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JSI Research & Training Institute, Inc.

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

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

Submitted: October 30, 2019

QUARTERLY REPORT

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Acronyms

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

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

I. Executive Summary

During the reporting quarter, the health facility assessments (HFAs) of eleven rural health centers (RHCs) and 136 basic health units (BHUs) in three districts of Khyber Pakhtunkhwa (Charsadda, Swat, Lakki Marwat) was completed. Seven hospitals were nominated by Department of Health for upgrading and refurbishing infrastructure, and providing essential equipment. A technical working group (TWG) meeting for maternal, child, and reproductive health endorsed clinical standard operating procedures (SOPs), protocols for emergency and Helping Babies Survive (HBS) capacity-building package (including modules on Helping Babies Breathe, Essential Care for Every Baby, and Essential Care for Small Babies).

Following the institutional review of the Health Sector Reform Unit (HSRU) and Provincial Health Services Academy (PHSA), working papers entailing strategic road map, institutional mandates and staff job descriptions were developed. Institutional review of Khyber Pakhtunkhwa Health Care Commission (HCC) was conducted, the gaps identified included weak strategic direction and oversight mechanism to regulate quality of care at the public health facilities; lack of human resource; weak coordination with Department of Health; and absence of communication strategy.

To strengthen centers of excellence to improve in-house capacity building, seven institutions, namely, Hayatabad Medical Complex; Regional Training Institute; Reproductive Health Services (RHS) Master Training Centre; Saidu Sharif Teaching Hospital; Matta Civil Hospital Swat; DHQ hospital Charsadda; and City hospital Lakki Marwat, were assessed to be developed as centers of excellence. To improve the quality of services, provincial master trainers were trained in pregnancy, childbirth, postpartum and newborn care (PCPNC), and Post-Partum Family Planning (PPFP). In addition, master trainers of LHW program at district level were trained in MNCH/FP, nutrition, and infectious diseases. The IHSS-SD trained master trainers commenced roll down trainings on PCPNC and PPFP at the selected three districts.

During the reporting quarter, to increase community awareness on MNCH/FP and infectious diseases, community component district staff from the selected districts were trained on maternal and child health, birth spacing, nutrition, infectious diseases, hand washing, and personal hygiene. Following the training of social mobilizers (male & female), 1,680 CRPs were identified and trained who imparted community awareness sessions to 93,640 women on health rights and 44,692 women on pregnancy health and nutrition. Five hundred and seventeen (517) primary school teachers (235 males and 282 female) were trained on the use of hygiene toolkit to conduct awareness.

During the reporting quarter, IHSS-SD Activity updated the online LHW-MIS of Khyber Pakhtunkhwa which included LHW monthly performance, vital events such as maternal, newborn, and post-neonatal deaths and commodity stock-outs at LHW level. IHP provincial and district managers, EPI, malaria, and DHIS program staff and TB control

program staff were trained on revised LHW-MIS. M&S system for Population Welfare Program started by development of recording, reporting, and feedback tools and supervisory checklists for family welfare centers, RHS-A type, MHSUs, and district PWOs.

IHSS-SD Activity conducted extensive lab assessments at the health care facility level in the three selected districts of Khyber Pakhtunkhwa, individual disease response plan was drafted for each priority notifiable communicable diseases in Khyber Pakhtunkhwa.

IHSS-SD Activity conducted comprehensive institutional reviews of PDSRU and an extensive health care facility laboratory assessment in Sindh to strengthen DOH's capability to respond to disease outbreaks. Draft of Sindh Public Health Act was prepared with the provision of implementation and enforcement of the measures to prevent and control the spread of diseases. The bill provides the foundation for building disease surveillance, detection, and reporting system from grass root to provincial levels, and province-specific approach for analysis-based health responses. A rapid appraisal to assess the status of M&E cells at Kambar Shahdadkot and Larkana was conducted for merging DDSRU functions.

IHSS-SD team met with senior NIH management to discuss implementation of IHR and GHSA in Pakistan and GHSA packages to be implemented at the federal, provincial, and selected district levels. Meetings with Punjab DOH focused on the need of technical assistance in the province.

IHSS-SD organized a roundtable on issues and strategies for ethical marketing of medicines, with focus on unethical medicine marketing; regulations for ethical promotion and marketing of medicines, and developing strategic interventions for improvement.

II. Integrated Health Systems Strengthening and Service Delivery

On April 10, 2019, JSI and the Khyber Pakhtunkhwa (KP) Department of Health (DOH) signed a letter of understanding to proceed with implementation of USAID's Integrated Health Systems Strengthening and Service Delivery (IHSS-SD) Activity. The purpose of the Activity is to help the Government of Pakistan improve health outcomes in Pakistan, 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. Technical assistance has also been provided to strengthen the regulatory functions of the Ministry by providing support to the Pakistan Medical & Dental Council (PMDC), Pakistan Nursing Council, and Pharmacy Council of Pakistan. In addition, IHSS-SD is helping the Ministry develop a national medicine policy.

In **Khyber Pakhtunkhwa**, the Activity's interventions are aimed at institutional strengthening through assistance to the Health Sector Reform Unit (HSRU), Provincial Health Services Academy (PHSA), Health Care Commission (HCC), and Financial Management Cell. Technical assistance is also being provided to the Director General health office and the secretariat for rolling out the GHSA in the province. The Health System Strengthening (HSS) component of the IHSS-SD includes reviving the role of district health and population management teams in key districts (namely, Charsadda, Lakki Marwat, Mohmand, and Swat), and training on development and use of district action plans and medium-term budgetary framework. IHSS-SD is designed to improve access and quality of basic health services in the districts and increase detection and surveillance of infectious diseases. In addition, the Activity is increasing community awareness of basic health interventions and understanding of how to prevent infectious diseases. The Activity is strengthening district and tehsil head quarter (THQ) hospitals to improve governance and quality of care in emergency departments, operation theaters, laboratories, and gynecology and pediatrics units. Mobile health service units (MHSUs) provided to the three districts will improve the trust of public on government health facilities. The Activity is also establishing monitoring and evaluation (M&E) systems and cells in all districts and at the provincial department of health for improved transparency and accountability and use of 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 Qambar,

Shahdadkot, and Larkana, IHSS-SD is implementing the GHSA by building capacity of health manager, health care provider, and front-line worker of IDSR system.

