drafted documents for regularizing services and developing service structures of CMWs (Implementation Strategy - CMWs Appointment and Regularization, CMWs 08 Years Deployment and Teaching/ Training Plan, CMWs 8 Years Financial Plan, CMWs Appointment and Regularization Bill 2019, and CMWs Rules of Service were developed and shared with the DOH).

Figure-7: GHSA Action Plan



GHSA: The IHSS-SD Activity conducted situational assessments of GHSA at the provincial and district levels. GHSA support will be provided in four areas:

1. Infrastructure and hardware
2. Skilled workforce

3. Technical guidelines, SOPs, and protocols

4. Linkages for awareness and coordination

One of the gaps identified during the situational assessment was an absence of legislation for GHSA in Sindh. The IHSS-SD Activity developed the legal framework "Sindh disease surveillance and response bill" for epidemic control, disease surveillance, and health security. The draft bill was submitted to the Minister of Health and Population to expedite the process for having a legal framework for GHSA.

The IHSS-SD Activity conducted comprehensive institutional reviews of the Provincial Disease Surveillance and Response Unit (PDSRU) at the provincial level to strengthen DOH's capability to respond to disease outbreaks. The IHSS-SD Activity also conducted an extensive laboratory assessment at the health care facility level in Sindh. The institutional review focused on PDSRU's history, functions, operations, human resources, and available provisions such as legislative and financial frameworks, followed by recommendations for optimal functionality. Key findings of the institutional review are as follows:

- **Missing Legislative and Policy Framework.** The most critical fact relevant for the Integrated Disease Surveillance and Response and Global Health Security Agenda readiness of Sindh province was the absence of a binding document outlining a framework for future progress. While the Health Sector Strategy Sindh 2020 (HSSS 2020) chalks out an elaborate, inclusive and extensive framework, which could practically revolutionize overall health care service delivery not just in the context of IDSR, there is a disconnect between legislation, priorities, and the operations of the Government of Sindh.

- **Absence of Financial Framework.** There are no dedicated funding provisions for IDSR in Sindh Province, with the exception of vertical programs which offer varying degrees of surveillance. However, the resulting data lacks integration and is often discontinuous. This lack of a regular funding structure is a major bottleneck in the operations of PDSRU.

- **Lack of dedicated human resources:** Human resources at the disposal of PDSRU Hyderabad are drawn disproportionately from three distinct streams as indicated below and in order of operational process. Firstly, all medical officers/staff involved in PDSRU activities are detailed from regular positions across Sindh and are on regular government payroll, drawing relatively low salaries and receiving no extra compensation in terms of hazard pay. Secondly, field investigation team leads are FELTP trainees and, despite their exceptional contributions, should not be principally relied upon as a sustainable workforce. Lastly, DOH Sindh has not made any human resources structures for staffing of PDSRU at the provincial or district level.

- **Lack of IT solutions:** There is a complete absence of infectious disease surveillance-related testing capability, as a Provincial Public Health Reference Lab does not exist.

The findings from the review of PDSRU were jointly reviewed and finalized with DGHS Sindh in Hyderabad and later with the Minister Health and Population Sindh. IHSS-SD was requested to prepare the draft of legislation for public health surveillance and response functions. The Sindh Public Health Bill was drafted in consultation with the government and other stakeholders to develop a consensus on disease notification in Sindh. These efforts culminated in a unanimous revised proposal for list of notifiable diseases, which is expected to be officially re-notified by the government in the coming weeks.

Disease-readiness matrix. The IHSS-SD Activity prepared a disease-readiness matrix, conducted extensive lab assessments at the health care facility level, and prepared draft individual disease response plans for each of the priority notifiable communicable diseases. The activity was designed to enhance the capacity of the Health department and respond to communicable disease threats after an extensive literature review of updated WHO and Centers for Disease Control and Prevention documents.

The Sindh disease readiness matrix highlights the disparate extent of government and stakeholder response towards certain diseases, emphasizing the need for a more integrated and partnership-based approach to technical assistance and resource pooling to advance the GHSA. Priority disease plotting in this matrix revealed an alarming state of readiness for each priority diseases, with a lack of support and performance of functions at all levels, including gaps in high-level governance and support, data delay, emergency response and diagnostic functions. The Disease Readiness Matrix was presented to the Sindh Minister of Health and population at a meeting on August 22, 2019.

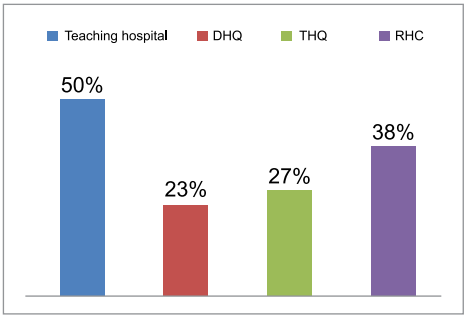
Technical assistance for the promulgation of Sindh Public Health Act. Following decisions during the meeting held with the Minister Health and Population, a draft bill with the provision of implementation and enforcement of the measures to prevent and control spread of diseases was prepared. It also provides basis for building disease surveillance, detection, and reporting system from grass root to provincial levels, analysis-based health responses province-specific approaches.

Preparation of display charts for health facilities on notifiable diseases. IHSS-SD Activity supported development of display boards/charts of case definitions of notifiable diseases and other important information such as outbreak threshold and reporting timelines. The display charts were designed, printed, and displayed at the health facilities of Larkana and Kambar Shahdadkot.

District GHSA plans. IHSS-SD Activity helped DOH Sindh prepare district-specific GHSA plans for Larkana and Kambar Shahdadkot to provide direction and actions for designing and implementing disease surveillance and response functions.

Establishing district disease surveillance and response units. IHSS-SD conducted a rapid appraisal to assess the status of M&E cells at Kambar Shahdadkot and Larkana for adding DDSRU functions. A set of recommendations were developed for DOH Sindh to notify DDSRUs in each district and appoint focal persons to operationalize the DDSRUs for GHSA and IDSR.

