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JSI Research & Training Institute, Inc.

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

QUARTERLY REPORT

October–December 2019

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

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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
DHPMT	district health population management team
DHQ	district headquarter
DOH	department of health
FMC	finance management cell
FP	family planning
GHSA	Global Health Security Agenda
HBS	Helping Babies Survive
HCC	health care commission
HSA	Health Services Academy
HSRU	Health Sector Reform Unit
HSS	health system strengthening
IDSR	Integrated Disease Surveillance and Response
IMNCI	integrated management of newborn and childhood illness
JSI	JSI Research & Training Institute, Inc.

LHW	lady health worker
M&E	monitoring and evaluation
MHSU	mobile health service unit
MIS	management information system
MNCH	maternal, newborn, and child health
MNHSR&C	Ministry of National Health Services, Regulations and Coordination
NIH	National Institute of Health
PC-1	planning commission - 1
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 of drug-resistance tuberculosis
PPFP	post-partum family planning
PWD	population welfare department
RHC	rural health centers
RSPN	Rural Support Program Network
SOP	standard operating procedure
TB	tuberculosis
TIMS	training information management system
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

I. Executive Summary

The Integrated Health Systems Strengthening & Service Delivery (IHSS-SD) continues to support Department of Health (DOH), Khyber Pakhtunkhwa (KP) to strengthen existing institutions, referral and capacity building (at both facility and community levels), improve access to, and provision of, quality care. During the reporting period, IHSS-SD technical team finalized the analysis of the health facility assessment of rural health centers (RHCs) and basic health units (BHUs) of Charsadda, Swat, and Lakki Marwat. Based on the criteria and scope of refurbishment, the technical and engineering team completed plans and drawings of the selected infrastructure. Seven well baby clinics and three sick newborn care units (SNCUs) will be established within the identified hospitals. The process has been initiated as per JSI procurement protocols, including bills of quantities.

MHSU camp was organized at tehsil Matta in District Swat following the planning sessions with District Health Office (DHO) Swat and Chief Executive Officer (CEO) Saidu group of hospitals. The MHSU provided preventive and curative services to the community, including ultrasound for pregnant women; eye refraction; TB screening; vaccination services, basic diagnostic tests (hemoglobin, serum glucose random, pregnancy test, and urine test); and health awareness sessions on MNCH, infectious diseases, and handwashing.

IHSS-SD trained fifty-two master trainers on Pregnancy, Childbirth, and Newborn Care (PCPNC), Managing Complications in Pregnancy and Child Birth (MCPC) and Postpartum Family Planning (PPFP) for facility level healthcare providers (doctors, nurses, lady health visitors). 227 master trainers are trained for community-based healthcare providers (Lady Health Workers-LHWs). The master trainers conducted cascade training sessions in their respective domains to build the capacity of 439 facility-based healthcare providers and 899 community-based service providers.

IHSS-SD developed and tested the Training Information Management System (TIMS) and shared the salient features of TIMS with Department of Health (DOH). The final version of TIMS is ready to be implemented with DOH's support and officially launched in next quarter (January to March 2020). All trainings supported by IHSS-SD are entered in TIMS.

The KP province reproductive health Technical Working Group (TWG) reviewed and unanimously endorsed the Helping Babies Survive (HBS) modules. First training of trainers on HBS was conducted at Children Hospital Lahore, training 19 master trainers from KP province.

A three-day consultative workshop, on "Quality of Care Embedded in Integrated Health Systems Strengthening and Service Delivery" was designed and conducted, for KP stakeholders to share and discuss global best practices, technical approaches and implementation strategies relevant to quality improvement and enhanced supportive supervision.

During the reporting quarter, 2,446 women attended a session on health rights; 98,043 a session on pregnancy

health and nutrition; 103,078 on birth spacing; 109,756 on personal hygiene; and 22,843 attended a session on child health and nutrition. Similarly, 9,884 male attended sessions on health rights; 7,997 on MNCH and 10,142 on family planning. The CRPs referred 9,080 patients to health facilities.

3,150 sessions were conducted in 525 schools in targeted districts in which 125,803 children (56,276 boys & 69,527 girls) attended the sessions on hand washing and personal hygiene.

IHSS-SD M&E team monitored 36 training sessions on PCPNC, PPFF & FP compliance, and IMNCI, and IYCF. The M&E officers and field managers were using standard checklists to monitor service delivery and PLGHA trainings. In addition, 1,899 community awareness sessions conducted by CRPs were monitored.

IHSS-SD established M&E cells at HSRU and health secretariat in the department of health and DG PWD KP. Moreover, the district M&E cells at Charsadda, Lakki Marwat, and Swat were also completed. PWD M&E cell refurbishment was completed and handed over to the respective government departments.

IHSS-SD Activity provided technical assistance to PDSRU in Hyderabad to revise and re-notify the list of priority diseases. 32 diseases were notified including information and guidelines on case thresholds for alerts and outbreaks; case definitions for suspected/probable and confirmed cases; and reporting timelines.

A 12-day training was conducted in November 2019 for a cohort of CDC frontline workers including DDSRU in-charges. The training was conducted by FELTP of NIH to maintain and standardize trainings with national protocols. Two-day case management training was organized for health care providers from health facilities of Jacobabad and Kambar Shahdadkot to build their capacity on priority notifiable diseases of Sindh. IHSS-SD trained 94 health care providers (65 from Larkana and 29 from Kambar) on the concepts of surveillance, case identification protocols, management protocols, and use of smartphone application (HealthAlert) for alert generation.

IHSS-SD supported a four-day meeting on National Medicine Policy (NMP) “a commitment to goal and guide for action”.

IHSS-SD produced a documentary that provides the journey of CHX initiative in Pakistan and works as an advocacy tool for development partners, implementing agencies, and public sector stakeholders for CHX scalability and better results. Technical review committee constituted by DG Health MONHSR&C viewed the CHX documentary produced by IHSS-SD Activity and endorsed its content.

II. Integrated Health Systems Strengthening and Service Delivery

JSI has been implementing USAID's Integrated Health Systems Strengthening and Service Delivery (IHSS-SD) Activity since 2018 with an overarching purpose of helping the Government of Pakistan improve health outcomes, which aligns with USAID's long-standing objective of helping the government move toward a secure and self-reliant health system.

At the **federal level**, the Activity is providing technical assistance to support the Global Health Security Agenda (GHSA); control and prevent infectious diseases; implement integrated disease surveillance and response (IDSR) systems in collaboration with the Ministry of National Health Services, Regulations & Coordination; build capacity in strategic planning; develop a knowledge management hub; and integrate health information systems from all provinces and special areas to improve data use at the national level. IHSS-SD has also provided technical assistance to strengthen the regulatory functions of the Ministry by supporting the Pakistan Medical & Dental Council (PMDC), Pakistan Nursing Council, and Pharmacy Council of Pakistan. In addition, the Activity is helping develop a national medicine policy to ensure access to quality medicine and regularize pricing mechanism. Moreover, it will regulate the rationale use of medicines and will establish the Ministry as a technical hub for providing policy and strategic guidelines on various health initiatives.

At the **provincial level**, technical assistance is provided based on the explicit and targeted needs of each provincial government. In **Khyber Pakhtunkhwa (KP)**, the Activity's interventions are aimed at institutional strengthening through technical assistance to the Health Sector Reform Unit (HSRU), Provincial Health Services Academy (PHSA), Health Care Commission (HCC), and Financial Management Cell (FMC). Additional support is provided to the director general health office and the secretariat for rolling out the GHSA in the province. 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) and a medium-term budgetary framework (MTBF). IHSS-SD is designed to improve access and quality of basic health services in the districts and increase detection and surveillance of infectious diseases by building the capacity of department of health (DOH) staff. In addition, the Activity is increasing community awareness of basic health interventions and knowledge on how to prevent the spread of infectious diseases. The Activity is strengthening district and tehsil headquarter hospitals to improve governance and quality of care in emergency departments, operation theaters, laboratories, and gynecology and pediatrics units. Mobile health service units (MHSUs) are provided to three districts (Charsadda, Lakki Marwat, and Swat) and will improve access to health services and improve

community trust of government health services. The Activity has establishing monitoring and evaluation (M&E) systems and cells at all districts and at the provincial DOH to improve transparency and accountability of data and improve the capacity of managers to use health information for planning and decision-making.

In **Sindh**, the Activity continues to provide DOH with technical assistance on restructuring and drafting the Sindh Public Health Act. In the districts of Kambar Shahdadkot and Larkana, IHSS-SD is implementing the GHSA by building the capacity of health managers, health care providers, and front-line workers to enhance the IDSR system's overall capacity.

In **Punjab**, the Activity initiated support to DOH Punjab in implementing GHSA/ International Health Regulation (IHR) activities by strengthening the provincial disease surveillance unit and public health laboratory and building staff capacity in case detection/diagnosis, management, and referral. In addition, the Activity is establishing a data flow mechanism to respond to outbreaks promptly. Technical assistance will include developing linkages with the federal disease surveillance unit and public health lab at the National Institute of Health (NIH). IHSS-SD provided technical assistance to the Punjab DOH to develop Planning Commission-1 (PC-1) on GHSA/IDSR. The draft PC-1, including costs, was submitted to DOH for review and comments.

Gender is a cross-cutting theme of the IHSS-SD Activity and is woven throughout the work plan. The Activity's **gender integration** approach works across two realms: 1) gender norms and expectations; and 2) access to resources and information. It encompasses health system strengthening (HSS), service delivery, capacity building, and community awareness to promote equal participation of men and women across all project activities. It also aims to influence government decisions to ensure optimal participation of women in trainings, encourage female employees to develop professional capacities, and deliver gender-responsive and -sensitive services to the public. The approach is in accordance with USAID ADS 205, Pakistan Mission Order on ADS 205, USAID Policy on Gender Equality and Female Empowerment (2012), and U.S. Strategy to Prevent and Respond to GBV Globally.

III. Activities and Results

Progress on activities and results for the reporting quarter follow the work plan, by province.

1. Khyber Pakhtunkhwa

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 district headquarter (DHQ) & tehsil headquarter (categories A, B, C, & D) hospitals

During the reporting period, IHSS-SD technical team finalized the analysis of the health facility assessment of rural health centers (RHCs) and basic health units (BHUs) of Charsadda, Swat, and Lakki Marwat. Summary reports for individual health facilities assessed were prepared and sent to DOH.

Repair work for strengthening hospitals: A group of hospitals in the districts of Lakki Marwat, Swat and Charsadda were identified and shortlisted for upgrading and infrastructure rehabilitation. Based on the criteria and scope of refurbishment, the technical and engineering team completed plans and drawings of the selected infrastructure using Automatic Computer Aided Design (AutoCAD).

Seven well baby clinics and three sick newborn care units (SNCUs) will be established within the identified hospitals. All tenders were processed according to JSI procurement protocols, including bills of quantities.