In **Punjab**, the Activity will provide support to DOH in implementing GHSA/ International Health Regulation (IHR) activities by strengthening the provincial disease surveillance unit and public health laboratory and building capacity of DOH's staff 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).

Gender is a cross-cutting theme of the IHSS-SD Activity and is woven into 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, service delivery/capacity building, and community awareness to promote equal participation of men and women across all project activities. The aim is 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

Province wise progress on activities and results for the reporting quarter follow the work plan

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 and tehsil head quarter (categories A, B, C, & D) hospitals of selected districts

The IHSS-SD technical team completed the health facility assessments (HFAs) of rural health centers (RHCs) and basic health units (BHUs) in three districts of Khyber Pakhtunkhwa (Charsadda, Swat, Lakki Marwat). The Mohmand District HFA was not completed because permission to work in the district has yet to be granted.

In total, data were collected from 147 health facilities (11 RHCs and 136 BHUs) using a questionnaire developed with and approved by DOH KP. Data entry, cleaning, and analysis is ongoing. During the next quarter, IHSS-SD will complete the data analysis of RHCs and BHUs, and develop an action plan for patient readiness based on the identified gaps. The plan will highlight gaps in BHUs that will be upgraded to comprehensive health units (CHUs).

Seven hospitals listed in below table were nominated and approved by DOH for upgrading, refurbishing infrastructure, and providing essential equipment.

IHSS-SD Activity's scope of work at the assessed health facilities

District	Facility	Facility category	Bed Strength	Scope
Lakki Marwat	DHQ Lakki Marwat	B	200	Refurbishment + well baby clinic (WBC) + sick new-born care unit (SNBCU)
	City Hospital, Lakki Marwat	C	110	Refurbishment + WBC
Swat	THQ Matta Hospital	C	110	Refurbishment + WBC + SNBCU
	THQ Khwazakhela	C	110	Refurbishment + WBC
	Saidu Teaching Hospital	A	554	WBC
Charsadda	DHQ Charsadda	B	270	Refurbishment + WBC
	THQ Shabqadar	C	110	Refurbishment + WBC + SBCU

The Activity conducted an assessment to determine the scope of refurbishment and work required to upgrade existing buildings. The assessment also identified space for Well Baby Clinics (WBCs) and Sick Newborn Care Units (SNCUs).

Clinical standard operating procedures and protocols for emergency response

In addition to non-structural improvements, a technical working group (TWG) meeting for maternal, child, and reproductive health was held on September 17 to review and obtain endorsement on:

- Updated clinical standard operating procedures (SOPs) for maternal, newborn, and child health (MNCH) related emergencies.
- The Helping Babies Survive (HBS) capacity-building package (including modules on Helping Babies Breathe, Essential Care for Every Baby, and Essential Care for Small Babies).

The TWG members reviewed the clinical SOPs and agreed to comment by the end of October 2019. After that date, the SOPs will be finalized and displayed at all THQ and DHQ hospitals within select districts.

TWG members unanimously approved all three HBS training modules, which were subsequently endorsed by DOH. Trainings of 20 master trainers are planned during October 2019, in Lahore, and will be followed by cascade trainings for district-level health care providers.

Activity 1.2.1.2.K: Operationalize new MHSUs after review and assessment of existing MHSUs

The majority of health officers in the selected districts were not in favor of experimenting with MHSUs, which were unsuccessful in the past. The representatives of Director General (DG) suggested that USAID should invest only in interventions that can be sustained. The DOH does not have a separate cost center for MHSUs and there are no Statement of New Expenditure (SNEs) for MHSUs, except in one or two districts. Sustainability aspect was discussed at length with the Secretary Health, who asked that IHSS-SD test three MHSU models using existing vehicles, which the Activity would refurbish to:

MHSUs before (left) and after (right) refurbishment

- Ensure health information and services are accessible to rural communities.
- Improve community health-seeking behavior and increase utilization of health services.
- Gather local support for the IHSS-SD Activity by interacting with community, religious, and cultural leaders and promoting the need for high-quality health care.
- Leverage support from other development partners, non-governmental organizations (NGOs), and private-sector working in the same area to complement efforts for a responsive health system.

The refurbished MHSUs will be operationalized according to the following models:

Model 1: MHSU in Swat will be operationalized in collaboration with Saidu Group of Hospitals. Doctors, post-graduate trainees, and paramedics from Saidu Hospital will help implementing medical camp plans, which will be made in consultation with Community Medicine Department after mapping the most underserved populations.

Model 2: MHSU in Charsadda will be operated from the base of an existing but underutilized government health facility (e.g., a BHU, rural health center [RHC], THQ or DHQ hospital).

Model 3: MHSU in Lakki Marwat will serve communities that are not covered through existing health facilities due to difficult terrain. Government premises, such as schools or any other center point easily accessible for the catchment population, will be used to hold the medical camps.

Each MHSU will offer a similar service delivery package:

- First-level care for common ailments including:
  - Antenatal and postnatal check-up.
  - Early recognition and referral of pregnancies with danger signs and/or complications.
  - Counseling on maternal nutrition, breastfeeding, and birth spacing.
- Detect and refer communicable illnesses (TB, typhoid, measles, rubella, hepatitis, malaria, dengue, HIV, etc.)
- Diagnose and refer non-communicable diseases (hypertension, ischemic heart disease, diabetes mellitus etc.)