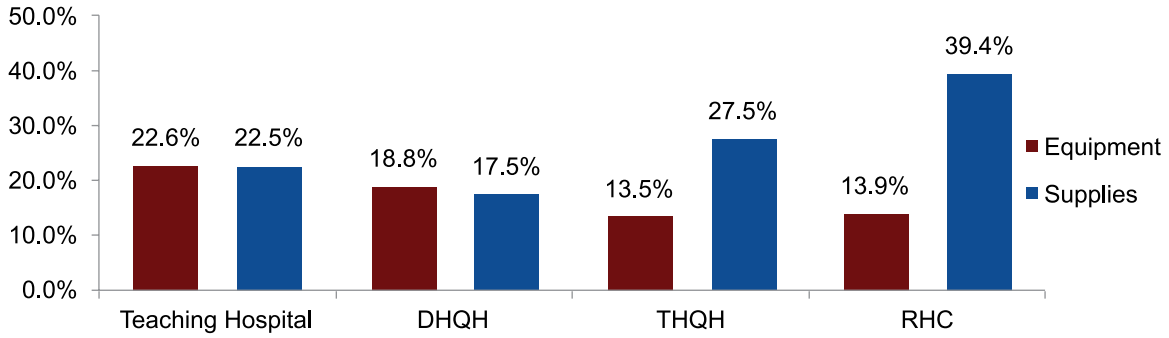
Figure-8: Facility Availability of Services



Strengthening of provincial reference laboratory network and expanding basic diagnostic capacity at district level. As part of the assessment of DHQ hospitals, the IHSS-SD team reviewed the services provided by the district laboratories and highlighted measures for improving service delivery at these health care facilities, with a focus on the GHSA and IDSR. Data was collected through a purpose-built tool, adapted from the WHO Lab Assessment Tool. Key gaps identified that most of the laboratories of the assigned health facilities lacked essential lab services.

The assessment revealed critical gaps in the availability of equipment and that large quantities of equipment were non-functional at the time of the assessment. The availability of supplies was assessed with a focus on biosafety, infectious disease sampling, and general requirements for a clinical laboratory.

Figure-9: Facility Status of Equipment and Supplies



Based on the findings of the lab assessment, a plan of action for strengthening labs in selected districts was developed.

Customization of Health Alert Application: IHSS-SD will pilot a customized and easy-to-use smartphone Application – **HealthAlert App** – for active surveillance and rapid transmission of epidemic alerts from both public and private sector. HealthAlert App will assist in creating a data source for both health care providers and community sourced reporting. The app leverages modern technologies to replace the paper-based reporting method with a completely digitized solution that will provide swift analysis and response, improving the reporting mechanism.

During Q4 of PY2, the IHSS-SD technical team mapped dependencies and requirements for piloting HealthAlert App, including process flow, data flow, and identifying users in public sector health care facilities of Larkana and Kambar Shahdadkot. The team has planned a training for these front-line workers on notifiable diseases, along with an orientation session on usage of HealthAlert App during the next quarter.

Containment of antimicrobial resistance with a focus on typhoid: IHSS-SD supported district health offices of Larkana and Kambar Shahdadkot in preparation of a district micro-plan for a Typhoid Conjugated Vaccine Campaign (TCV). The district managers were trained as master trainers through IHSS-SD technical resources.

GOVERNANCE

District Health & Population Management Teams (DHPMTs): A rapid appraisal of the existing status of DHPMTs was conducted in Lakki Marwat, Charsadda, and Swat. Key findings included:

- Various fora, such as district technical committees, district health management teams and joint district coordination committees, have overlapping mandates and functions leading to a duplication of efforts and resources.
- Unclear TORs and job descriptions for members.
- Irregular meetings due to the over-commitment of district managers.
- Department representatives and subordinate staff attend meetings in place of senior managers.
- Weak coordination between various departments at the district and provincial level.
- Delay in implementation of decisions of the committees because of poor coordination and limited capacities for planning and budgeting.
- Non-availability of performance evaluation mechanisms in a majority of the committees.

MONITORING & EVALUATION

Assessments of MISs and M&E system of DGHS and vertical programs: TTo examine the strengths and weaknesses of DOH KP M&E system, an assessment of the existing M&E system was conducted in the DOH, including the office of Director General Health Services and vertical programs. DHOs were also interviewed to understand the exact implementation status of M&E systems at all levels.

To assess the status of management information systems of all vertical programs and the DHIS, stakeholders—including directors of DHIS, EPI, MNCH, Nutrition, TBC, and LHW programs—presented the status of the implementation of their relevant MISs and recommended the following:

1. The DOH needs a comprehensive system for collecting, reporting and validating data and taking corrective evidence-based actions and measures to understand the performance of managerial and supervisory tiers for all vertical programs, including the DGHS and district health officers.
2. The M&E cell at the DG Health Services office needs strengthening to monitor the overall progress of all program activities.
3. Similarly, the M&E cells at the district level should be established to ensure quality and supportive supervision and implementation.
4. LHW-MIS needs to be revised so that individual level data can be visualized.
5. DHIS also needs revision to include newly emerging diseases and services indicators.
6. Adequate human and financial resources should be allocated for provincial and district M&E systems within the DOH.
7. The information generated through the online MIS of all programs should be integrated into one dashboard.

Based on the findings of the assessments, the IHSS-SD Activity updated the online LHW-MIS. The revised MIS will produce individual LHW monthly performance data along with other vital events, such as localities where the maternal, neonatal, post-neonatal deaths occurred during the reporting month can be viewed. The system will also show the individual LHW level commodity stock-outs for timely replenishment.

In consultation with Directorate of Integrated Health Project, the IHSS-SD Activity trained provincial and district managers, including the district coordinators LHW program, field program officers, and data entry operators, on how to navigate the system and what new features have been added in the system. In addition, the IHSS-SD Activity trained all lady health supervisors (LHSs) of Charsadda and Swat on data entry.

Development of Population Management Information System: After several consultative meetings with the DG Population Welfare Department (PWD) Khyber Pakhtunkhwa and M&E committee of KP PWD to define details required for Pop-MIS, IHSS-SD developed the Population Management Information System. The reporting tools modified have been designed for Family Welfare Centers (FWCs), Reproductive Health Services (RHS-A type), Mobile Service Units (MSUs) and the District Population Welfare Office.

Monitoring and Supervisory system: Monitoring the delivery of health care services and ensuring accountability of performance has remained one of the most challenging areas of the health sector. Accountability and transparency can be ensured through monitoring and supportive supervision of the field activities, a process of guiding, monitoring, and coaching workers to promote compliance with standards of practice and assure the delivery of quality service. Absence of monitoring and supervisory system was observed during the assessment carried out at KP provincial and district DOH.