Activity 1.2.1.2.K: Mobile health service units operationalize after review and assessment of the existing vehicles

During the reporting quarter, refurbishment of three MHSUs received from DOH was completed. Inauguration ceremonies were organized in each of the three districts, at which the MHSUs were handed to KP DOH. IHSS-SD district teams planned the operationalization of the MHSUs with DOH and partners. During the consultative meetings, venues, medicines, supplies, and other operational details were discussed in detail and a list of activities with clearly defined responsibilities between government and the Activity partners was prepared. After the venues for MHSU camps were finalized, a feasibility study was conducted to determine if the each was providing the designated services and space.

On November 28, 2019, the first MHSU camp was organized at RHC Chuprial, tehsil Matta in District Swat following the planning sessions with District Health Office (DHO) Swat and Chief Executive Officer (CEO) Saidu group of hospitals. The MHSU was stationed at RHC Chuprial to compliment health services and provided preventive and curative services to the community. Staff hired to operationalize the

MHSU include a female and a male doctor, a technician, an LHV, and a driver. Services included outpatient consultations for common ailments, maternal, newborn, and child health (MNCH) services, including ultrasound for pregnant women; eye refraction; TB screening; vaccination services, basic diagnostic tests (hemoglobin, serum glucose random, pregnancy test, and urine test); and health awareness sessions on MNCH, infectious diseases, and handwashing.

Women and children attending the MHSU camp

There was also a healthy baby competition, at which babies under 1 year of age were monitored for growth development. During screening of babies, 13 babies with normal weight as per their age were selected. The director general health services (DGHS) distributed small gifts to 13 mothers in acknowledgement of proper care of their children.

MHSU camps were organized at BHUs Bandai, Sher Palam, and Teerat in district Swat. More than 2,612 people received curative and preventive services and handwashing stations were established at each camp for demonstrations and health education sessions. Information, education, and communication materials were distributed to 2,019 participants.

Table 1: MHSU Camp and Hygiene Session Attendance

MHSU venue	Date	No. of patients attended the MHSU camp			No. of participants in hygiene and handwashing session		
		Men/ boys	Women/ girls	Total	Men/ boys	Women /girls	Total
RHC Chuprial	28 Nov	356	764	1,120	285	612	897
BHU Teerat	3 Dec	92	344	436	74	275	349
BHU Bandai	24 Dec	101	432	533	81	346	427
BHU Sher Palam	26 Dec	108	415	523	86	332	418
	Total:	**657**	**1,955**	**2,612**	**526**	**1,565**	**2,019**

MHSU Camp Swat

Sub-activity 1.2.1.2.2.K: Strengthen referral mechanisms at all levels (community to facility; facility to facility)

During initial discussions with the DOH, IHSS-SD noted gaps in implementation of the client referral mechanism at the secondary and tertiary levels and began efforts to strengthen it. The DOH will train health service providers, including lady health workers (LHWs) and community midwives (CMWs), on the referral mechanism and track data on monthly basis.

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

Sub-activity 1.2.1.3.1.K: Institutional review and filling gaps for strengthening Regional Training Institute (RTI), KP HCC, HSRU, Planning Cell, Independent Monitoring Unit, FMC, and Minister's Office

During the quarter, meetings to review identified gaps and finalize the scope of activities to strengthen the HSRU were held. DOH prioritized institutional

development for which IHSS-SD will help the HSRU finalize its mandate, functions, organogram, job descriptions, procedures, and processes.

IHSS-SD technical team held meetings with the **PHSA** team to refine and finalize its plan of action. During the meetings, the identified gaps were discussed and activities in the plan, including revising training modules of promotion courses and the teaching aids, were prioritized.

During the reporting quarter, an institutional review report of **FMC** was finalized and was the basis for the MTBP and annual plan of action. Cost estimation tools and the budgeting portion of district action planning and the Implementation, Monitoring, and Budgeting Manual was finalized after a series of meetings with the FMC team. The team asked the IHSS-SD Activity to build capacity of budget-related staff to review, finalize, consolidate, and submit budget proposals for the upcoming financial year. An implementation strategy for institutionalizing output-based budgeting in consultation with FMC was prepared.

Comprehensive plans for trainings on the MTBF, guidelines, and presentation selected districts were made. Following this, meetings were held with FMC team to discuss tentative plans and modalities for conducting MTBF trainings considering issuance of Budget Call Circular and finalized training plan.

KP HCC- During the reporting quarter, meetings were held with the Minister and Secretary of Health, the KP HCC team, and stakeholders to discuss findings and recommendations in the institutional review of HCC. An action plan was developed and includes:

- Review Health Care Commission Act 2015 and develop legal framework including listing of amendments with justifications and preparation of amended KP HCC Act.
- Review, amend, and develop rules and regulations under the KP HCC Act and proposed amendments on human resource management including organogram, determination of designation and number of posts, proposal for adjustment of existing employees, recruitment policy and criteria for appointment against the remaining posts, defining terms and conditions of service, disciplinary rules, and performance appraisal mechanisms for contract employees under the act.
- Design rules of business.
- Develop a financial management system including delegation of financial powers, manner for budget preparation, re-appropriation proposals, statement of accounts, and audit.
- Create materials management including procurement, storing, issuing, preventing pilferage and wastage, condemnation, disposal/auction, and replacement rules, and standard operating procedures (SOPs) for processing of contingency bills.

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

Sub-activity 1.2.1.4.1.K: Strengthen centers of excellence to support best practices

Facility assessment, identification of gaps in selected health facility
IHSS-SD assessed the capacity and performance of the seven centers of excellences (COEs) in KP province:

1. Hayatabad Medical Complex with training hall of Postgraduate Medical Institute
2. RTI Hayatabad Peshawar
3. Reproductive Health Services Master Training Centre (Lady Reading Hospital, Peshawar)
4. Saidu Sharif Hospital, Swat
5. Matta Civil Hospital, Swat
6. DHQ Hospital Charsadda, with training hall at MNCH School
7. City/Civil Hospital Lakki Marwat with training hall at MNCH School

Major findings:

- Institutional capacity to deliver MNCH/FP trainings across the COEs showed major gaps pertaining to the availability of training hall, skills lab, and associated equipment and supplies.
- Human resources were adequate in terms of numbers, but a number of COEs relied on other organizations to provide training equipment and supplies.
- Physical infrastructure at most COEs was sub-optimal, with many resorting to makeshift arrangements.
- Equipment and supplies for MNCH/FP trainings was especially challenging, with Minimum Health Services Delivery Package for Secondary Care Hospital (MHSDP) items missing.
- Most COEs used single data recording tools for multiple domains of services, rendering documentation of facility records sub-standard.

The RTI and Lady Reading Hospital Reproductive Health Services Centre Peshawar had higher capacity to support training than other COEs. At this stage, a considerable effort, including refurbishment of COEs and development of a skill labs would be required for these COEs to have the capacity to deliver MNCH/FP trainings.

A meeting with Dr. Faisal Shahzad, hospital director Hayatabad Medical Complex, was held to discuss establishing a COE and skills lab as a provincial COE at the medical complex. Though agreed upon the process was not initiated as the space is yet to be commissioned to DOH by the Construction & Works Department.

Sub-activity 1.2.1.4.3.K: Training on information management system

The training information management system (TIMS) of KP's DOH and Population Welfare Department (PWD) was installed on a cloud server during the quarter and training and post-training support provided to JSI and Contech staff for real-time data recording. TIMS was refined by incorporating feedback/suggestions received from the DGHS team Peshawar. IHSS-SD will install TIMS at training sites and M&E cells at the provincial and district levels and train relevant staff at all tiers of the DGHS.

Sub-activity 1.2.1.4.5.K: Support to design implementation of operational plan for FP policy and strategy at district level to achieve desired results

IHSS-SD organized a roundtable meeting in Peshawar on December 18, 2019 for 60 participants from the public sector and private institutions. Discussions on revisiting the population policy 2015–16 were held in the light of the findings of PDHS 2017–18, Population Census report 2017, and recommendations of the Council of Common Interest. Population policy revisions and modification will be made after consultation with service providers, private health care practitioners, and CSO members, which will be held in January 2020. The population policy is expected to be finalized during the first quarter of 2020 (January–March).

Sub IR 1.2.2.K: Service quality improved

Activity 1.2.2.2.K: Capacity building of service providers to improve access and quality MNCH/FP services-facility providers based on MHSDP

Sub-activity 1.2.2.2.1.K: Capacity development of facility-based service providers

Training of trainers and service providers on pregnancy, childbirth, postpartum, and newborn care (PCPNC):
IHSS-SD trained 12 district trainers who in turn trained 101 service providers (women medical officers, lady health visitors, charge nurses, and staff) from 45 facilities engaged in PCPNC and the continuum of care. The 6-day training was based on WHO best practices on the timely and effective management of pregnancy, childbirth, and the postpartum periods for both women and newborns.

Practice sessions during district-level PCPNC

Table 2: Training on PCPNC

Training	LOP target (June 2019 to June 2020)	Trained during last quarter	Trained during reporting quarter	Total	% achieved	Progress (Oct-Dec 2019)		
						Charsadda	Swat	Lakki
Training of trainers on PCPNC	20	07	12	19	95	2	7	3
Training of service providers on PCPNC	241	106	101	207	85	35	54	12
Total	**261**	**113**	**113**	**226**	**86**	**37**	**61**	**15**

Postpartum family planning (PPFP) and FP compliance:

IHSS-SD trained 19 female service providers at the provincial level on PPFP and FP compliance to serve as master trainers. These master trainers later trained 106 service providers from 46 district-level facilities and achieved 96 percent target as committed in work plan. The training included key concepts and policies on family planning compliance (e.g., voluntarism and informed choice).

DHO Charsadda monitoring training session on PPFP

Table 3: Training on PPFP & FP Compliance

Training	LOP target	Trained during last quarter	Trained during reporting quarter	Total	% achieved	Progress (Oct-Dec 2019)		
						Charsadda	Swat	Lakki Marwat
Training of trainers on PPFP & FP compliance	20	0	19	19	95	5	10	4
Training of service providers on PPFP & FP compliance	110	0	106	106	96	38	42	26
Total	**130**		**125**	**125**	**96**	**43**	**52**	**30**

Managing complications during pregnancy and child birth (MCPC):
IHSS-SD trained 14 female service providers from 13 facilities at the provincial level on MCPC to serve as master trainers. The training includes management of postpartum hemorrhage, pre-eclampsia, eclampsia, and sepsis. Master trainers are responsible for training at least 100 service providers at first-level care health facilities to improve their management skills during pregnancy and childbirth. The district rollout trainings are planned for next quarter.

Table 4: Training on MCPC

Training	LOP target	Trained during last quarter	Trained during reporting quarter	Total	% achieved	Progress (Oct-Dec 2019)		
						Charsadda	Swat	Lakki Marwat
TOT on MCPC	12	0	14	14	116	5	5	4
Training of service providers on MCPC	105	0	13	13	12	0	0	13

Training of trainers on helping babies survive (HBS):
IHSS-SD trained 19 service providers from 14 facilities (six from each target district and one from Health Directorate Peshawar) on HBS to serve as master trainers for district-level service providers. The training included management of birth asphyxia and initial steps of newborn resuscitation to be accomplished within the golden hour to save lives and give a better start to babies who struggle to breath at birth. The training also focused on developing skills in Essential Care for Every Baby and Essential Care for Small Babies.