The IHSS-SD Activity consortium partner, Rural Support Program Network (RSPN), will be responsible for advanced community sensitization, mobilization, and demand-creation for MHSU services. Other government stakeholders, such as TB Program, Population Welfare Department (PWD), EPI, and lady health worker (LHW) Program will participate in camp activities. NGOs, such as Sight Savers and World Food Program, will also provide services.

IHSS-SD has developed SOPs for MHSU management and drafted the staff job. The DOH will decide whether SNEs and separate cost centers can be created for the MHSUs later.

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

In partnership with DOH, the IHSS-SD team reviewed a newly devised referral strategy and implementation plan for patients at the community-to-facility and facility-to-facility levels. It was agreed that the referral strategy did not require any significant revision. The DOH recently trained LHWs and community midwives (CMWs) to use a strong referral mechanism and provided them with referral ‘slip’ books for data entry and reporting. BHUs and RHCs have similar referral and reporting tools. However, gaps in referral mechanism at the secondary and tertiary levels were observed and thus a strategy will be developed to fill these.

In areas not covered by LHWs, a mechanism using community resource persons (CRPs) from Sarhad Rural Support Program (SRSP) to record and refer clients to

LHWs, CMWs, and/or to the nearest health facility has been developed. This would increase access to nearby health facilities and will ensure tracking of patients with infectious diseases.

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 to strengthen Directorate General Health Services, Provincial Health Services Academy, regional training institutes, KP Health Care Commission, Health Sector Reform Unit, planning cell, independent monitoring unit, financial management cell, and Minister's Office

IHSS-SD Activity completed an institutional review of the HSRU. To fill identified gaps, an action plan was developed and finalized after meetings with stakeholders and Chief HSRU. A working paper, entailing a strategic roadmap, HSRU mandate, and job descriptions of staff, was developed. The gaps identified include: lack of clarity in the mandate of HSRU; lack of technical HR; pending new PC-1; absence of knowledge management cell; and donor dependency.

The Provincial Health Services Academy (PHSA) institutional review findings and action plan based on gaps identified was presented in a meeting with DG PHSA and his team. The DG underlined the importance of strengthening PHSA's faculty, curriculum development, and affiliation with a degree-awarding institution. Findings include: unclear organogram and job descriptions; outdated training modules; no continuing education program offered at present; no business plan for future growth of the institution; and no sanctioned positions for teaching cadre.

The roadmap for strengthening PHSA will include the following milestones:

1. Review and revise the functions of PHSA to determine its future course of operations as a public-sector health school, offering short- and long-term teaching and training in Khyber Pakhtunkhwa
2. Revise organogram in order to institute teaching positions.
3. Update training induction, and promotion courses of PHSA
4. Update teaching curriculum and modules for Masters in Public Health program
5. Develop a PC-I (Restructuring of PHSA) to address issues related to Teaching HR, teaching aids equipment and transport.
6. PHSA to develop its business plan also in order to generate additional revenue apart from the minimal core budget from the DOH.

IHSS-SD Activity team conducted a series of meetings with the Additional Secretary (Budget & Disbursement) of Financial Management Cell (FMC) to review the assessment report and the semi-annual risk-mitigation plan. The team drafted and discussed a medium-term plan to fill the gaps; approval of this medium-term plan is

pending. The impact envisioned is decentralized action planning and result-based budgeting at the district level which will commence after the technical assistance provided by IHSS-SD.

During the reporting quarter, an institutional review of KP HCC was conducted. This entailed review of key documents and those of Punjab and Sindh HCCs for comparison. Themes that emerged from the review included, gaps in governance, management and operations, awareness and communications, stakeholder engagement, and sustainability. The review suggested: weak strategic direction and oversight mechanism to regulate quality of care at the public health facilities; lack of human resource; weak coordination with Department of Health; and absence of communication strategy.

IHSS-SD will provide technical assistance to KP HCC for developing SOPs and guidelines for quality of care at primary and secondary public hospitals.

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

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

IHSS-SD assessed seven institutions' potential to be developed as centers of excellence (details in Table-1) in the three districts and at provincial capital. IHSS-SD will provide technical support to the DOH to meet identified needs, including infrastructure upgrades, capacity building, and provision of training equipment and materials.

S No.	Facility Name	Location
1	Hayatabad Medical Complex with training hall at Post Graduate Medical Institute	Peshawar
2	Regional Training Institute	Peshawar
3	Reproductive Health Services (RHS) Master Training Centre	Peshawar
4	Saidu Sharif Teaching Hospital	Swat
5	Matta Civil Hospital	Swat
6	DHQ hospital with training hall at MNCH school	Charsadda
7	City/civil hospital with training hall at MNCH school	Lakki Marwat

IHSS-SD is assessing the quality of service provision in 23 selected health facilities in the Activity's three districts. Assessment findings will determine the quality of services provided, especially for antenatal, intrapartum, and post-natal care and family planning. The assessment findings will be presented in October 2019 to identify needs and gaps at the health facilities. These findings will allow DOH to take evidence-based corrective measures to fill the gaps.

Training modules; job aids; and information, education, and communication (IEC) material, are printed for each trainee and master trainer at scheduled trainings. IHSS-SD is procuring training materials such as mannequins and teaching models.