Following the assessment of the existing monitoring and supervisory system of DOH at the provincial and district levels, IHSS-SD Activity developed an online M&S system. SOPs were developed for conducting the monitoring and supervisory visits in accordance with the plan. Roles and responsibilities at different levels were also developed, which are available in the Monitoring and Supervisory Manual to ensure a standard approach to monitoring and supervisory process and activities in health care services. These support supervisors, program and health facility managers in executing their roles and responsibilities to monitor and supervise quality health care service delivery.

A total of 74 provincial and district health managers were trained on the M&S system at PHSA in three batches. First batch participants included IHP Directorate (LHW, MNCH, nutrition components) and DHIS Directorate (provincial managers and district managers/supervisors. Second batch participants included EPI, malaria and DHIS programs, and district staff. Mr. Babar Khisro, USAID's representative Peshawar and Chief Secretary and Secretary Health KP observed. The third batch of training was organized for 22 participants TB Control Program at Hayatabad Medical Complex Peshawar.

The M&E technical committee from the **PWD** was constituted to develop the recording, reporting, and feedback tools and supervisory checklists for family welfare centers (FWCs), reproductive health services (RHS-A type), mobile health service units (MHSUs), and the district population welfare office. After designing the supervisory checklists, the Activity hired an IT consulting firm to develop the online Pop-MIS for KP.

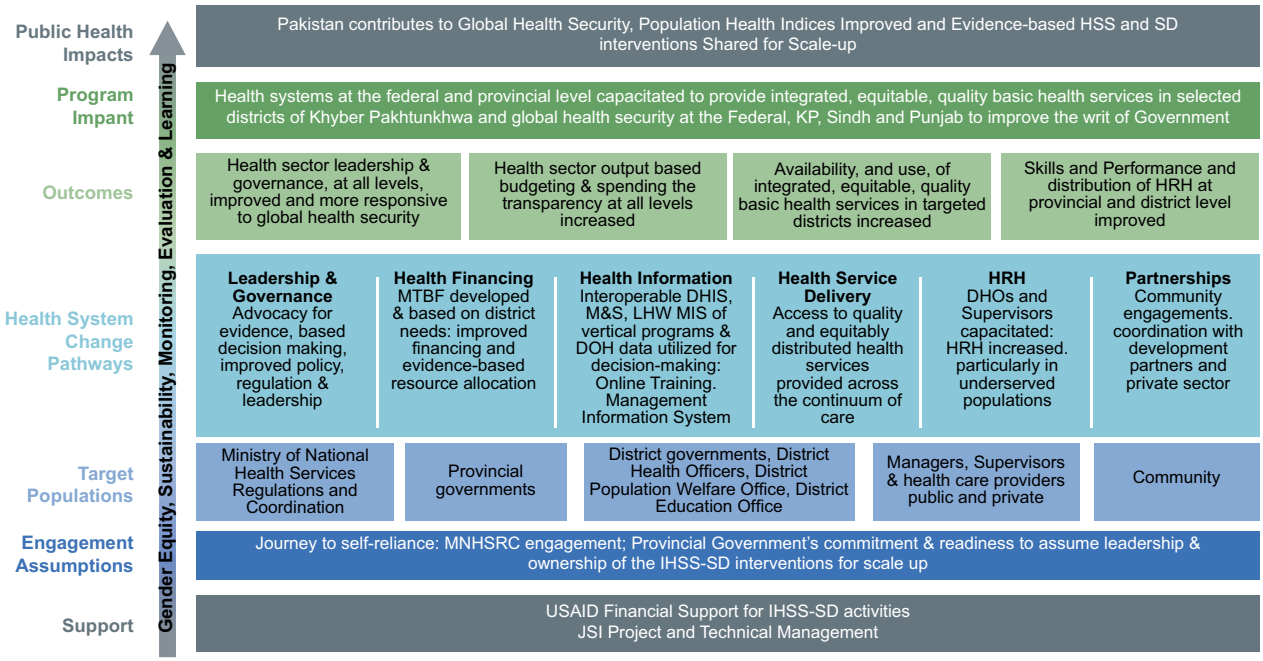
Activity Monitoring and Evaluation Plan: The Activity Monitoring and Evaluation Plan outlines the types of information the IHSS-SD Activity will collect to make informed decisions for routine Activity management, for answering questions from

the learning agenda, and for describing the specific contributions of the Activity to scaling up high-impact, innovative HSS and Service Delivery interventions. The IHSS-SD Activity will work in partnership with community, district, provincial, and national level stakeholders to strengthen data collection, analysis, and data use for decision-making, as part of its comprehensive HSS and service delivery approach.

USAID and the IHSS-SD Activity organized a **theory of change** (TOC) workshop from January 22–24, 2019, for the USAID's health portfolio implementing partners and Activity consortium partners, facilitated by USAID Pakistan and representatives from JSI headquarters. Additionally, IHSS-SD has developed an Activity TOC framework that illustrates pathways through which IHSS-SD programmatic inputs and collaboration with regional and national government will foster partnerships to build capacity within Pakistani health systems at the federal and provincial levels, in order to support global health security and to sustainably provide integrated, equitable, high-quality health services in selected district(s) and communities of KP province. IHSS-SD efforts will result in strengthened leadership and governance, improved financing in the health sector, increased access to integrated, equitable quality health services, and capacitated HRH.

Clear documentation of the JSI IHSS-SD Activity and its successes and challenges will result in increased knowledge of interventions. This will lead to strengthened health systems and global health security responses. As service delivery quality improves, population health indices will improve, and successful, evidence-based health systems strengthening and service delivery interventions can be scaled in other districts of KP and beyond. Efforts to build Pakistan's capacity to identify, report and track diseases will directly support the Global Health Security Agenda. Central to a successful progression through the TOC demands that all interventions are developed, implemented, and measured through a gender equitable lens with an eye towards sustainability.

Figure-10: Theory of Change Framework



The JSI IHSS-SD Activity TOC provides a synthesis map of the preconditions and pathways that we believe are crucial to system change and to achieving the desired IHSS-SD Activity outcomes. It can be used as a conceptual and planning tool to guide discussions on potential areas of intervention and implementation strategies, as well to define areas and conditions of critical importance to IHSS-SD Activity success. We view it as a living document, in that pathways and assumptions outlined here may be refined and then tested by IHSS-SD, and the results will either confirm the pathways posed in the TOC or suggest new and better pathways to improve population health indices and scale up evidence based HSS and SD interventions.