Table 5: Training on Helping Babies Survive

Training	LOP target	Trained during last quarter	Trained during reporting quarter	Total	% achieved	Progress (Oct-Dec 2019)			
						Charsadda	Swat	Lakki	Peshawar
Training of trainers on HBS	20	0	19	19	95	6	6	6	01
Training of service providers on HBS	110	0	0	0	0	0	0	0	0

Training of trainers on infection prevention and control (IPC):
Under IHSS-SD, Jhpiego has trained 33 service providers on ICP as master trainers. Infection control protects health care providers, patients, clients, and families from hospital-acquired infections. The following principles were explained, demonstrated, and practiced during the training:

- Standard precautions.
- Hand hygiene.
- Personal protective equipment.
- Needle stick and sharps injury prevention.
- Safe injection practices.
- Decontamination, cleaning, and high-level disinfection.
- Respiratory hygiene.
- Waste disposal.

The trainers emphasized IPC principles as mandatory part of health service provision. These master trainers trained 113 people including medical officers, lady health visitors, staff nurses, and medical technicians from 52 facilities.

Table 6: Training on IPC

Training	LOP target	Trained during last quarter	Trained during reporting quarter	Total	% achieved	Progress (Oct-Dec 2019)		
						Charsadda	Swat	Lakki Marwat
Training of trainers on IPC	20	0	33	33	165	15	8	10
Training of service providers on IPC	415	0	113	113	27	33	23	57
Total	**435**	**0**	**146**	**146**	**33**	**48**	**31**	**67**

Growth assessment and infant and young child feeding (IYCF):

Malnutrition is widespread across Pakistan. According to latest national nutrition survey (NNS-2018), 42.2 percent children under 5 years of age are stunted, while 17.7 percent suffer from wasting. Stunting is a major problem; 4 of 10 children under 5 years of age (approximately 12 million children) are stunted and unlikely to reach their full mental and physical potential. The prevalence of stunting is highest in KP tribal districts, at 48.3 percent. Similarly, prevalence of acute malnutrition (wasting) is on the rise and remains a significant concern. Wasting rates recorded in National Nutrition Survey 2018 are highest in Pakistan's history. NNS 2018 finds that early initiation of breastfeeding, exclusive breastfeeding, and continued breastfeeding show an upward trend from 2011, but most indicators related to complementary feeding are declining. The government of KP, recognizing the need to improve breastfeeding and complementary feeding practices identified key actions to promote optimum IYCF practices. The combined course on growth assessment and IYCF counseling developed by WHO was adopted to build the capacity of health care providers. The 5-day course is based on a set of competencies that all participants are expected to learn during the course and subsequent practice at their work places. During the reporting period, the Activity supported the following batches of IYCF training:

1. Twenty-one health care providers were trained from October 21 to October 25, 2019 at Children's Hospital in Pakistan Institute of Medical Sciences (PIMS) Islamabad.

2. Twenty-six health care providers were trained from November 11 to November 15, 2019 at Children's Hospital in PIMS Islamabad.

3. Fifteen health care providers were trained from November 26 to November 30, 2019 at District Health Development Center (DHDC) Swat.

4. Eighteen health care providers were trained from December 23 to December 27, 2019 at DHDC Swat.

Of 80 people trained during the reporting period, 26 were doctors, 4 health managers, 11 lady health visitors, 11 nurses, and 28 were medical technicians/ pharmacist/PHC technicians. Of these 31 (39 percent) were women. District-specific targets and achievements are provided in table 7.

Table 7: IYCF District-specific Targets and Achievements

	Total	Charsadda	Lakki Marwat	Swat	Provincial level
LOP target	254	81	67	93	13
Number of participants trained during reporting quarter	80 (31%)	13 (16%)	9 (13%)	45 (48%)	13 (100%)

Clinical case management course on integrated management of newborn and childhood illness:

Integrated management of newborn and childhood illness (IMNCI) is a broad strategy designed to reduce childhood mortality, morbidity, and disability in developing countries, and to contribute to improved growth and development of children under 5 years of age. It encompasses improving case management skills of health providers, the health system, and family and community practices.

IMNCI implementation started in year 2000 in Pakistan as an 11-day course. Later, a 6-day abridged course was launched to accommodate health care providers who are unable to leave their clinics for longer periods. For community-based IMNCI, a three-day course was adopted to refresh the skills of LHWs and LHSs.

During the reporting period, three workshops of facility-based IMNCI were organized in Islamabad for 56 facility-based health care providers. Ten community-based IMNCI workshops were organized for 200 LHWs and supervisors:

1. Twenty-four health care providers were trained from November 18 to November 23, 2019 at Children Hospital in PIMS Islamabad.
2. Eighteen health care providers were trained from December 2 to December 7, 2019 at Children's Hospital in PIMS Islamabad.
3. Fourteen health care providers were trained from December 23 to December 28, 2019 at Children's Hospital in PIMS Islamabad.
4. Two hundred LHWs and supervisors were trained in community-based IMNCI at 10 health facilities of district Swat from December 11 to December 13, 2019

Of the 56 facility-based people trained in IMNCI during the reporting period, 25 were doctors, 6 were lady health visitors, 4 were nurses, 20 were medical technicians/ pharmacist/PHC technicians, and 1 was a health manager. Fourteen (25%) were female. District-specific targets and achievements are in the tables below:

Table 8: IMNCI District-specific Targets and Achievements

	Total	Charsadda	Lakki Marwat	Swat	Provincial level
LOP target	229	77	63	88	1
Number of participants trained during reporting quarter	56 (24%)	18 (23%)	20 (32%)	17 (19%)	1 (100%)

Table 9: Community IMNCI District-Specific Targets and Achievements

	Total	Charsadda	Lakki Marwat	Swat
LOP target	2746	946	540	1260
Number of participants trained during reporting quarter	200 (7%)	0	0	200 (7%)

Training on Sick Newborn Care Unit:

Pakistan has one of the worst maternal newborn and child health indicators of developing nations. An estimated newborn mortality rate (NMR) of 42 deaths per 1,000 live births (national and KP) is indicated in the latest Pakistan Demographic and Health Survey 2017–18. The Activity supports DOH by establishing SNCUs at three DHQs and will build the capacity of human resources, renovate the space allocated for SNCUs and provide critical equipment. DOH will provide the required human resources, space for the SNCUs and ensure a continuous supply of oxygen and reagent.

Forty-six health care providers were trained in two batches on SNCU including 15 were doctors and 31 were nurses. The participants included THQH Shabqadar Charsadda, DHQH Lakki Marwat & Cat-C Hospital Matta, Swat

Table 10: SNCU District-Specific Targets and Achievements

	Total	Charsadda	Lakki Marwat	Swat	Provincial level
LOP target	46	13	13	16	4
Participants trained during reporting quarter	46 (100%)	13 (100%)	13 (100%)	16 (100%)	4 (100%)

Sub-activity 1.2.2.2.2.K: Capacity development of community based-service providers

Lady health workers:

Prior to initiating rollout trainings, IHSS-SD held a series of meetings with the LHW Program in three project districts (Swat, Charsadda, and Lakki Marwat) to develop and discuss micro-plans and operational details. Per program recommendation,

training materials such as the pre/post-test, attendance sheet, TIMS forms, session plans, and training banners and certificates were translated into Urdu.

During the quarter, IHSS-SD trained 899 LHWs from 47 facilities in three districts on MNCH, PPFP/FP compliance, and infectious diseases. These trainings were facilitated by LHWs Program trainers who were trained during third quarter (July–September 2019).

Table 11: Training of LHWs on MNCH, PPFP, & Infectious Diseases

Training	LOP target	Trained during last quarter	Trained during reporting quarter	Total trained	% achieved	Progress (Oct-Dec 2019)		
						Charsadda	Swat	Lakki Marwat
District-level trainings on LHW modules	234	227	0	227	97	77	88	62
LHWs on MNH, PPFP, & infectious diseases modules	2,466	0	899	899	36	442	385	72
Total	**2,700**	**227**	**899**	**1126**	**41**	**519**	**473**	**134**

Community midwives:

In collaboration with the MNCH Program, IHSS-SD trained five CMW school faculty members in PCPNC and PPFP/FP compliance. We have scheduled trainings on lactation management and infectious diseases. IHSS-SD-trained CMW school faculty/tutors will commence training CMWs in their respective schools in the next quarter.

Table 12: Training MNCH Program Trainers and CMW School Faculty

Training	LOP target	Trained during last quarter	Trained during reporting quarter	Total trained	% achieved	Progress (Oct-Dec 2019)		
						Charsadda	Swat	Lakki Marwat
MNCH program trainers and CMW school faculty on MNCH/FP, nutrition, and infectious disease modules	09	0	5	5	55	01	02	02

Sub-activity 1.2.2.2.3.K: Competency-based post-training mentoring of health care providers (facility & community)

Supportive supervision for quality improvement (QI):
During the reporting period, IHSS-SD conducted a 3-day workshop on global best practices, technical approaches, and implementation strategies relevant to quality improvement and enhanced supportive supervision. The workshop was arranged for KP province stakeholders including DOH, LHWs, and MNCH Program staff and facilitated by Dr. Kusum Thapa (senior technical advisor, Jhpiego Baltimore). The workshop explored how to integrate approaches of quality of care (QOC), supportive supervision in services provision, and strategies to achieve high-quality service standards, and reduce maternal, newborn, and child deaths. Participants agreed that supportive supervision is essential for improving. The workshop concluded with actions to be taken by the district teams:

- Develop QI plans and notify teams of designated roles and responsibilities.
- Finalize and adopt QOC/QI indicators for selected district and health facilities.
- Conduct QI action planning and supportive supervision.
- Hold monthly visits and monthly/quarterly progress review meetings on QOC/QI and supportive supervision.
- Scale up piloted approach to all districts of KP.
- Prepare supportive supervision checklist.
- Mentor and build capacity of district M&S staff to ensure that clinical SOPs are followed.

Sub IR 1.2.3.K: Civic engagement increased

Activity 1.2.3.1.K: Community awareness on MNCH, FP, nutrition, and infectious diseases: part of implementation of MHSDP and comprehensive health units

CRP conducting MNCH awareness session

IHSS-SD used 1,680 community resource persons (CRPs) to conduct community awareness sessions in non-LHW covered areas. The selected CRPs are women with 10 or more years of education; each is assigned 60–70 households in her community. Charsadda has 420 CRP, Lakki Marwat 280, and Swat 980. In total, 101 union councils and 12 tehsils are being covered through these CRP. The following topics were included in the awareness sessions: 1) health rights; 2) pregnant women's health and nutrition; 3) birth spacing; 4) health and hygiene; 5) child health and nutrition; and 6) infectious diseases.

Table 13 depicts the number of sessions conducted against the target for each of the selected district during the reporting quarter.