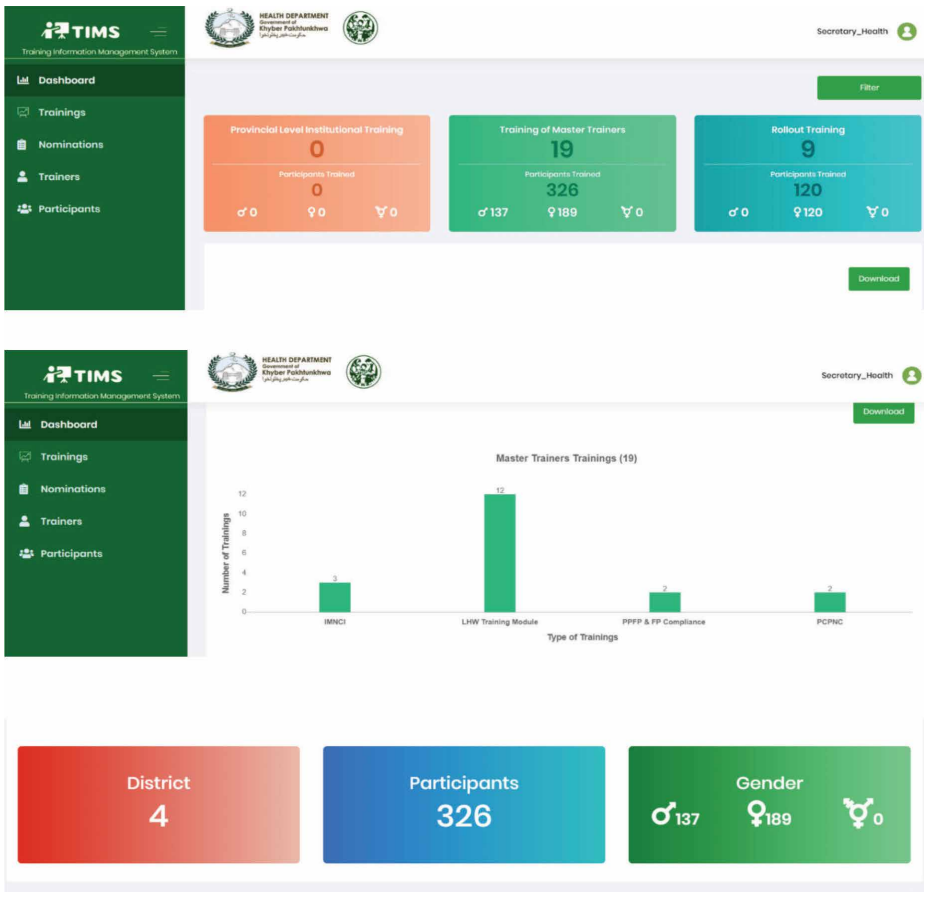
Training of Data collectors

Sub-activity 1.2.1.4.2.K: Development and installation of electronic medical record system at Saidu Teaching Hospital

IHSS-SD Activity will provide technical assistance to develop and implement the electronic medical record (EMR) system at Saidu Teaching Hospital, Swat. The EMR system emerged as a patient-centered model for health information exchange that decreases paperwork, provides valuable services to patients, and improves quality of care, flexibility, and patient safety. The system also makes patient information easy to access and share, facilitating inter-professional collaboration. During the reporting period, terms of reference were finalized, and proposals were requested from information technology firms to implement the EMR system at Saidu Teaching Hospital.

Sub-activity 1.2.1.4.3.K: Training Information Management System

The Training Information Management System (TIMS) is an updated and dynamic version of a system developed by Jhpiego with the support of USAID. It was handed over to the population welfare departments (PWDs) and provincial health departments of Punjab, Balochistan, and Sindh, in 2018/2019.



TIMS will facilitate the electronic management of training records at KP DOH and PWD. This software will facilitate the Department of Health to avoid repeated

nominations and will be able to track human resources without training in certain areas. This will also help in projecting and allocating adequate finances and resources for capacity building activities. IHSS-SD will install TIMS at selected training sites and M&E cells at provincial DG offices. IHSS-SD will train relevant staff at all tiers of the DGHS and district level.

Sub-activity 1.2.1.4.4.K: Provide technical assistance in implementation of health sector policy in KP (GHSA, infectious diseases, MNCH/family planning, nutrition)

A Health Policy Advisory Council meeting was held to discuss the development of partners' contributions to support upgrading of BHUs to CHUs. IHSS-SD will support 32 BHUs in three districts for minor civil works, installation of solar system for electricity backup, essential MNCH equipment, and health staff training.

Sub-activity 1.2.1.4.5.K: Technical assistance to implement operational plan for family planning policy and strategy at district level

On PWD's request, a consultant was hired to revise the population policy 2015-16 to reflect the findings of Pakistan Demographic and Health Survey (PDHS) 2017-18 and Population Census report 2017, as well as recommendations of Council of Common Interest. A conference to discuss population policy revisions and modification has been suggested, with participation of stakeholders from the public sector departments of population welfare, health, education, women's development, social welfare, as well as NGOs supporting family planning (FP), other NGOs, and development partners. The population policy is expected to be finalized by the end of November 2019.

Sub IR 1.2.2.K: Service quality improved

Activity 1.2.2.1.K: Capacity development strategy and training materials for implementation of Minimum Health Service Delivery Package (MHSDP) and comprehensive health units

IHSS-SD reviewed the KP DOH capacity-building strategy for its MNCH, TB, malaria, LHW, HIV, polio, and hepatitis programs. The review found that the LHW and CMW programs do not have standardized documented capacity-building strategies and none of the new refresher-course modules have been implemented because government funds have not been availed. IHSS-SD will support the DOH to develop cost-effective, sustainable capacity-building strategies for each program.

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

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

Maternal Health

Training of trainers and service providers on PCPNC: IHSS-SD trained 118 female service providers, including women medical officers, LHWs, charge nurses, and staff on PCPNC and continuum of care.

The six-day training was based on WHO's best practices in timely and effective management of pregnancy, childbirth, and the postpartum periods, for both women and newborns.

Thirty-six percent (106/290) of the targeted service providers were trained on PCPNC during the reporting quarter as detailed in Table-2.