An **M&E working group** was established to provide oversight of M&E activities implemented by IHSS-SD partners. Two meetings have been held during the year to review and provide feedback on data collection and monitoring tools drafted by consortium partners including health facility and institutional assessments, training databases and Training Information Management System (TIMS).

The **Family Planning & Protecting Life Global Heath Assistance Compliance Monitoring Plan** (FP & Protecting Life in Global Health Assistance [PLGHA] CMP) covers prevention, compliance monitoring and response, to ensure that all USAID IHSS-SD stakeholders providing FP services are in compliance with all Pakistan and USG FP legislative and policy requirements. The compliance monitoring tools were developed to ensure that all the activities comply with the USAID FP & PLGHA requirements.

During the reporting year, 20 of 24 clinical trainings sessions were observed to ensure they are following USAID FP and PLGHA. The findings indicated that all the trainings were compliant with the USAID FP & PLGHA requirements. Trainers' conducting training sessions for community members and teachers were monitored and ensured that all trainers and teachers engaged in IHSS-SD Activity are following USAID FP and abortion requirements.

It was ensured that the technical content of clinical trainings and IEC material, including training curricula, teaching aids, educational communication, BCC, and posters, are compliant with FP & PLGHA requirements.

During the reporting year, the IHSS-SD M&E team monitored 20 training sessions on PCPNC, PPFF & FP Compliance, IMNCI, and LHW training on the MNCH package of 24 trainings conducted. Monitoring teams used the standard training monitoring and 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 trainees' involvement. The monitoring form sets the 75 percent benchmark for quality and accountability, indicating a training batch that scores less than 75 percent is marked for immediate corrective measures and follow-up visits to ensure compliance on reported observations and recommendations.

INNOVATIONS

Mobile health services units for the Health Department, Khyber Pakhtunkhwa: For MHSUs, a majority of DHOs of the selected districts were not in favor of experimenting with the MHSUs again, as it has been unsuccessful in the past. DG office representatives also suggested that USAID should invest only in interventions that the department can sustain later. The health department does not have a separate cost center for MHSUs and there are no SNEs in the department for MHSUs, except in one or two districts. This issue was discussed with the Secretary Health; he advised to experiment different models of MHSU with three vehicles already acquired and handed over to IHSS-SD. DOH will see at a later time whether SNEs and separate cost centers can be created for the MHSUs.

Three vehicles were handed over by the health department to the IHSS-SD Activity. These vehicles were mechanically assessed by the manufacturing company HinoPak and, based on the report, repair, and refurbishment provided to make these vehicles road-worthy. Following the approved design from health department, outer body fabrication, and interior renovation was done to adapt the vehicle as a MHSU.

The specific objectives pursued through this component will be to:

- Make health information and services accessible in rural communities.
- Raise awareness to improve community health-seeking behavior, health service use trends and referrals.
- Gather program support by interacting with local notables and opinion leaders and improving understanding of and need for high-quality health care.
- Seek support from development partners, NGOs, and private sector entities that work in the same area to complement efforts for a responsive health system.

Electronic medical record system at Saidu Teaching Hospital

As part of the efforts to hospitals, the IHSS-SD Activity will provide technical assistance to develop and implement the electronic medical record (EMR) system at Saidu Teaching Hospital, Swat. The EMR system emerged as a patient-centered model for health information exchange, which in return will decrease paperwork, provide valuable services to patients, and create improvement in the quality of care, flexibility, and patient safety. Because of the digital nature of the EMR system, patient information is easily accessible and can be shared among providers to develop improved inter-professional collaboration and, ultimately, provide a safe environment based on patient outcomes.

During the reporting period, the terms of reference were finalized and proposals were requested from IT firms to provide technical and professional services for the implementation of an EMR system for Saidu Teaching Hospital, Swat.

Scholarships

The public health sector constantly faces a dearth of skilled human resources; the doctor and nurses' ratio to patients is not meeting international standards. The situation is even worse in the cadre of paramedics and auxiliary staff. This shortage of staff is more visible in the district health system. Despite the fact that scheduled new expenditures (SNEs) are created and approved in the Health Department. On the other hand, present health staff seldom have the opportunity to update and polish their skill set due to a shortage of opportunities and funds. Task-shifting is recommended for settings that have similar human resource challenges, but is only possible if existing staff have advanced and refresher trainings and are deployed in the remote and distant health facilities without any extra aid. IHSS-SD Activity brings the concept of providing scholarships for the existing staff (women medical officers, lady health visitors, medical technicians, dispensers, pharmacy assistants, and IT staff) in health departments for short training courses, in order to enhance their skills so that they can be absorbed back in their parent department or unit to serve it with an improved capacity and skill set. Potential training sites were identified within the district, Peshawar, or Islamabad for positioning these candidates for the requisite short training.

GENDER

Gender is a cross-cutting theme of the IHSS-SD Activity. Gender inclusiveness is woven into the approved work plan activities. The aim is to ensure that program team influences the decision-making of government counterparts to include optimal participation of women in trainings and to offer female employees development opportunities by developing capacities to deliver gender responsive and gender sensitive services to the public.

Following USAID's implementing partners meeting on gender integration, monitoring, evaluation, and learning, and collaborating, learning, and adapting in projects, IHSS-SD recruited a gender specialist to adopt USAID's guidelines and incorporate gender integration in its activities in accordance with USAID ADS 205, Pakistan Mission Order on ADS 205, and USAID Policy on Gender Equality and Female Empowerment (2012).

A gender action plan meeting was convened in the Islamabad office to reach a consensus on an integrated approach to implement the program activities. The gender action plan provided a roadmap to ensure that the IHSS-SD Activity incorporates gender equality as a cross-cutting theme throughout the program interventions and activities. It was agreed that the consortium partners will be involved in the development and implementation of the gender action plan, throughout the life of the Activity.

To foster gender-responsive work within IHSS-SD and to explore the social and cultural constructs around gender dynamics, especially in the context of health, the gender specialist held gender sensitization sessions with IHSS-SD staff and partner organizations in the Islamabad and Karachi offices. The training aimed at educating and bringing awareness to a selected group of people who have responsibility for mainstreaming gender in Activity planning and execution. The workshop aimed to bring awareness of gender and related issues like role of gender in health and reduce the gender bias that informs the actions of individuals.