Table 13: CRP Session Targets and Achievements

District	Sessions		
	Quarterly target	# of sessions and %	
Charsadda	5,040	5,779	115
Lakki Marwat	3,360	3,604	107
Swat	11,760	13,460	114
Total	**20,160**	**22,843**	**113**

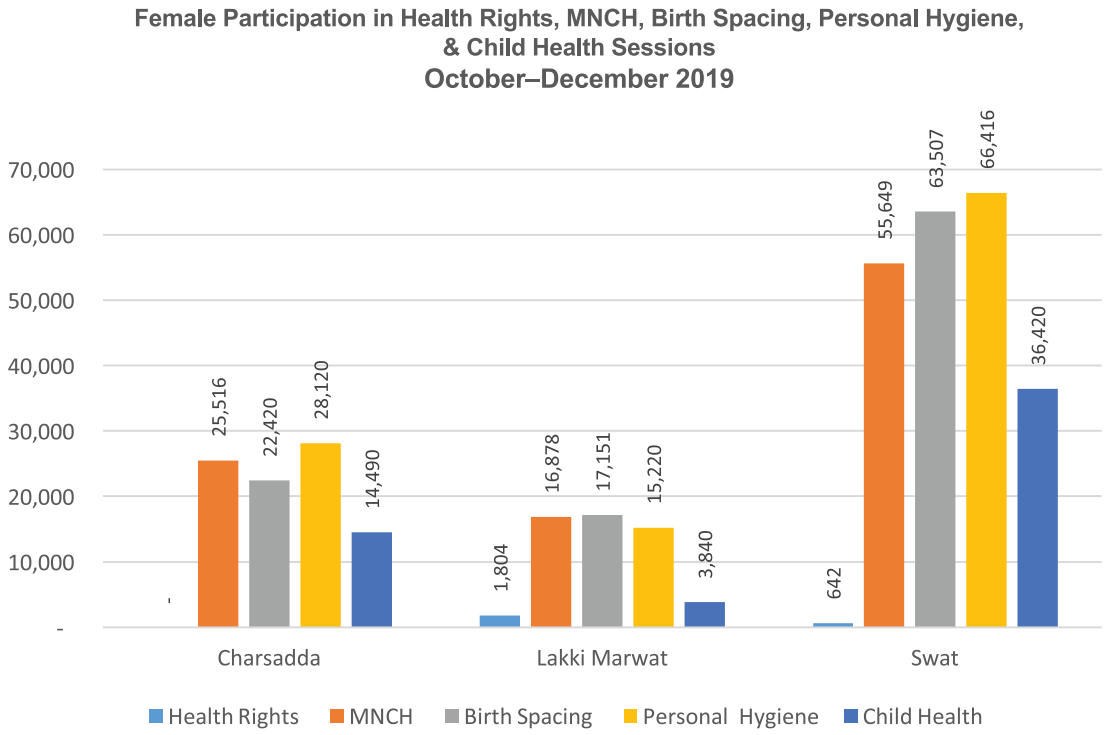
The response to the awareness sessions reveals a change in the behavior of target women, who are now aware of why and when to get prenatal checkups and where to seek birth spacing methods, etc. Ms. Zaram Bibi, from a village of district Lakki Marwat said “Women in our villages do not have information about prenatal checkups, we either have to get guidance from elder women or seek the support of dayee (traditional birth attendant). Women do not seek health care services timely due to ignorance. One of them even lost her child due to a premature birth.” After the awareness sessions, however, a family member of Zaram Bibi was taken for a prenatal checkup.

Kandak Jehangir is a remote village in Swat that has poor access to health facilities. Poverty and illiteracy compound its difficulties. A CRP regularly conducts awareness session in that village. During a session, a CRP noticed that a participant named Zahra, who was 8 months pregnant, had swollen feet and looked pale and weak. The CRP helped Zahra get referred to Barikot Civil Hospital, where she was treated for edema and her delivery was safely managed.

During the reporting period, 2,446 women attended a session on health rights; 98,043 a session on pregnancy health and nutrition; 103,078 on birth spacing; 109,756 on personal hygiene; and 22,843 attended a session on child health and nutrition.

Social mobilizer on her way a CRP awareness session, Swat

Graph 1: Females attending sessions by CRPs



A permanent register has been introduced, in which CRPs must record all households and participation of any member of the required household in any of the health awareness session.

A referral mechanism has been established to help CRP make timely referral to either LHWs, CMS, and facility-based health providers. All CRPs in the three districts are provided a booklet of referral slips containing three colored separators. One slip (yellow) is maintained by the CRP. The other two are given to the client with instructions to maintain one (blue) themselves and submit the third (pink) to the health facility staff. During monitoring visits referrals are validated to document if the client actually visited the referred person and availed services required.

Referral Slips

During the reporting period, 9,080 patients were referred by the CRPs, as indicated in the table below.

Table 14: Referrals by CRPs

Antenatal	960
Delivery by skilled birth attendant	99
Postnatal	116
Infant health	166
Vaccination	885
Birth spacing	365
General health issues	6,489
TOTAL	**9,080**

Monthly performance review meetings are conducted by social mobilizers with their respective assigned CRP. During these meetings, activities and performance of each CRP is discussed in detail, feedback is provided, and action points prepared for the upcoming month.

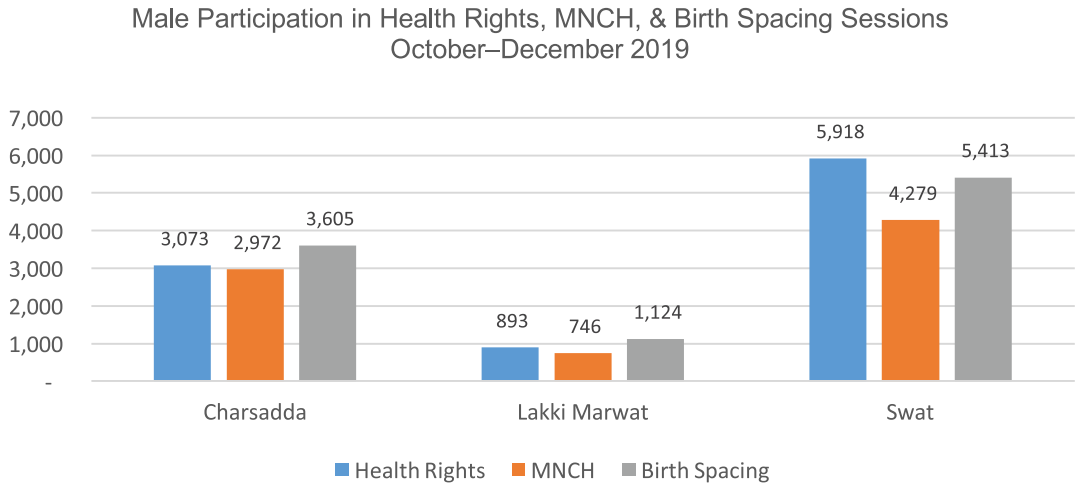
In the reporting period, 275/280 CRPs of Lakki Marwat, 418/420 of Charsadda, and 927/980 of Swat attended monthly meetings.

<u>Community awareness sessions with men:</u>
During the reporting period, 1,766 health awareness sessions with men were conducted, as follows: 9,884 men attended a session on health rights; 7,997 men attended a session on MNCH; and 10,142 on birth spacing.

CRP monthly meeting

Community awareness session with men

Graph 2: Male participation in awareness sessions



Activity 1.2.3.2.K: Skill enhancement for young men and women (health & population sectors)

IHSS-SD Activity met with the Institute of Medical Sciences (IMS) Hayatabad, Peshawar to coordinate a skill enhancement course on information technology for health care providers. IMS requested a training needs assessment (TNA) of the prospective staff. Based on the TNA and the level of the short course proposed, IMS will submit a proposal and budget required for the activity in the next quarter.

School awareness session on hygiene and handwashing

Activity 1.2.3.3.K: K: Handwashing and hygiene interventions in schools

During the reporting period, eight teachers were trained on teaching methodologies for handwashing sessions at schools. In total, 525 teachers (one at each primary school) has been trained (Table 15).

Table 15: Schools and Enrolled Children

Districts	Schools	Total students	Boys	Girls
Charsadda	150	38,638	15,240	23,398
Lakki Marwat	60	12,348	7,259	5,089
Swat	315	74,817	33,777	41,040
Total	**525**	**125,803**	**56,276**	**69,527**

To promote practices including handwashing with soap and personal hygiene, the trained teachers conducted 4–6 awareness sessions a month with 30–40 students in each session at their respective school. During the reporting period, 525 teachers conducted 3,150 target sessions. 174 schools have started repeating the sessions in Round 2.

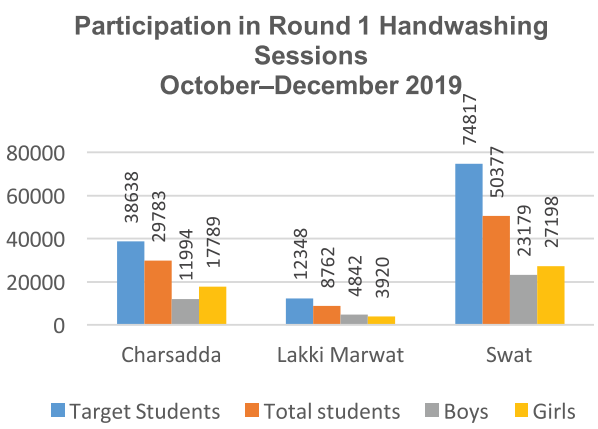
Handwashing demonstration by students

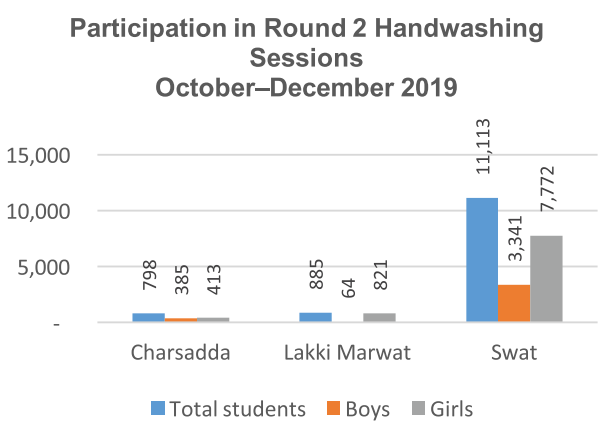
Table 16: School Session Targets and Achievements

Districts	Target		Accomplishment		
	Schools	Sessions	Total	Boys	Girls
Charsadda	150	900	900	360	540
Lakki Marwat	60	360	360	180	180
Swat	315	1,890	1890	870	1020
Total	**525**	**3,150**	**3,150**	**1410**	**1740**

The graph below provides details of students in each round in each district. 40,015 boys and 48,907 girls attended awareness sessions in Round 1; 3,790 boys and 9,006 girls participated in Round 2.

Graph 3: Students attending Hand washing sessions at schools





As a result of awareness sessions at schools, a couple of interventions were implemented by school management. One of the school principals, Mr. Jan Mohammad in Charsadda, installed a handwashing facility through his own personal finances.

The deputy commissioner Charsadda expressed interest in scaling up the IHSS-SD school hygiene and handwashing activities to the entire district. He convened a meeting with IHSS-SD partners and district education officers (DEOs) on November 22 in his office. The DEOs extended support to IHSS-SD and suggested that all schools of district be involved in handwashing activities. IHSS-SD Activity has selected 150 of the 938 primary schools in Charsadda to participate.