PCPNC training, Swat

Table-2: PCPNC training (targets vs progress)

Training	Activity Target	Progress (July–Sep 2019)			Achieved
		Charsadda	Swat	Lakki	
Training of trainers on PCPNC		-	12	-	12
Training of service providers on PCPNC	290	23	41	42	106
Total		**23**	**53**	**42**	**118**

Child Health

Training of trainers and service providers on integrated management of newborn and childhood illness (IMNCI): IMNCI reduces missed opportunities for immunization, nutrition counseling especially on breastfeeding, and micronutrient supplementation by improving health care providers' service-provision practices. IHSS-SD organized IMNCI trainings for 29 service providers (4 females and 25 male) deployed at first-level care facilities to improve the quality and continuum of care of sick children (Table-3). The training modules/content referenced standardized case management procedures, using an integrated approach to managing newborn and childhood illnesses.

Table-3: IMNCI training (targets vs progress)

Training	Activity Target	Progress (July–Sep 2019)			Achieved
		Charsadda	Swat	Lakki	
Training of service providers on IMNCI guideline	276	17	12	-	29

Training of trainers on family planning: IHSS-SD trained 23 female health providers at the provincial level as PPFP & FP compliance master trainers to roll out district trainings for service providers (Table-4). Training included key concepts and policies on family planning compliance (i.e., voluntarism and informed choice).

Table-4: PPFP training progress

Training	Progress (July–Sep 2019)			Achieved
	Charsadda	Swat	Lakki	
Training of trainers on PPFP & FP compliance	-	23	-	23

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

IHSS-SD organized a five-day district-level training on MNCH, nutrition, FP compliance, and infectious diseases for LHWs and facility-based trainers in districts Charsadda, Lakki Marwat and Swat. These modules were aligned with and referenced the revised LHW training curriculum. Facilitating client referrals and counseling were highlighted in all sessions. A total of 227 master trainers (133 females and 94 male) including doctors, medical technicians, LHWs and, lady health supervisors (LHSs) attended (Table-5).

Table-5: Training on MNCH/FP package progress

Training	Progress (July–Sep 2019)			Achieved
	Charsadda	Swat	Lakki	
Training of provincial and district trainers of LHW training package on MNCH/FP, nutrition, and infectious diseases	77	88	62	227

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

Table of content MNCH toolkit

After a series of consultations and reviews, the MNCH toolkit was prepared, printed, and delivered to the district offices. The toolkit was provided to1,680 CRPs (420 in Charsadda, 280 Lakki Marwat, and 980 in Swat). It covers six topics (health rights, MNCH, birth spacing, personal hygiene, nutrition, and infectious diseases), and contains teaching guidelines that CRPs and social mobilization teams will use for standard community awareness sessions with men and women. A training module for the master trainers and CRPs orientation is also part of the MNCH toolkit.

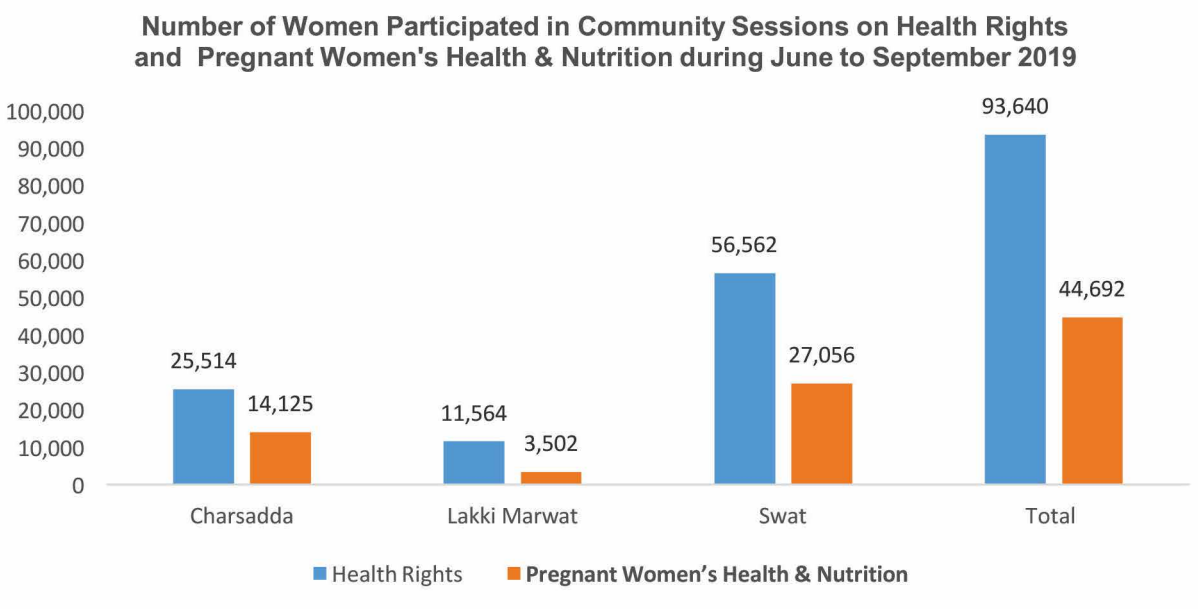
Sixty district Activity staff (social mobilizers, hygiene promotion officers, district coordinators, community development officers, and management information system [MIS] assistants) from the selected districts were oriented to IHSS-SD interventions, including staff's roles and responsibilities, and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

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

Staff orientation on MNCH & implementation strategy

Following the training of social mobilizers (male & female), 1,680 CRPs were identified through the SRSP in the intervention districts (420 in Charsadda, 280 in Lakki Marwat and 980 in Swat). The CRPs (females) are identified in areas where the LHW program does not provide services. Each CRP will be responsible for providing awareness sessions to 60 households, although this may vary in areas with scattered or dense populations. Two-day sessions in each district, helped train CRPs to conduct community awareness sessions, using a standardized MNCH toolkit. Community sessions are organized in six parts, each of which covers one of the following topics: introduction and health rights; pregnancy health and nutrition; birth spacing methods; health and hygiene promotion; children's health and nutrition; and infectious diseases. Each CRP will organize four sessions a month for women in 60 households. Social mobilizers will conduct the same awareness sessions with male community members twice a month.