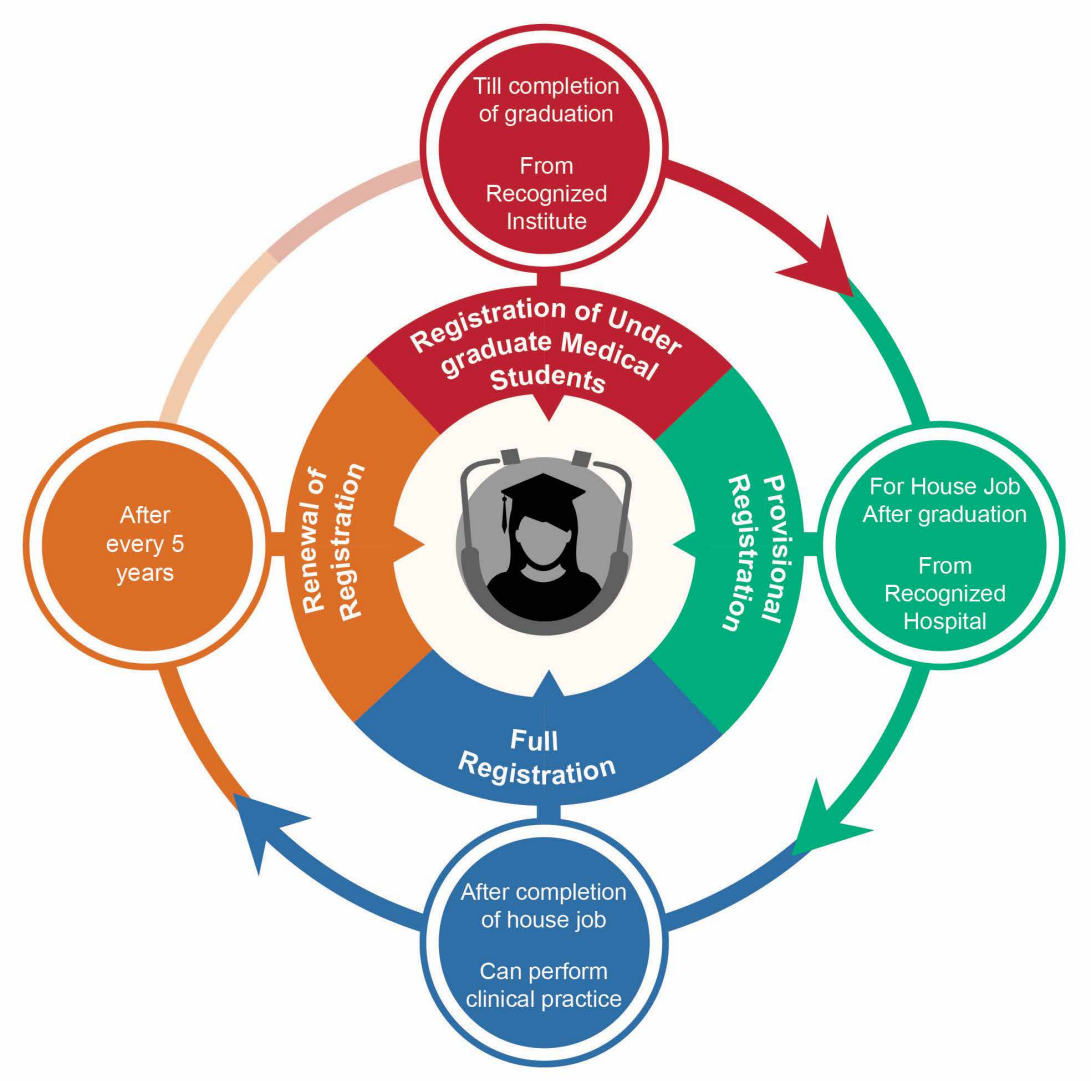
Community awareness sessions on MNCH, FP, Nutrition, and Infectious diseases were held in Swat, Charsadda, and Lakki Marwat. These were attended by married and unmarried community women. The community resource persons (local women residents) delivered sessions using the local dialect of Pashto and used IEC material,

making the training comprehensive for the illiterate audience. Provision of privacy (purdah) and enough space for the accompanying children to play was ensured while selecting the premises. Community sessions were also conducted with the male community members with representation of the notable village elders.

FEDERAL LEVEL ACTIVITIES

Pakistan Medical & Dental Council (PMDC): The Pakistan Medical and Dental Council is a regulatory authority that ensures uniform minimum standards of basic and higher qualifications in medicine and dentistry throughout Pakistan. One of its major activities is to maintain the official register of the medical and dental practitioners within Pakistan.

The rationale for providing technical assistance is to ensure management efficiency for registering all students and doctors, as PMDC is currently using a paper-based system. The web-based system will allow doctors and dentists to register online and request experience letters and certificate verification. The proposed system will allow PMDC to maintain electronic records of all stakeholders and staff, in order to perform daily operations in an efficient and organized manner.



IHSS-SD has initiated the process to hire an IT firm to develop an online Management Information System (MIS) for PMDC registration and renewal of medical students, doctors and post-graduates.

Pharmacy Council of Pakistan: Pharmacy Council of Pakistan is a regulatory statutory body that has undergone substantial transformation and growth since its establishment in 1967. Its revised mandate is to register all academic institutes, regulate and ensure compliance with the education standards, and review, enhance, and advance its curriculum to the international level.

IHSS-SD is providing technical assistance to the Pharmacy Council of Pakistan (PCP) to conduct a review of the processes and to suggest re-strategizing the PCP performance interventions. A desk review was planned according to consultative meetings with the Minister MNHSR&C and DGHS to determine the objectives and to review the methodology and deliverables. Following the consultations, an inception report was drafted and shared with Minister and DGHS.

National Institute of Health: The existing public health labs of NIH were designed according to the needs at the time of its inception in 1967. Although existing labs have been updated from time to time in terms of equipment, training of personnel and bio-safety design, there is a dire need to establish separate reference infectious disease diagnostic laboratories under the existing apex public health laboratories division at NIH. These upgraded labs will have the capacity to perform a wide range of public health tests and to carry out operational and translational research, in addition to supporting the disease surveillance activities in the country, including zoonotic and vector borne diseases. At the request of the Ministry of National Health Services, Regulation & Coordination (MNHSR&C), the PC-1 for Strengthening of Field Epidemiology & Disease Surveillance Division was drafted by IHSS-SD.