Meeting with DEOs

IR 2.2.K: Governance improved

Sub IR 2.2.1.K: Government accountability increased

Activity 2.2.1.1.K: Supporting health system at Afghanistan/Pakistan border toward self-reliance

Sub-activity 2.2.1.1.2.K: Improved health (District Health Information System [DHIS], LHW, community midwife [CMW], and vertical programs) and population management information systems (MIS)

During the reporting quarter, IHSS-SD Activity continued support to lady health supervisors (LHSs) on data entry by LHWs of their monthly performance reports and

reported missing basic data in the LHW-MIS. The revised MIS includes individual LHW monthly performance and vital information such as maternal, newborn, and post-newborn deaths. The system also includes individual LHW commodity stock outs for timely replenishment. Performance data for the month of November, 2019, entered in December, is in process. The LHSs complete data entry of at M&E cell of their respective districts for groups of four-to-six LHS per day. Data reporting compliance has improved, as LHWs in Swat District reported 93 percent compliance for November 2019, while reporting compliance of District Lakki Marwat was 82 percent.

IHSS-SD Activity, in consultation with the directorate of the Integrated Health Project, trained provincial and district health managers during the last quarter. District LHW coordinators, field program officers, and data entry operators are now comfortable using LHW-MIS software. Individual LHWs and LHSs profiles have been updated, and all LHSs (129) trained on data entry and have started entering LHW performance data in the revised online MIS, which has been deployed to the KP information technology server. IHSS-SD field managers in the project districts are providing support to district coordinator of LHW Program and all LHSs for data entry and trouble-shooting in the software. An LHW-MIS WhatsApp group has been created for district and provincial health managers to discuss performance and resolve problems.

The Population Management Information System (Pop-MIS) was developed and approved by PWD KP during the reporting quarter. A 1-day training was organized for data entry staff of all 27 districts in KP. In addition, 19 provincial supervisors, three RTI representatives, and provincial office data entry staff were trained. A total of 48 participants were trained in two groups. The information technology consulting firm (Micromerger) will continue to provide backstopping services to the newly develop Pop-MIS for KP until stabilization. A WhatsApp group has been formed for Pop-MIS question and challenge discussion and resolution.

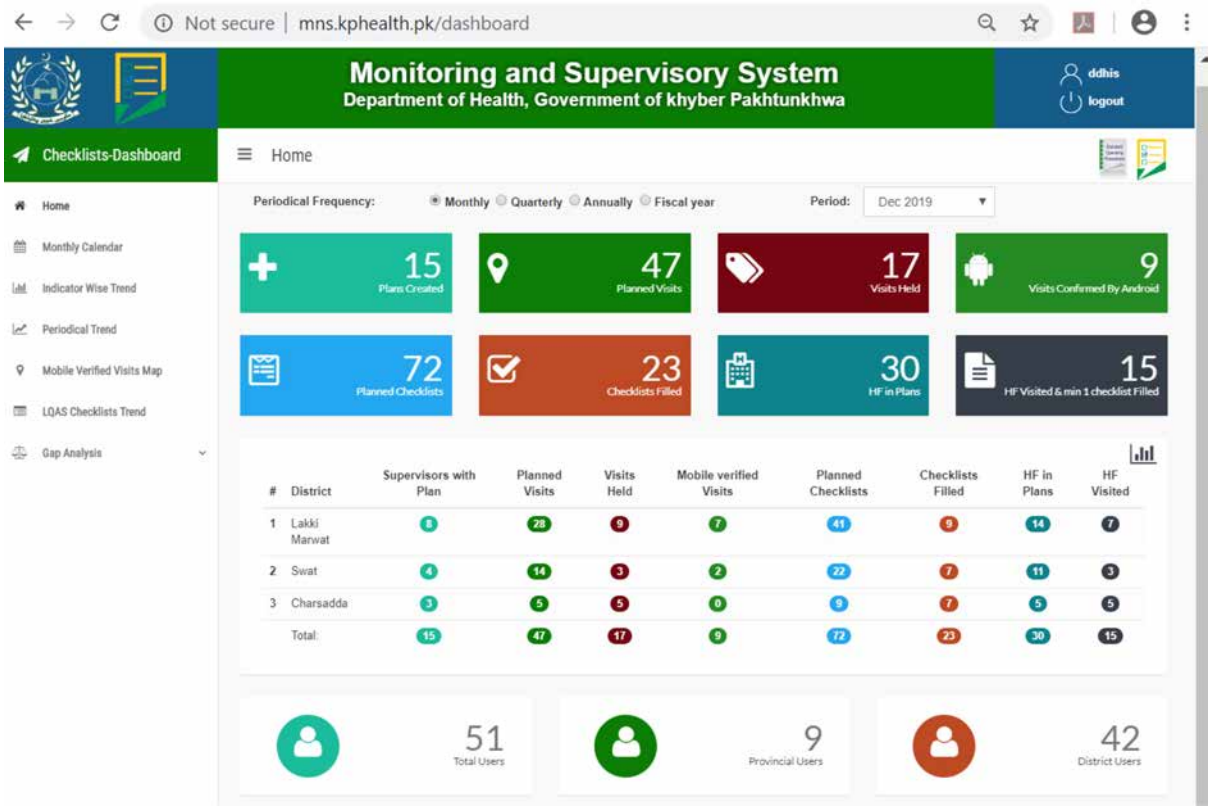
Sub-activity 2.2.1.1.3.K: Provision of support for use of information to improve service delivery

District M&E cells are responsible for providing timely, complete, and accurate data on the performance of health facilities, LHWs, CMWs, and EPI and TB Control and other vertical programs. M&E cells have been established and are operating in the three project districts. JSI field staff are using M&E cells as their office and are in regular contact with the respective DHOs and supervisors, who are emphasizing the importance of data recording, reporting, and feedback during consultations with DOH. Advocacy with provincial managers of the vertical programs, including Integrated Health Project and PWD, continued to improve timely submission, completeness, and accuracy of data recording and reporting.

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

Follow-up of the training of vertical program supervisors at district and provincial level, hands on support was provided to all district supervisors of vertical programs during the reporting quarter. The director M&E and JSI field managers provided

hands on support to all DOH supervisors in the three project districts. Supervisory plans were made and approved by respective DHOs. During the reporting quarter, 14 supervisory visits were conducted and uploaded on the M&S system. IHSS-SD arranged and paid travel costs to supervisors for conducting field visits; this support will be provided for three months, until supervisors conduct regular visits and arrange their own transport.



The M&S manual guides supervisors and program and health facility managers in their roles and responsibilities in assuring provision of high-quality health care service delivery. The online M&S system will promote quality of care at all levels of the system by strengthening relationships and identifying and resolving problems. The supportive supervision includes patient records reporting and recording quality checks and register inspection, data transfer checks, and monthly report element recalculation. The proposed supervisory system involves identification and discussion of challenges in data management and provides opportunities for learning.

The M&S system for PWD program was developed and presented to DG population and his senior team in December 2019 in Peshawar for feedback. The Beta version will be presented in the second week of January 2020 to DG Population and M&E technical committee members. The supervisory checklists for family welfare centers, reproductive health services-A type, MHCUs, and district population welfare officers been developed in consultation with the PWD. Software training is planned for the next quarter.

Activity 2.2.1.2.K: Institutionalizing the DHPMTs

Sub-activity 2.2.1.2.1.K: DHPMT coordination and oversight

In the reporting quarter, efforts were made to revitalize DHPMTs and obtain government notification. The technical team met DGHS KP to discuss the draft notification, terms of reference (TOR), and stakeholder roles and responsibilities. As a result of the meetings, a draft notification was issued by the secretary health after seeking approval of chief secretary. The final notification has been submitted to the chief secretary for approval and is under review by special secretary establishment.

Sub-activity 2.2.1.2.2.K: Building and institutionalizing capacities of provincial institutions for operationalizing DAP in four districts

IHSS-SD Activity technical team completed the DAP toolkit, comprising tools for medicine cost estimation, key input requirements for human resource and equipment, key performance indicators target-setting linked with facility-wide DHIS codes, and spending unit-wide drawing and disbursing officers' codes for all three targeted districts. The technical team prepared and sent DOH a sample DAP, including medium-term plan and annual operational plan matrices.

During the quarter, IHSS-SD technical team met with the FMC to get input on the DAP toolkit. It also met with the Integrated Health Project to discuss collaboration between health department and PWD, and to identify potential areas for collaboration at district level. The technical team met with the additional director general health for a preliminary discussion on DAP contents and setting up a DOH technical advisory committee to review it. The committee met on November 8 to hear about the DAP approach and to review and discuss the DAP template.

There was also a meeting with the additional DG public health to discuss the draft DAP, after which he convened a sub-committee comprising director and deputy director curative and health education officer to review and provide feedback. A series of sub-committee meetings were held to present the DAP concept, format, and contents. The sub-committee approved the draft DAP after a few modifications were made.

IR 2.3.K: Equitable delivery of basic services increased

Activity 2.3.1.K: Government capacity to deliver GHSA, including infectious diseases

Sub-activity 2.3.1.1.K: Support to DGHS in implementation of GHSA activities

During the reporting quarter, IHSS-SD Activity organized capacity-building sessions and trainings for DOH staff including frontline workers and rapid response teams (RRTs).

Frontline worker training: This is one of the internationally recognized three-tiered training modules of Centers 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. The first training was held on 21–25 October; a second November 25–29. Both were followed by 1-month field assignments. At the third training, December 23–24, 25 participants completed their field assignments and were awarded certificates by director public health KP.

Modifications of draft response plans of priority notifiable communicable diseases: During the reporting quarter, a provincial-level meeting to review and modify draft response plans of priority notifiable diseases per needs of DOH KP was held. Following recommendations, a district-level meeting was held at Lakki Marwat to incorporate participants' feedback into the disease response plans.

RRT training: A refresher training for RRTs requested by DOH KP was organized to improve RTTs abilities to respond to communicable disease threats. A 5-day refresher training of RRTs with the technical support of FELTP Pakistan was organized from November 18–22, 2019 in Peshawar. Twenty-five people completed training.

Case management training for health care providers: During the reporting quarter, a literature review of WHO/CDC documents was undertaken. Consultations with DOH to plan a 2-day training on communicable disease case definitions and management were conducted.

Activity 2.3.2.K: Coordination meetings/seminars/conferences/ workshops

District coordination meetings: As regular coordination mechanisms, district meetings were held on a monthly basis with project partners and government counterparts to review progress. During the reporting period, 54 meetings were held with various district-level stakeholders including deputy commissioners, DHOs, LHW coordinators, BHU staff for MHSU coordination, DEOs (male and female), circle officers of Education Department, etc.

On September 2, a meeting was held with Director General PHSA Jaanbaz Khan to discuss strengthening the PHSA in the light of findings of the assessment. Dr. Jaanbaz suggested revisiting the Act, organogram, and staff job descriptions; developing a business plan, and revising and updating the promotion course modules. These are PHSA priorities to realize its goal of becoming a degree awarding institution itself. The Activity engaged consultants to start the PHSA plan of action.