During the reporting period, 93,640 women attended the sessions on health rights and 44,692 women attended the sessions on pregnancy health and nutrition. See graph below for details.



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

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

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

A meeting was held on August 27, 2019, with Additional DG Health (ADGH), Dr. Bashir- ud-din Khilji, and Director Nursing, to seek nominations for scholarships. IHSS-SD will provide 150 scholarships to women medical officers, lady health visitors, medical technicians, IT personnel, and nurses.

Activity 1.2.3.3.K: Handwashing and hygiene interventions in schools

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

Six hundred and five (605) primary schools in the Activity districts will be involved in handwashing and hygiene promotion activities. To date, 525 schools have been selected (Table-6). As a start, hygiene toolkits were developed and printed. One teacher at each school was nominated as the handwashing focal person, and 517 teachers (235 males and 282 female) were trained on the use of hygiene toolkit to conduct awareness.

Table-6: District-wise schools

District	Primary schools
Charsadda	150
Lakki Marwat	60
Swat	315
Total	**525**

Booklet for teachers

Toolkit for school children

Hygiene clubs will be established at each of the schools as part of the awareness effort. Under the IHSS-SD Activity, each of the 605 schools will get a hygiene demo kit consisting of soap, buckets, toothbrush, and toothpaste, etc. The kits have been delivered to the districts (including Mohmand) and will be distributed to teachers in October 2019.

IR 2.2.K: Governance improved

Sub IR 2.2.1.K: Government accountability increased

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

Sub-activity 2.2.1.1.2.K: Improved health (district health information systems [DHIS], LHW, CMW, and vertical programs) and population management information systems

During the reporting quarter, IHSS-SD Activity updated the online LHW-MIS. The revised MIS will produce individual LHW's monthly performance along with information on other vital events, such as where maternal, newborn, and post-neonatal deaths occur. The system will also show individual LHW level commodity stock-outs for timely replenishment.

IHSS-SD Activity, in consultation with the directorate of Integrated Health Project (IHP), trained provincial and district managers on September 3-4, 2019, at PHSA, in Peshawar. District LHW coordinators, field program officers, and data-entry operators from IHSS-SD districts were trained to navigate the system. The participants went through changes to the existing LHW-MIS and the features allowing them to visualize and analyze the performance of individual LHWs. The provincial and district managers were asked to update individual LHW profiles. In addition, IHSS-SD Activity trained all the LHSs of Charsadda and Swat on data entry in September 2019. LHSs will enter the performance data of their LHWs in the revised MIS online, which has been deployed at the KP information technology (IT) server.

Development of Population Management Information System (Pop-MIS) was initiated during the reporting quarter. Several meetings were held with DG PWD and M&E Committee of PWD to work out details. The revised reporting tools have been designed for family welfare centers, RHS-A type, MHSUs, and district population welfare offices. An IT consulting firm has been hired to develop Pop-MIS for KP.

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

Primary responsibilities of district M&E cells is to timely provide quality and accurate data on the performance of health facilities, LHWs, CMWs, EPI program, TB Control Program and other vertical programs. The importance of data recording, reporting, and feedback was emphasized during consultations with DOH and PWD on developing management information and monitoring and supervisory (M&S) systems, as well as during training on LHW-MIS and M&S system. The Activity will continue to support facility, district and provincial level staff to improve timely submission, completeness, and accuracy of data during recording and reporting.

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

Following the assessment of existing M&S system of DOH at provincial and district levels, IHSS-SD Activity developed an online M&S system. A total of 74 provincial and district health managers were trained on M&S system at PHSA in three batches. The first-batch participants included IHP Directorate (LHW, MNCH, and nutrition components) and DHIS directorate having provincial managers and district managers/supervisors. Second-batch participants belonged to EPI, malaria, and DHIS programs, as well as staff. Mr. Babar Khisro, USAID representative Peshawar, Chief Secretary and Secretary Health KP observed the training. The third batch of training was organized for TB Control Program at Hayatabad Medical Complex Peshawar that was attended by 22 people.

The M&S manual guides supervisors, program and health facility managers in their roles and responsibilities to monitor and supervise 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 cards 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.

Development of M&S system for Population Welfare Program was initiated during the reporting quarter. The M&E technical committee was established to develop the recording, reporting, and feedback tools and supervisory checklists for family welfare centers, RHS-A type, MHSUs, and district PWOs. An IT consulting firm has been hired to develop online Pop-MIS for Khyber Pakhtunkhwa.

Activity 2.2.1.2.K: Institutionalizing the district health and population management teams

Sub-activity 2.2.1.2.1.K: District health and population management team coordination and oversight

IHSS-SD Activity team presented a draft rapid appraisal report on the status of district health and population management teams (DHPMTs) to key stakeholders for feedback. The technical team revised the report based on comments resubmitted to it. The DHPMTs' meeting tools and performance assessment criteria for quality assurance was developed.

A DHPMT will be established in each target district of KP and have nominated male and female community representatives who will be oriented to their roles and responsibilities in the next quarter.

Sub-activity 2.2.1.2.2.K: Building and institutionalizing capacities of provincial institutions for operationalizing district action plans in the selected four districts

During the reporting quarter, IHSS-SD' technical team finalized the district analytical profiles for Swat, Charsadda, and Lakki Marwat after district health offices (DHO) shared required data and reviewed the drafts.