To support the NIH in implementing GHSA, IHSS-SD organized a consultative meeting with the senior management of NIH to discuss its role in the implementation of IHR and GHSA in Pakistan. This included support extended to the province and a discussion of GHSA packages to be implemented at the federal and provincial levels and in selected districts.

To complement the government's efforts for effective implementation of GHSA and IHR at the federal and provincial levels, IHSS-SD initiated meetings with provincial counter parts. The first meeting was held on August 21, 2019, with DOH Punjab to plan the rollout of GHSA activities in the province and to discuss the types of technical assistance required.

DGHS Punjab informed the IHSS-SD team that the PDSRU will be notified soon and will function on a 24/7 basis with linkages to the Public Health Lab in Lahore and one satellite lab in Multan. Technical assistance on IT related issues at PDSRU will be provided by the Punjab IT Board. During the meeting, the need for human resources was stressed for the successful operationalizing of the PDSRU. IHSS-SD will provide support to samples transportation from provincial laboratories to NIH.

Pakistan Nursing Council: With the support of the IHSS-SD Activity, the Ministry of National Services, Regulations and Coordination commissioned an independent

organizational assessment of the processes employed by PNC to perform its functions as mandated under the ACT, in the context of a post-18th amendment scenario with changing and increasing roles of the provinces. The assessment focused on areas of the act, regulation, rules, health workforce registry, automation of registration process and the need for a revision of council acts in view of new developments. The specific objectives were to: 1) assess the impact of the PNC interventions regarding enforcement of its mandate on the improvement of the quality of education being imparted in its recognized training schools; 2) identify the gaps and hurdles in sustaining the quality assurance processes at the institutes; and, 3) suggest interventions by the PNC, stakeholders, and health care service providers in the public and private sectors.

The first National Nursing & Midwifery Summit was inaugurated by the president of Pakistan at the President House, Islamabad on January 8th, 2019. The president declared 2019 as the Year of Nursing in Pakistan, to highlight the significant role of individuals associated with the nursing and midwifery professions. He also announced the launch of “Nursing Now” in Pakistan, a campaign in collaboration with the World Health Organization and the International Council of Nurses for raising the status and profile of the nursing profession. Nursing Now, which is running in 70 countries, will enhance the role and voice of nurses and midwives in health policy-making, encourage investment in the nursing workforce, and recruit more nurses into leadership roles by focusing on research and training.

The summit was followed by a technical session organized by the IHSS-SD Activity in collaboration with the Pakistan Nursing Council (PNC) to present findings and recommendations from the Activity’s institutional assessment last quarter. The Ministry of National Health Services Regulations and Coordination and the PNC plan to implement the recommendations to improve PNC functioning over the next six months.

Health information systems/dashboards: IHSS-SD Activity’s M&E team assessed the implementation of DHIS implementation at primary health facilities in Islamabad Capital Territory (ICT). The assessment, which used the PRISM framework, found that facilities were using the outdated health management information systems, which does not capture information on all services, a lack of human resources for DHIS, and that inadequate infrastructure, equipment, poor data quality, and timeliness were key challenges. The DHIS needs to be implemented in all facilities and integrated with the Pakistan Health Information System dashboard. The assessment also identified gaps in staff ability to collect and report data and a lack of knowledge and skills on information use.

The online DHIS was developed and installed on the NHSRC server for Gilgit Baltistan. The initial configuration was done for all 10 districts and all tehsils, Union Councils, Health facilities, populations, demographics, targets etc. were configured.

Following the installation of online DHIS, the training of the DEO/DHIS coordinator and provincial staff was conducted. Following the DHIS training, Use of Information and DHIS dashboard training was conducted for DHOs of districts, MSs of secondary hospitals, managers from provincial office, and secretariats.

Antimicrobial resistance (AMR) and infection prevention and control (IPC): Disease surveillance and outbreak response IHR are key responsibilities of the Federal Government. The MOHSR&C requested that the IHSS-SD Activity help develop the PC-1 for the National Program for AMR and IPC at NIH. The PC-1 was developed after a thorough review of the national strategic framework for AMR, the national action plan, existing capacity of human resource at NIH and other relevant organizations, and of available infrastructure. Extensive consultations were held with donors and development partners supporting the government on AMR and IPC, including DFID, Public Health England, WHO, PQM, and the Fleming Fund.

Chlorhexidine (CHX) documentary: A documentary is under production which highlights Pakistan's CHX accomplishments and encourages provincial ownership for future CHX scale up. The draft script and storyboard were developed and given to the MONHSR&C for feedback. The firm conducted field visits to capture feedback from mothers, service providers, and stakeholders.

Strengthen and establish points of entry/Exit (POE): The IHSS-SD Activity provided technical assistance to MONHSR&C for developing PC-1 for strengthening POEs per the IHR requirement. The Directorate of Central Health Establishments, an attached directorate of MONHSR&C, is the main stakeholder in the implementation of IHR-2005. The overall goal of the five-year PC-1 is to ensure that "Pakistan stands in the global community as a country, safe and free from cross-border transmission of communicable diseases and health hazards." The PC-1 was submitted to the MOH on December 11th, 2018, for submission and approval by the P&D department.

Knowledge management unit at HPSIU: The IHSS-SD Activity supported MONHSR&C in institutionalizing KM functions at HPSIU by collecting and availing all relevant health documents/data from public and private stakeholders over the past 10 years in a user-friendly database. Based on stakeholder discussions involving all provinces and a literature review, the Pakistan Health Knowledge Hub (PHKH) was established at HPSIU.

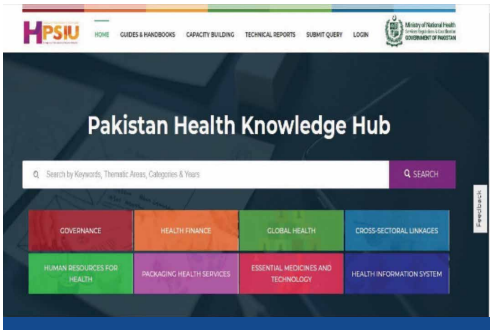


Figure-11: Pakistan Health Knowledge Hub Portal

PHKH addresses a critical gap in the availability of health sector information. PHKH is a central repository for all public health documents for use by government officials, donors, development partners, researchers, academicians, and students. The PHKH has organized and availed key government documents, such as PC-1s, strategies, policies, official notifications, and research, and other documents developed by USAID and donors. Training manuals, guides, and handbooks are also available on PHKH.