On October 3, 2019 a meeting was held with Management System International (MSI) at Serena Business Complex to finalize modalities of monitoring. It was agreed that 40 percent of district activities will be monitored. Lot quality assurance samples will be selected from 19 health facilities per district (JSI gave the final list to MSI). Clarity on the scope and scale of third-party monitoring and GHSA activities implemented including capacity building, provincial and district disease surveillance

and response units (PDSRU/DDSRUs), lab refurbishment, SOPs, etc. was requested by MSI team.

On November 6, 2019, a meeting with Secretary Health KP was held because: 1) DOH contracted hospital waste management to a private company so IHSS-SD removed it from its work plan; 2) IHSS-SD was considering developing sheds for MHSU vehicles in all three districts; 3) the secretary health asked to review the DHPMT draft notification; 4) IHSS-SD was to demonstrate the M&S system to the secretary5) nominations for scholarships were to be expedited by identifying candidates from other districts (to be transferred to IHSS-SD districts).

On November 12, a meeting was held with Fleming Fund & Development Alternatives Incorporated (DAI), at which JSI presented its scope of work on Anti-Microbial Resistance (AMR) covered under HSS and the one planned under IHSS-SD for GHSA; Fleming Fund & DAI said they will provide TA to NIH and provinces to strengthen its microbiology part only and that PHE/CDC will develop the training modules and provide equipment to labs through NIH and Fleming Fund will also be developing HR, equipment and supplies standards for labs even those operating in the private sector. Advocacy will be conducted to make it part of the HCC's mandate. The meeting clarified SOWs of other development partners working on GHSA/IHR.

KEY ACHIEVEMENTS – KHYBER PAKHTUNKHWA
OCTOBER – DECEMBER 2019

IR 1.2: Trust in government enhanced

Sub IR 1.2.1 Access to basic service increased

- MHSU camps organized at Swat, in which 2612 patient availed services
- Capacity & performance assessment of seven Center of Excellence completed.
- TIMS installed on cloud server

Sub IR 1.2.2 Service quality improved

- Capacity Building trainings for health providers continued
- Hands on training on M&S conducted for LHWs/LHSs
- Front line workers training conducted for health providers

Sub IR 1.2.3 Civic engagement increased

- 22,843 health awareness sessions held with females
- 125,803 students participated in hand washing sessions

IR 2.2: Governance improved

Sub IR 2.2.1 Government accountability increased

- M&E cell at provincial health secretariat established.
- M&E cells at districts rehabilitation in process.
- Trained provincial and district managers on LHW MIS
- Updated online LHW-MIS.
- Developed online M&S system.
- Trained 74 provincial and district health managers on M&S system.

SINDH

IR 2.3.S: Equitable delivery of basic services increased

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

Activity 2.2.1.1.S: Restructuring DOH Sindh with focus on building capacity on global health security

Sub-activity 2.2.1.1.1.S: Improving management functions at provincial and district levels through restructuring

Restructuring DOH Sindh: During the reporting period, a meeting was held with Minister for Health and Population Sindh with the proposal of restructuring and shifting of vertical programs from development to non-development budget. This proposal had already been submitted to health department for approval of the chief minister Sindh. As a follow up to the meeting, IHSS Activity provided technical assistance to DOH to revise DGHS, DHS, and DHO organograms.

IHSS-SD Activity provided technical assistance to DOH to establish a CMW cadre and shift eight vertical programs to the health department budget. Both proposals were approved by secretary health and submitted to chief minister Sindh for final approval.

Assessment of DHQ/Civil Hospital Jacobabad: During the reporting quarter, IHSS-SD conducted an assessment of DHQ Hospital Jacobabad to determine the status of its infrastructure. Summary of findings are as:

Services Availability and Utilization
The indoor services are highly underutilized as no indoor admissions are reported in the majority of the specialties that includes Eye, ENT, Orthopedic, Neurosurgery, Psychiatry, TB/Chest, CCU and Dialysis departments. The reasons for underutilization of the services as narrated by the stakeholders were:

1. No formal coordination mechanism exists between JIMS and Civil Hospital.
2. No formal referral linkage for the referral between the JIMS and the Civil Hospital
3. Poor maintenance of infrastructure, lack of equipment and supplies required for provision of services

Emergency response
The emergency services in the hospital are non-functional with zero bed occupancy.

Human Resources
Out of 327 sanctioned posts, 273 (83.5%) posts were filled. Specialist positions were vacant whereas 60% of the positions of Grade 18 and 19 positions were vacant, and 10% of grade 16 and 17 only 10% are vacant. All the other vacancies of the staff were filled >80%.

Activity 2.3.1.S: Improve government capacity to implement GHSA, including infectious diseases

During this quarter, IHSS-SD Activity provided technical assistance in development of legislative framework, and workforce capacity for GHSA Sindh activities.

Development of legislative framework for Sindh Public Health Act: A situational analysis of divulged that Sindh lacks a legislative framework to protect the people during public health emergencies. IHSS-SD provided technical assistance to help the MOH draft the Sindh Public Health Bill. This bill enables the government to implement and enforce measures to prevent and control the spread of disease, including active disease surveillance, and detection and reporting from community to the provincial level for a health response through problem analysis and mitigation measures.

In addition to drafting the bill, IHSS-SD provided technical assistance to develop schedules on rules; notification and de-notification of a public health emergency; powers of commissioners and deputy commissioners; a list priority of diseases; and case definitions. After the DOH review of the draft the bill was forwarded to the Law Department for vetting and thereafter review of the Cabinet and Sindh Assembly.

Notifiable diseases in Sindh: IHSS-SD Activity provided technical assistance to PDSRU in Hyderabad to revise and re-notify the list of priority diseases. During the process, IHSS-SD maintained close coordination with the office of MOH, DOH, DGHS, and WHO. The notification includes 32 diseases and provides information and guidelines on case thresholds for alerts and outbreaks; case definitions for suspected/probable and confirmed cases; and reporting timelines.

After the finalization of technical contents, the design of information charts on priority notifiable diseases of Sindh was completed. Several meetings were held with the minister and DGHS to finalize the design outlay. It was agreed that information charts would be printed, wall-mounted, and displayed in all the public health facilities and offices of DOH Sindh during the next quarter.

Operationalization of District Disease Surveillance & Response Units: Technical assistance was provided to DOH in identification and placement of human resource at DDSRUs in all districts of Sindh. A 12-day training was conducted in November 2019 for a cohort of CDC frontline workers including DDSRU in-charges. The training was conducted by FELTP of NIH to maintain and standardize trainings with national protocols.

Case management training of health care providers: During the reporting period, a training manual based on the guidelines of case definitions and management protocols of NIH was developed with the objective to ensure uniformity and synchronization on recording and reporting across all the provinces and regions of Pakistan. A 2-day case management training was organized for health care providers from health facilities of Jacobabad and Kambar Shahdadkot to build their capacity on priority notifiable diseases of Sindh.

IHSS-SD trained 94 health care providers (65 from Larkana and 29 from Kambar) in four groups on the concepts of surveillance, case identification protocols,

management protocols, and use of smartphone application (HealthAlert) for alert generation.

Sub-activity 2.3.1.1.S: Technical assistance to provincial tuberculosis program.

IHSS-SD Activity provided technical assistance to Provincial Tuberculosis Program (PTP) Sindh to increase case detection rates, especially multi-drug-resistant and extremely drug-resistant tuberculosis. PTP identified Taluka Hospital Shehdadkot, Kambar as the programmatic management of drug-resistance tuberculosis (PMDT) site. PTP is seeking support from National TB Control program for required human resources for the selected PMDT site.

A meeting was held with Bridge Consultants, Pakistan Employees Cooperative Housing Society (PECHS) Karachi on December 10 to formalize the proposed SOW in two IHSS-SD districts. Meeting highlights included:

- IHSS-SD will focus on active case detection and multi-drug-resistant TB.
- Outreach camps will be planned with district TB coordinator. Bridge Consultants will mobilize and organize communities.
- IHSS-SD will not procure mobile vans or MHSUs. Bridge will rent the vehicles to transport samples of suspected cases from the community to nearest PMDT sites.

Following the meeting, Bridge Consultants submitted a proposal with the budget for implementation.

Activity 2.3.3.S: Coordination meetings/seminars/conferences/ workshops

A ceremony was organized at the office of Minister Health & Population Sindh to hand over ambulances for District Hospital Kambar and Civil Hospital Larkana. Mr. Nisar Ahmed Memon, additional secretary health; Mr. Hafeez Abassi, special secretary public health, DHOs of Larkana, Kambar, medical superintendent of DHQ Kambar, Larkana, and team from the health department attended. The minister thanked IHSS-SD for its continued support, which will result in strengthening services and increasing referrals of infectious diseases.

Minister Health & Population Sindh receiving ambulances for the hospitals

Minister Health & Population Sindh handing over the keys of ambulances to MSs of the hospitals

KEY ACHIEVEMENTS – SINDH

OCTOBER – DECEMBER 2019

IR 2.2: Governance improved

Sub IR 2.2.1 Government's capacity to respond to citizens needs strengthened

- Assessment of DHQ hospital Jacobabad completed.

IR 2.3.K: Equitable delivery of basic services increased government capacity to meet GHSA, including infectious diseases

- 32 diseases notified as notifiable diseases
- Frontline workers training completed.
- 94 health care providers trained on case management of notifiable diseases.

FEDERAL

IR 2.2.F: 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

The Islamabad Healthcare Regulation Act 2018 was promulgated on 22nd May 2018 for establishment of Islamabad Healthcare Regulatory Authority. (IHCRA). Under Section 6, Clause (1) of the Act, a 13-member selection committee representing stakeholders associated with health was notified by federal government. This committee suggested the nomination of seven board members: three from health professionals, one finance and corporate governance, one legal fraternity, one philanthropist/NGO, and one from hospital administration. The federal government nominated the remaining two board members. This nine-member board will provide leadership and oversight, formulate policy, and set strategic direction.

S.No	Category	Nomination
1.	Nomination by Federal Government	Dr. Maliha H. Hussain
2.	Nomination by Federal Government	Director Regulation NHSR&C
3.	Health Professional	• Dr. Zabita Khan Shanwari • Dr. Raseea Gul • Prof. Dr. Abid Zaheer Farooqi
4.	Finance & Corporate Governance	Mr. Kashif Khan
5.	Legal Profession	Prof Hafiz Aziz-ur-Rehman
7.	Philanthropist/NGO	Dr. Malik Waqar Aftab
8.	Hospital Administration	Dr. Syed Fazle Hadi

Members of IHCRA

IHSS-SD supported the first meeting of the IHCRA board members on October 29, 2019 at the Ministry of National Health Services, Regulations and Coordination (MNHSR&C) to select a chair person among the board members and vet TOR for the position of chief executive officer. The board elected Dr. Syed Fazle Hadi as the first chairperson of IHCRA. IHSS-SD Activity COP shared information on the HSS component, and the experience of establishing and operationalizing the Sindh HCC.