The DOH and provincial stakeholders met to discuss district action plans (DAPs) and planning framework implementation, as well as links to Sustainable Development Goals and Khyber Pakhtunkhwa Health Policy.

Assistance with the DAP's medicine cost estimation tool, including preparation of service package coding, unit cost of medicines, supplies, diagnostics, and costing and linking data input and summary sheets, continued.

Sub-activity 2.2.1.2.3.K: Building and institutionalizing capacities of KP finance management cell for operationalizing medium-term budgetary framework

The medium-term activity plan matrix for DAP, highlighting activities for implementing health policy actions, is being developed.

IR 2.3.K: Equitable delivery of basic services increased

Activity 2.3.1.K: Government's capacity to deliver Global Health Security Agenda including infectious diseases

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

IHSS-SD Activity prepared a disease readiness matrix, conducted extensive lab assessments at the health care facility level, and prepared draft individual disease response plans for each of the priority notifiable communicable diseases in Khyber Pakhtunkhwa to enhance DOH's capacity to respond to communicable disease threats.

Disease readiness matrix. IHSS-SD technical team developed a comprehensive disease readiness matrix to identify requirements and functions for surveillance of and response to each disease. The matrix, prepared in consultation with the World Health Organization (WHO) and the U.S. Centers for Disease Control to ensure use of most updated information. The matrix encompasses the following areas:

- **High-level** multi-sectoral support to improve governance.
- **Surveillance functions** on availability of technical documentation and which forms of surveillance are currently being implemented
- **Data relay functions** on degree of digitization, ease of access to consolidated information, and surveillance (e.g., from field to lab team).
- **Emergency response** functions including documentation staffing, logistics, and operational provisions.
- **Diagnostic functions** on availability of testing facilities and related functions such as sample transport, lab network optimization, testing throughput, and capability of public health reference lab staffing, equipment, documentation, and quality assurance.
- **Preparedness and case management functions** for documentation and availability of disease experts as well as quarantine, disinfection, and surge capability.

The disease readiness matrix highlights the disparate extent of government and stakeholder response to certain disease, emphasizing the need for an integrated and partnership-based approach to technical assistance and resource pooling to advance the GHSA. Priority disease plotting in this matrix revealed the poor state of Khyber Pakhtunkhwa's response readiness, including lack of support and performance of functions at all levels, indicating gaps in high-level governance, data, emergency response, and diagnostic functions.

Development of IDSR capacity-building plan for DOH staff. The Activity developed a detailed workforce capacity-building plan in consultation with the DOH and Field Epidemiology and Lab Training Program (FELTP). The plan proposes

training for frontline workers and rapid response teams on communicable disease case definitions, IDSR, and data-flow mechanisms.

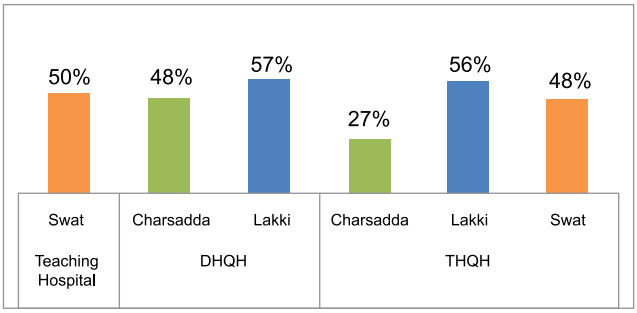
Preparation of draft response plans of priority notifiable communicable diseases draft response plans. The Activity drafted disease response plans for the priority notifiable communicable diseases at the request of the KP Director Public Health. The Activity also conducted a detailed literature review to ensure use of the most updated guidelines of WHO and the U.S. Centers for Disease Control in preparation of the response plans, and met with WHO, FELTP, and government stakeholders to agree on plan format. A workshop to review the final draft response plans on September 12 was cancelled because of the dengue outbreak, of which 2,758 suspected cases were reported to DOH KP.

Technical support during the dengue response. The Activity helped DOH KP prepare the dengue response plan. The DG Health, Khyber Pakhtunkhwa, convened a meeting with all partners on September 24, 2019, to plan a one-week campaign. The Activity helped with printing of IEC materials.

Sub-activity 2.3.1.2.K: Support in strengthening capacity of DHQ hospital laboratories in the selected four districts

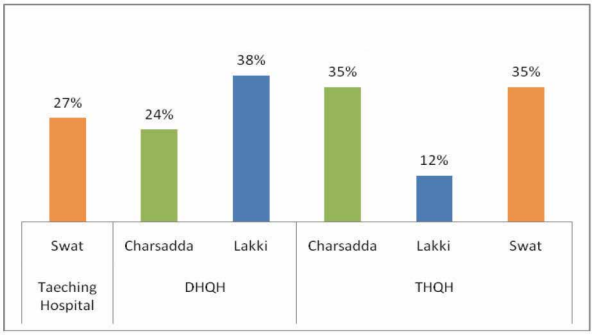
As part of the DHQ hospitals' assessment, the Activity reviewed services provided by district laboratories and suggested ways to improve service delivery with a focus on GHSA and IDSR. The data were collected using a tool adapted from the WHO Lab Assessment Tool. The assessment indicated that most of the laboratories of the assigned health facilities did not provide essential services.