Annual DG health report: The IHSS-SD Activity has provided technical assistance to MONHSR&C to develop the DG health report on progress and achievements of MONHSR&C and provincial DOHs during 2017–18. The draft report was sent to MONHSR&C for approval.

National Medicine Policy Pakistan: IHSS-SD Activity has provided technical assistance to draft a comprehensive National Medicine Policy to ensure provision of safe, effective, and affordable medicines to the people of Pakistan. Five thematic areas have been proposed for the policy: 1) essential medicines; 2) quality and regulations; 3) access, affordability, and financing; 4) manufacturing and supply chain; and, 5) research. The policy draft is taking its final shape.

PERFORMANCE INDICATORS REFERENCE SHEET

	Indicators	Target	Q Jul–Sep 2019	Q Oct–Dec 2019	Q Jan–Mar 2020	Q Apr–Jun 2020	Progress so far
1	**Indicator 1.2.1a:** Number of people trained in basic health services to deliver minimum health services package by gender with USG support	3,280 (revised)	397 F- 278 M-119				397 of 3,280
2	**Indicator 1.2.1b:** Percent of USG-assisted service delivery sites providing FP counseling and/or services (DOH)	171	113				113 of 171
3	**Indicator 1.2.1c:** Number of individuals receiving health services in targeted areas as a result of USG assistance (DOH facilities)	2,519,772	616,216				616,216 of 2,519,772
4	**PIRS 2.1.1:** Number of districts with improved institutional capacity scores in management and oversight of FP/ MNCH	4	NA yet				
5	**PIRS HL.6.6-1:** Number of cases of child diarrhea treated in USG-assisted programs	290,850	90,161				90,161 of 290,850

SUB-AWARDS MANAGEMENT & MONITORING

During the reporting period (October 2018 through September 2019), the following three partners actively implemented the scope of work:

1. Contech International
2. Rural Support Programme Networks (RSPN)
3. Johns Hopkins Program for International Education in Gynecology and Obstetrics. (Jhpiego)

The partners were highly responsive during the period when the scope of work was being revised and were involved in the budget revision as well. However, after the TOC workshop provided guidance, the partners revised their scope of work and respective budget.

Further, the following partners were unable to partner with the IHSS-SD Activity due to below reasons:

Sr. #	Name of Partner	Reason for not coming on board
1	Population Council	Registration issues with the Ministry of Interior, Government of Pakistan. Re-registered as local association of organization.
2	Aga Khan University	Refusal to sign off on the PLGHA certification.
3	Palladium, USA	Palladium USA is not registered with the Ministry of Interior, Government of Pakistan.
4	Harvard Institute of International Development (HIID), US	HIID was unwilling to provide details of its board members for vetting purposes.
5	DAI	The Ministry of Interior, Government of Pakistan had revoked its registration.
6	Busara Center for Behavioral Economics, Kenya	Did not have DUNS number.

Project Scope of Work: Prior to the alignment of the Activity's scope of work with USAID/Pakistan's new Country Development Cooperation Strategy (CDCS), implementation of field activities was limited to program interventions under the Sindh legacy component.

Subsequent to the approval of the CDCS and theory of change (TOC) workshop that was organized in Islamabad on January 22, 2019, USAID provided new guidance based on the Journey to Self-Reliance strategy for all USAID's implementing partners (IPs). The TOC workshop main points included:

Subsequent to the approval of the CDCS and theory of change (TOC) workshop that was organized in Islamabad on January 22, 2019, USAID provided new guidance based on the Journey to Self-Reliance strategy for all USAID implementing partners (IPs). The TOC workshop main points included:

- Health & CVE will no longer be linked.
- Service delivery will be focused along the Af/Pak border region (KP & Balochistan).
- The Sindh legacy work will continue but focus will be more on GHSA, capacity building, and infectious diseases, especially typhoid and tuberculosis.
- Punjab can receive GHSA support only.

All IPs were asked to revisit their work plans in line with USAID's vision of the Journey to Self-Reliance. Further, JSI received the NOC and formal approval to work in Khyber Pakhtunkhwa on January 24, 2019.

Accordingly, JSI conducted an extensive exercise internally and with partners to revise their respective scopes of work and budgets align each with the TOC guidelines. This was the third major shift in the program description with new USAID guidance and with a focus on the AF/Pak border in KP. Therefore, the earlier SOW against which activities were partially mobilized had to be reversed and a new work plan was developed in line with the TOC guidelines. JSI submitted the revised work plan to USAID on February 7, 2019, and received the approval from the Agreement Officer's Representative on March 8, 2019.

In late March 2019, JSI organized a meeting with the three partners in Islamabad for the revision of the program description, annual work plan and the budget. The budgets and AWPs were finalized in early April 2019 and sub-agreement revisions made.

Simultaneous efforts were underway to find suitable office space for the Activity office in Peshawar, within the DOH building. This was resolved when the DOH allocated office space for IHSS-SD Activity office in the PHSA building in Peshawar. The space allocated required extensive paintwork and wiring. The office opened on April 22, 2019.

Sub-awardee activity: The three sub-awardees immediately mobilized to implement their respective scopes of work. Contech began with the assessment of the PHSA and the health facilities in the designated district of KP, while Jhpiego began recruitment of staff and their placement in the Peshawar office to initialize training. Similarly, RSPN began its SRSP community component sub-contract. Sub awardees activities is ensured by JSI.

Overall, the sub-awardees were well positioned to implement their approved SOW, and with the approval of the AWP, field activities were initiated in three of the four districts.

Challenges and constraints: The following table lists IHSS-SD Activity challenges and constraints.