The MNHSR&C asked IHSS-SD to provide technical assistance in the operationalization of the IHCRA, including developing rules of governance, code of conduct, conflict of interest policy, general conditions of services for commissioners, and TOR and code of conduct for the technical committee.

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

The Pharmacy Council of Pakistan was established following passage of the Pharmacy Act 1967 to oversee registration, inspections, and credentialing pharmacological education institutions including curriculum design for the degree program and defining pharmacy practice parameters. A review has been requested by the MNHSR&C with the support of JSI/USAID of the work and processes undertaken by the Pharmacy Council of Pakistan. The review was conducted under the guidance of Mr. Abdul Latif Sheikh, a pharmacist of international repute. A series of feedback sessions from the stakeholders'/end users of PCP are

under construction. The feedback will respond to the act, regulations, workforce, registration, and pharmacy education and practice in the country.

Sindh senior provincial health services leadership provided time and other inputs to strengthen pharmacy services and profession in the province and the country. A meeting was held on November 29 at the office of Special Secretary Health Mr. Hafeez ullah Abassi, and chaired by DGHS Dr. Masood Solangi.

A focus group discussion with 10 participants from teaching institutes, drug inspector office Sindh, Pharmacy Society Sindh, technical wing of Sindh Secretariat, DGHS Office, and Sindh HCC was conducted to:

- Analyze provincial pharmacy council gaps in operationalization and assess human resource capacity to fulfil enrollment and quality assurance of accredited pharmacy institutions.
- Determine how to improve linkages between national and provincial councils.
- Identify gaps in the Pharmacy Council Act.

The findings will be finalized in the National Pharmacy Council Assessment report.

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

Minister of MNHSR&C Dr. Zafar Mirza visited JSI office 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.

Minister of Health visiting JSI Islamabad

During the reporting period, IHSS-SD organized a hands-on training for 12 LHSs from Islamabad. Dr. Mirza distributed Android tablets among the LHS. As a training follow-up, 302 LHWs linked with 15 first-level care facilities uploaded all reports for 2019 on the newly developed LHW-MIS.

Annual DG health report: IHSS-SD hired a consultant for providing technical support to MNHSR&C in drafting the annual DG health report. Data collection, performance review of different departments, programs, and institutes including ministry processes and functions, are complete. The ministry approved the draft of the report.

FLCF Wise Compliance - Overall -Jan-Dec 2019

FLCF Name	Due	Sub	%
RHC Tarlai	396	396	100%
RHC Sihala	192	192	100%
RHC Bhara Kahu	468	468	100%
BHU RAWAT	225	225	100%
BHU Gagri Sihala	43	43	100%
BHU Bhimber Trar	120	120	100%
BHU Bukkar	106	106	100%
BHU Jagiot	252	252	100%
BHU Jhang Sayedan	288	288	100%
BHU Tumair	144	144	100%
BHU Chirrah	312	312	100%
BHU Sohan	192	192	100%
BHU Shah Allah Ditta	84	84	100%
BHU Shahdara	48	48	100%
BHU Phulgran	96	96	100%
BHU Pindbegwal	180	180	100%
CDA Medical Center G-7/3	264	264	100%
BHU Kirpa	60	60	100%
CDA Medical Center G-9 Markaz	132	132	100%
Overall Compliance	3602	3602	100%

FLCF Compliance Chart

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/IHR stakeholders 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 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/ IHR 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 Ministry of National Health Services, Regulation & Coordination

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

IHSS-SD supported a four-day meeting on National Medicine Policy (NMP) “a commitment to goal and guide for action” on October 9–12.

The NMP will be a technically comprehensive and fully endorsed framework of partnerships between federal government and the federating units (provincial governments, states of Gilgit and Baltistan, and Azad Government of Kashmir), health educators, health practitioners, health care providers, suppliers, the medicines industry, health care consumers,

Participants of NMP meeting

and the media. 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.

As a follow-up, IHSS-SD helped MNHSR&C organize a steering committee meeting on December 26, 2019. The draft NMP was sent to provincial stakeholders for their buy in and endorsement.

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 CHX initiative in Pakistan and works as an advocacy tool for development partners, implementing agencies, and public sector stakeholders for CHX scalability and better results.

On December 23, 2019, technical review committee constituted by DG Health MONHSR&C viewed the CHX documentary produced by IHSS-SD Activity and endorsed its content.

On the advice of ministry, this CHX documentary was presented at the National IRMNCH&N Technical Working Group meeting on 24 Dec 2019. Discussions on challenges and the way forward for scale-up were held. The documentary is considered an effective advocacy tool for use at national and provincial levels.

A suggestion was proposed for a low-resolution mobile screen and YouTube-friendly versions of this documentary. This will help the ministry to widely propagate on individual networks and social media platforms. Ministry will place it on their official portal and KMU platform for easy access of representative bodies for promotional sharing. JSI will upload it on their website for international viewership as advocacy tool.

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

On October 7, 2019 a meeting was held with WHO office Punjab to discuss the IHSS-SD support for GHSA in Punjab. WHO suggested that IHSS-SD provide technical assistance to establish PDSRU in DGHS office with necessary HR and equipment for some period of time to make it functional. The need for training of focal points and RRTs in districts was also highlighted and it was suggested to involve FELTP for such trainings. TA for developing DOH Punjab's PC-1 for GHSA/IDSR and for developing the Public Health Act for the province was also discussed. IHSS-SD will also support IHR partners' meeting to be convened by the DGHS. Support for developing/updating data collection/recording/reporting tools will also be provided.

On October 10, 2019 meeting with DGHS Punjab at Directorate of Health Lahore to discuss IHSS-SD support on GHSA was held. Highlights of the meeting included:

- DGHS will allocate the space for refurbishing and establishing the PDSRU. IHSS-SD will make it functional to demonstrate its viability so that the PC-1 can be justified.
- IHSS-SD will offer training for focal persons in districts and RRTs on WHO guidelines on case definitions and management.
- IHSS-SD will support development of the provincial PC-1 for GHSA/IDSR
- DGHS will form a small technical committee to develop a Public Health Act.
- IHR partners' coordination meeting will be convened by DGHS and IHSS-SD will support the event.
- IHSS-SD will support developing the notifiable diseases recording and reporting tools
- Charts and wall mounts will be developed and supported by IHSS-SD.
- IHSS-SD will support a round table with private sector for seeking their inputs in GHSA activities.
- Short course on infectious diseases (3 credits) will be offered in Punjab.

Following the meeting, IHSS-SD developed a concept note on functions of PDSRU and GHSA activities to be supported under IHSS-SD in Punjab.

KEY ACHIEVEMENTS – PUNJAB

OCTOBER – DECEMBER 2019

IR 2.3.K: Equitable delivery of basic services increased government capacity to meet GHSA, including infectious diseases

- Office established.
- HR in place

IV. USAID's Family Planning and Protecting Life in Global Health Assistance Compliance

During the monitoring of clinical trainers, sessions to ensure they follow USAID FP and abortion requirements, including Protecting Life in Global Health Assistance (PLGHA) compliance were held. The findings confirm that all trainings complied. IHSS-SD staff also monitored the work of trainers who trained community members and school teachers on public education activities. This monitoring was to ensure that all trainers and teachers involved in the IHSS-SD Activity follow USAID FP and abortion requirements.

The Rural Support Program Network (RSPN) is responsible for technical content and support for the social mobilization activities implemented in the selected districts. All activities undertaken by RSPN for community mobilization complied with the USAID FP & PLGHA requirements. Jhpiego is responsible for clinical training; Contech and JSI for management trainings. Before any training, JSI ensures that curricula and teaching aids and educational and behavior change communication and posters comply with FP & PLGHA requirements.

V. Monitoring, Evaluation, and Reporting

During the reporting quarter, IHSS-SD M&E team monitored 36 training sessions on PCPNC, PPFF & FP compliance, and IMNCI, and IYCF. The M&E officers and field Managers were using standard training monitoring, PLGHA, and administration and logistics-related checklists developed. Monitoring included verification of participant nominations with actual participant names, registration and payment forms, hall arrangements, attendance, theoretical content, trainer skills and time, and trainee's involvement. The monitoring form sets a 75% benchmark for quality and accountability, so that a training batch that scores less than 75% is marked for immediate corrective measures and follow-up visits to ensure compliance on reported observations and recommendations.

Capacity Building activities:
Monitoring teams used the standard training monitoring indicators checklist, Protecting Life in Global Health Assistance (PLGHA) checklist, and administration and logistics related checklists developed for IHSS-SD Activity to monitor IHSS-SD trainings.

During the reporting period, 33 batches out of seventy-five batches of trainings were monitored. Training packages includes; PCPNC, PPFF & FP Compliance, Infection Prevention, MCPC, LHW trainings on MNCH modules and Helping Babies Survive (HBS), CIMNCI, IYCF and GHSA.

Issues identified and during the trainings and recommendations follow.

1. Scoring of pre-post tests were not mentioned on the questionnaire. Standard scores were assigned to each package and that have been updated in TIMS
2. Printing errors were observed in TIMS registration forms. Printing of the TIMS registration forms were double checked and errors were omitted.
3. Provision of Urdu translated manual/handout/forms are required for participants. TIMS forms, checklists, pre-posttest forms were translated in Urdu for collection of training information.
4. Time allocation for collecting information related to TIMS was missing in the training agenda. Now it is part of all trainings.
5. DOH revised nomination of health providers at last stage so there were discrepancies in the number of nominations and actual participation. Improve communication with relevant DOH staff.
6. Participants asked for copies of presentations. Print in advance and give to participants at the trainings.

7. Attendance for all training days is taken on one piece of paper. To improve accuracy, quality, and monitoring, fill and secure daily attendance on separate sheets.

8. Only one participant practiced postpartum intrauterine contraceptive device insertion during a training. Because master trainers have to deliver trainings at district/facility level, engage maximum number of participants in practical sessions to enhance knowledge/confidence.

9. Delays in payment of daily allowance to the training participants

10. Training material provided was incomplete in some trainings

Monitoring community mobilization sessions
During the reporting period, IHSS-SD Activity monitoring teams monitored 1899 CRP awareness sessions. Of these, 834 were in Swat, 725 in Charsadda, and 264 in Lakki Marwat. The monitoring teams verified 180 participants of the CRP sessions from the community and as such 100 percent were found correct. In addition, 100 school's sessions on hygiene and hand washing at schools were monitored during the quarter.

Issues identified and recommendations follow:

1. In some sessions, CRPs did not display counseling cards per the guidelines given in the training /toolkit. In a few cases, they did not follow the MNCH toolkit. The female social mobilizer encouraged CRPs and demonstrated how to follow each card and its contents to deliver accurate information.

2. Some CRPs did not repeat the key message given at the end of each card. The social mobilizer reminded CRPs to deliver and repeat them.

3. Some CRPs did not speak loudly and participants struggled to hear. The social mobilizer coached them to speak loudly and confidently. This was addressed by refresher and practical demonstration during the CRPs monthly meeting.

4. Some CRPs did not involve the participants in discussions. The social mobilizer instructed the CRPs to ask the questions given on the card of MNCH toolkit, which helped them generating discussion and involve participants.

5. A few participants were reluctant to participate in the session on birth spacing. The social mobilizer explained that the CRPs were simply discussing ways and places to obtain the birth spacing advice. She told the women that it was their own decision to use any method; those who did could get more information from a service provider.

M&E cells- IHSS-SD established M&E cells at HSRU and health secretariat in the department of health and DG PWD KP. Moreover, the district M&E cells at Charsadda, Lakki Marwat, and Swat were also completed. PWD M&E cell refurbishment was completed and handed over to the respective government

departments. The sites for district M&E cells have been identified at Nowshehra, Mardan and Peshawar.

Table 17: Performance on the PIRS

Sr. No.	Indicators	Annual Target FY 2019-2020	Q-1 Oct-Dec 2019	%
1	1.2.1d. Percent of USG-assisted service delivery sites providing family planning services	171	114	67%
2	1.2.1e. Number of women and children receiving maternal, neonatal, and child health (MNCH) ser-vices in USG assisted sites (DOH facilities)	1,344,000	314,417	23%
3	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	1680	58%
4	2.2.1e. Number of districts with improved institu-tional capacity scores in management and over-sight of FP/MNCH	4	0	0%
5	PPR HL-2-CUST. Presence of the Mission support to strengthen Human Resources for Health (HRH)		Yes	
6	PPR HL-3-CUST. Presence of mission support for integration of health information systems (HIS)		Yes	
7	PPR HL.1.13-3. Quality improvement - Overall ser-vice utilization rate among USAID-supported facili-ties implementing quality improvement (QI)	2,519,772	Annual reporting	
8	PPR HL.2.4-1. Number of multi-drug resistant tu-berculosis cases detected	50	0	0%
9	PPR HL.2.4-2. Number of multi-drug resistant tu-berculosis cases that have initiated second line treatment	50	0	0%

VI. Financial and Administrative Management

Financial management
The financial management activities during the reported period included but were not limited to ensuring financial support to manage the project activities, processing disbursements after detailed review according to the internal control system and reporting to JSI head office in Boston on monthly basis. The annual external audit exercise was completed during the quarter and support extended to USAID financial review team.

The Activity field finance office continued coordination with the head office in Boston on financial and administrative management through online reporting software. The financial data for the accruals and cost projections provided to USAID in a timely manner during the reporting period.

Administrative management
The Activity office is established in PDSRU of the health department, Punjab and director of programs–Punjab and program officer of JSI are working from that premises.

VII. Issues and Challenges

- A no-objection certificate from the government of Khyber Pakhtunkhwa for newly merged districts is delaying implementation of activities in District Mohmand.
- Frequent transfers of master trainers and service providers to other districts creates a gap of these staff at health facilities. IHSS-SD is advocating to the secretary of health Khyber Pakhtunkhwa to minimize transfers and restrict posting in IHSS-SD's districts.
- Frequent transfer of provincial and district government officials interrupts government support for IHSS-SD Activity implementation. The IHSS-SD team is constantly orienting and securing support of newly appointed officials for the Activity.
- Doctors/allied health professional strike against Health Bill introduced by KP government continued for many weeks, delaying IHSS-SD activities.
- Trainings on HBS and MCPC were held in Lahore and Islamabad because required setup, including mannequins, for these trainings were not available in KP province. IHSS-SD is making arrangements for the availability of mannequins and other required supplies for trainings in KP.
- Limited availability of registered/tax filer vendors to procure administrative and logistics arrangements for district-level trainings caused delays and impeded implementation. IHSS-SD is considering solutions to this problem.

VIII. Activities Planned for the Next Quarter

1. **Service delivery**

- Build capacity of health facility and community level staff on:
  a. MCPC
  b. HBS
  c. Infection prevention
  d. MNH, PPFP/FP compliance, and infectious diseases modules for LHWs and CMWs
  e. Referral and counselling (cross-cutting theme)
- Launch TIMS orientation and trainings for DOH staff
- Strengthen client referral mechanism through revitalization of existing client referral mechanism from community to facility and facility to next level facility.
- Specific initiatives for sustainable quality improvement of services, such as initiating supportive supervision for quality improvement at health facilities including point of care-quality improvement at health facility.
- Conduct trainings on supportive supervision for management cadre/staff.

2. **Institutional strengthening & governance**

- Issue notification of DHPMT by provincial and district governments.
- Orient and support first meetings in selected districts immediately after notification.

3. **GHSA KP**

- Provide technical assistance to strengthen PDSRU and DDSRU.
- Finalize training material (trainers and trainee manuals) based on case management guidelines of priority notifiable diseases.
- Train frontline workers and health care providers.
- Train rapid response teams.
- Finalize KP disease-specific response plans.

4. Community

- Approve the re-alignment budget by JSI/USAID for the revised activities to be initiated.
- Awareness sessions will be conducted by the 1,680 community resource persons in communities.
- Awareness sessions will be conducted by the school teachers in target 525 schools.
- Assessment exercise of the handwashing stations will be conducted in selected schools.
- Plant trees in three districts and 525 schools.
- Social mobilization and logistic support for MHSU camps in three districts.
- Two community representative to participate in the DHPMT on quarterly basis and raise community voices and highlight issues for resolution at the district level.

5. Monitoring and evaluation

- Continue M&E support to all district managers, particularly on M&S system and LHW-MIS.
- Support population MIS to provincial and district offices.
- Support PWD on newly developed M&S system.
- Disseminate revised population policy document after approval.
- Monitor compliance of USAID FP and PLGHA requirements.
- Conduct routine supportive supervision visits.
- Conduct M&E visit to CRP sessions, handwashing in schools and validation of participants in the communities attending CRP sessions.
- Monitor training sessions of IHSS-SD partners in three project districts.

6. Health systems strengthening

<u>Strengthen emergency response of DHQ & THQs of KP</u>

- Finalize Bill Of Quantities (BOQ) and tender documents.
- Advertise tenders.
- Award contracts for conducting repairs works for strengthening selected building components in the selected hospitals.

- Operationalize MHSUs at Lakki Marwat and Charsadda.
- Recruit staff and conduct camps in Charsadda and Lakki Marwat.

Institutional strengthening Provide technical support for institutional strengthening in approved areas.

- Provide technical support for notification of DHPCs and DAP capacity-building.
- Conduct capacity-building workshops for staff of all spending units in the province.
- Support preparation of annual budget demands in selected districts.

DHPMTs: Orientation and support in conducting first meeting in selected districts immediately after notification.

GHSA including infectious diseases in Khyber Pakhtunkhwa

- Provide technical assistance to strengthen PDSRU, DDSRU, and case management of infectious diseases.

GHSA including infectious diseases in Sindh

- Provide technical assistance to strengthen PDSRU and case management of infectious diseases.
- Implement smartphone application for surveillance for rapid transmission of epidemic alerts (from public and private sectors).

7. Federal

- Start automation of PMDC enrollment, registration, and renewal process for doctors and dentists.
- Conduct DHIS trainings in information, communications, and technology.
- Disseminate annual DG health report
- Provide technical assistance to federal DSRU at Field Epidemiology Disease Surveillance Division at NIH to build links with provinces and multi-sectoral ministries on IHR health for all concept.
- Organize provincial steering committee meeting on NMP.
- Conduct provincial meetings to assess maturity of Pakistan Pharmacy Council.

IX. Success Stories

Annex: 1

School Principal Installs Sinks with His Own Money

Students who are exposed to unhygienic conditions can become sick and unable to attend school, but simple handwashing with soap can prevent several diseases, such as diarrhea. The Integrated Health Systems Strengthening and Service Delivery (IHSS–SD) Activity has trained 525 teachers to promote positive health and hygiene behaviors among students.

Mr. Jan Mohammad showing handwashing steps to his students

Jan Mohammad, principal of Government Primary School Chamyaran and one of the trained teachers, conducts health and hygiene awareness sessions with the 136 students and three teachers at his school, where handwashing after latrine use was not customary.

"It was after the training on hygiene and handwashing that I decided to install a hand-washing sink with my own money for students to wash their hands with soap,"

"It was after the training on hygiene and handwashing that I decided to install a hand-washing sink with my own money for students to wash their hands with soap," Principal Mohammad explains. Within four days of the training, he had done so.

After installation, the next task was to teach the students how to properly use the sink and to follow the 10 steps of proper handwashing. Initially, students would just wash their hands quickly, but they are becoming more rigorous. They review handwashing methods at least twice a month to reinforce proper technique. After installation, the next task was to teach the students how to properly use the sink and to follow the 10 steps of proper handwashing. Initially, students would just wash their hands quickly, but they are becoming more rigorous. They review handwashing methods at least twice a month to reinforce proper technique.

Mustafa, a student of class 2, did not know about the handwashing steps before the training sessions. "I now wash my hands regularly after latrine use in school, and tell this to my siblings at home too," says Mustafa.

Sadiq, a student of class 3, says that he did not know about tooth brushing methods or timing before, but now he brushes his teeth twice a day. He also has learned handwashing steps and critical times. He reminds his siblings to wash their hands before eating.

“It is important to wash one’s hands. Consuming water or food with an unwashed hand paves way for germs to enter the body and spreads illnesses. In sickness, people can’t smoothly perform their daily tasks. With clean hands, one remains healthy,” says Principal Mohammad.

Annex: 2

Birth Spacing: It's Never Too Late

Allowing at least two years between pregnancies improves mothers' and their children's health. The time allows a women's body to recover from and prepare for another pregnancy, and the mother to provide care to ensure her newborn's healthy growth.

"Saima gave birth to her 11th child, she now knows and plans to practice birth spacing"

Saima is a resident of a village in district Lakki Marwat. Now 25, Saima married a day laborer when she was only 12, and went on to bear 10 children, three of whom died within one year of their birth. The consecutive pregnancies—usually with only two months between them—took a terrible toll on the young mother as well, leaving Saima exhausted and malnourished.

When Saima was pregnant with her 11th child, she attended a session on birth spacing, maternal, newborn, and child health, nutrition, hygiene, and infectious disease prevention. The session was conducted by a female community resource person (CRP), who conducts such sessions with women from 15–17 households in Saima's village. Saima lives in an area that is not covered by a lady health worker (LHW), leaving her and women like her largely without access to primary care services. The CRP's session taught them about how important birth spacing is to the health of mothers and babies. They also learned that birth spacing could help families save money.

After the CRP's session, Saima discussed birth spacing with her husband. Initially, he was against it because he believed that such methods had side effects that could make them sick. Saima explained that birth spacing would actually improve their health, and finally convinced him to agree to give her time between pregnancies. He even took her to a health facility for a prenatal checkup, where the two consulted a doctor about birth spacing. "Saima gave birth to her 11th child, she now knows and plans to practice birth spacing" said the CRP while conducting an interactive session on birth spacing.

Under the IHSS–SD Activity, the Rural Support Programmes Network, through its partner the Sarhad Rural Support Programme, has oriented 1,680 CRPs on maternal, newborn, and child health, birth spacing, hygiene and handwashing, and infectious diseases. In Lakki Marwat, 280 of the 1,680 CRPs conduct weekly sessions with women who live in areas that are not covered by LHWs. The aim is to improve rural communities' access to basic health services and engage them in maternal and child health-seeking behaviors.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