Sr. #	Challenges & Constraints	Consequence
1	Getting Khyber Pakhtunkhwa NOC	After constant and vigorous follow up, NOC was approved on January 24, 2019.
2	Selection of districts by KP DOH	After extensive discussions, the following districts were selected: • Swat • Mohmand • Lakki Marwat • Charsadda
3	Revision of the SOW three times by USAID	The revision of the Activity's SOW three times delayed program implementation at the field level.
4	Muhamand District in Khyber Pakhtunkhwa	Muhmand is the newly merged district of ex-FATA region. The pending NOC to work in this district is solely managed by the security agencies. The Activity continues to follow up.
5	Sub Awardee- Registration Issues with Ministry of Interior, Government of Pakistan	The registration issues of Population Council and Palladium with the Ministry of Interior, Government of Pakistan prevented these partner organizations to come on board and implement their respective tasks which are now being implemented by JSI to some extent.
6	Aga Khan University	Aga Khan University was unable to sign off on the PLGHA certification in the performance of their respective SOW. This activity will be managed by JSI.
7	Procurement Plan	JSI submitted the procurement plan around May 31, 2019 and the approval was received September 05, 2019. The lag time affected placement of orders.

FINANCE

Financial management systems: During the reporting period, accounting software QuickBooks was used to record, track, and report Activity expenditures to JSI headquarters in Boston. FieldLink Internet-based software was designed to integrate with QuickBooks to upload financial data for headquarters review and approval. The financial management system fully met the financial needs and requirements of the Activity implementation in terms of availability of funds within the allocated obligation under the cooperative agreement. It tracked Activity disbursement and expenditure trends, monitored the cash flow requirements, and provided financial information and reports for Activity management. This mechanism fulfils the Activity requirements in a timely and efficient manner. The bank accounts in rupee and US dollars are used for funds management and disbursements through an online banking module with dual signature authority.

During the reporting period, the following activities were performed:

1. The financial reports, including financial data of accruals. were submitted to USAID in a timely fashion.

2. The finance teams in the field and head offices worked closely on the budget modification submissions as advised by the USAID Mission. The detail of modifications to the cooperative agreement during the reporting period listed below:

   Modification # 02: This modification was made effective on October 31, 2018 to increase the obligation from US$16 million to $28.2 million.

   Modification # 03: This modification was made effective on December 12, 2018 to approve the revised budget and program description.

3. A total of 2,100 expense vouchers were reviewed, processed, and reported to JSI headquarters during the reporting period, reviewed on a monthly basis through accounting software designed in QuickBooks. The total expense reported and accruals as of September 30, 2019, is $9 million.

4. In view of an expanding tax network and increased income tax and sales tax requirements, the field office designated two of its finance staff members for a nine-week (at two days a week) tax training course. This has increased the professional capability of the field office finance team to address the tax compliance issues.

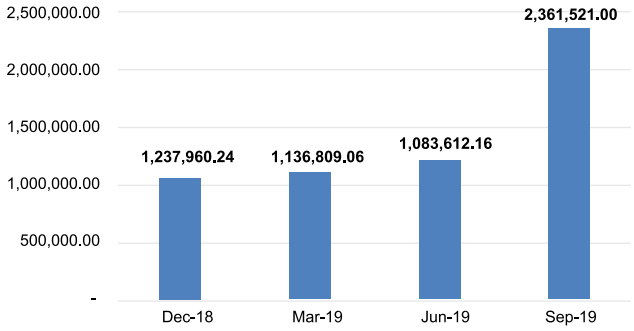
5. Finance has created databases of its records, saving all expense vouchers are on shared drive with cloud-based backup, accessible to authorized staff. This reduces the physical storage requirement and consequently the cost of storage and increases accessibility within a short time.

Project Spending: The Activity disbursement is gradually showing an increase on a quarterly basis. This gradual increase reflects the fact that activities have increased after the revision in the program description, budget, and annual work plan, which were revised to adjust the activities during the reporting period.

The graph shows the quarterly expenditure trends. The average monthly burn rate during the reporting period was $485,000.

The average burn rate for the last two quarters of the reporting period was $1.8 million. The burn rate is expected to increase in the first quarter of Activity's third year, due to the approval of the procurement plan and increased activities.

Figure-12: Financial expenditure 2018-19



ADMINISTRATION

Establishment of program offices: The Activity office in Peshawar, located at Provincial Health Services Academy, was operationalized during the reporting period. The working space, comprising four offices in the administration block of the PHSA was allocated to JSI for IHSS-SD Activity.

The hiring process for the following positions were completed during the reporting period:

Sr.#	Employee	Designation	Joining Date
Islamabad Staff			
1	Khudija Arshad	Manager Sub-Awards & compliance	May 6, 2019
2	Sunil Moses William	Admin & HR Assistant	September 16, 2019
3	Sunil Moses William	Admin & HR Officer	September 16, 2019
Khyber Pakhtunkhwa Staff			
4	Pusha Masih	Office Cleaner	May 6, 2019
5	Feroz Khan	Office Attendant	May, 6 2019
6	Syed Jamal Shah	Chauffeur	May 20, 2019
7	Jamal Afridi	Director Program - KPK	June 17, 2019
8	Salman Khan	Front Desk Officer	September 26, 2019
Karachi Staff			
9	Yawar Hussain	Front Desk Officer	March 26, 2019

Safety & Security: JSI has developed a Safety and Security Manual for the IHSS-SD Activity in Pakistan. JSI has hired a designated safety and security focal person (SSFP) to provide safety and security-related services. The Activity has developed a travel protocol for Khyber Pakhtunkhwa, considering the security concerns related to traveling in the province and to maintain close coordination with the Activity staff. A WhatsApp broadcast group for all Activity staff, including consortium partner staff, has been created, in addition to the use of email and mobile phones for communication.

Orientation to Field Office Safety and Security Manual and security brief has been provided to all Activity staff and is a regular feature with all new hires and international traveler. There have been no major incidents reported during this period.

Procurement: Skill enhancement is an important component of IHSS-SD Activity, which will be establishing a center of excellence for training of health care providers. This center of excellence will be complemented by skills lab where with mannequins and simulators to assist the health care providers for hands-on training.

The trained staff required proper equipment and working environment. Along with renovation and non-structural adjustment work, IHSS-SD is providing state-of-the-art equipment related to MNCH and GHSA to health facilities. This equipment is mainly for labor rooms, operation theatres, sick newborn care units, accident and emergency areas, indoor wards, Out Patient Departments, and diagnostic areas. IHSS-SD is also providing equipment for mobile health unit and radiology. This will support the program activities.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