Facility-level Availability of Services

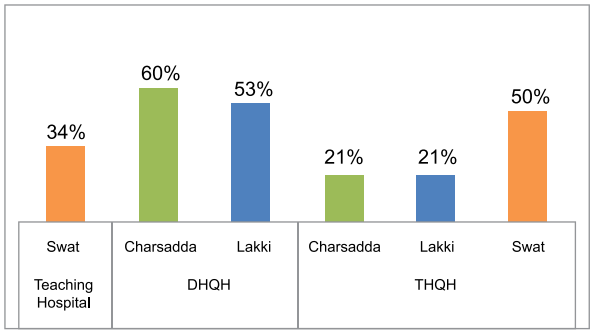


The assessment also revealed critical gaps in availability of equipment and found that large quantities of equipment were non-functional. The supply availability assessment, which had dismal results, focused on biosafety, infectious disease sampling, and general requirements for a clinical laboratory.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

Facility Availability of Lab Equipment



Facility Availability of Lab Supplies



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

Meeting with Director IHP, Dr. Rauf Khattak and Provincial Coordinator LHW, Dr. Faheem Khan, on September 2, 2019, to introduce TIMS. IHP nominated a focal person to manage TIMS.

Meeting with development partners in Peshawar on September 2, 2019, to introduce TIMS. Participants from WHO, WFP, OPM, and UNICEF, suggested that access to data editing be carefully thought through and that DHIS personnel be responsible for managing and updating TIMS.

Meeting on August 27, 2019, with Director Public Health, Dr. Quddus, and Deputy Director, Ahmed Tariq, to plan GHSA trainings for frontline workers and rapid response teams in the province. The trainings will be supported by IHSS-SD and cover IDSR (case definition, diagnosis and management, data flow. A training plan and tentative schedule have been set. Case management guidelines were finalized and will be mounted in all health facilities.

A meeting with Secretary, DGHS, Chief HSRU, Advisor to the Minister, and senior staff of DOH KP on July 15, 2019, covered:

i) Pending allocation of space for M&E cell in DG office to establish Provincial Disease Surveillance and Response Unit (PDSRU). DOH promised to expedite the process.

ii) The secretary will to speak to director projects about a no-objection certificate

iii) for Mohmand district merged districts secretariat.

iv) MHSUs: in addition to the three vehicles being refurbished, DOH will give 5 more vehicles to IHSS-SD, and committed to creating new SNEs for MHSUs this year.

v) Scholarships: DOH will nominate new and existing staff. AKU, and Shifa hospitals will be considered for training/short courses in radiology and nursing and for lab technicians.

One outcome of the meeting included that M&E cell space will be soon finalized for renovation and establishment of PDSRU. MHSUs will be deployed in three districts and five more will be assessed when received. The DG office will send the nominations for scholarships/trainings.

Meeting with DHOs, MSs, and program managers from the IHSS-SD focus districts and other senior officials of Provincial Health Department KP was held in Swat on August 8, 2019, to orient district stakeholders to the Activity and IHSS-SD consortium. Participants decided to pilot three MHSU models:1) at Saidu Teaching Hospital in Swat; 2) at a health facility in Charsadda; and, 3) in remote areas of Lakki Marwat. All partners presented their respective work plan and activities.

DOH pledged to create separate cost centers and SNEs for MHSUs in next fiscal year. All DHOs supported IHSS-SD activity implementation, M&E/district disease surveillance and response unit center (DDSRU) establishment, and provision of space for district staff.

Orientation meeting with new KP Secretary of Health on IHSS-SD Activity was held on September 18. Permission to work in Mohmand district was also discussed, and the DOH was informed that work on M&E cells in three Activity districts is almost complete and that the LHW M&S system is ready. IHSS-SD team was asked to expedite refurbishing and handover of more MHSU vehicles. The director of development for merged districts will give the Activity five more vehicles for refurbishment.

Meetings in Charsadda, Lakki Marwat, and Swat were held to orient clinical and management staff to IHSS-SD activities.

KEY ACHIEVEMENTS – KHYBER PAKHTUNKHWA

JULY – SEPTEMBER 2019

IR 1.2: Trust in Government Enhanced

Sub IR 1.2.1: Access to basic services increased

- Completed assessment of emergency response in 147 health facilities (11 RHCs and 136 BHUs) of three districts
- Seven hospitals (DHQs & THQs) (2 in Lakki Marwat, 3 Swat, and 2 Charsadda) selected for upgrading and refurbishing infrastructure and provision of equipment.
- Clinical emergency response SOPs for MNCH developed and approved.
- HSRU, PHSA, and financial management cell institutional reviews findings given to DOH.
- Three MHSUs vehicles received from DOH; refurbishment started.

Sub IR 1.2.2: Service quality improved

- 12 provincial master trainers trained on PCPNC (6 days).
- 106 service providers trained on PCPNC.
- 23 master trainers trained on PPFP & FP compliance.
- 29 districts trained on IMNCI guidelines (6 days).
- Three HBS training modules were endorsed by DOH.
- 227 provincial & district master trainers of LHW program trained on MNCH/FP, nutrition, and infectious diseases (5 days).

Sub IR 1.2.3: Civic engagement increased

- 60 social mobilizers trained on MNCH, nutrition, FP, and infectious diseases related IEC materials.
- 1,680 CRPs trained on MNCH, nutrition, FP, and infectious diseases.
- 93,640 women attended awareness sessions.
- 517 teachers (235 males and 282 female) from three selected districts trained to use hygiene toolkit.

IR 2.2: Governance improved

- M&E cell at provincial health secretariat established.
- Rehabilitation of M&E cells at districts 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.

2. Sindh

IR 2.3.S: Equitable delivery of basic services increased

Activity 2.3.1.S: Improve government's capacity to address Global Health Security Agenda including infectious diseases

IHSS-SD Activity conducted comprehensive institutional reviews of PDSRU and an extensive health care facility laboratory assessment in Sindh to strengthen DOH's capability to respond to disease outbreaks. The institutional review focused on PDSRU's history, functions, human resources, available provisions such as legislative and financial framework, and was followed by recommendations for optimal functionality. Key findings from the institutional review are as follows:

- **Missing legislative and policy framework:** The most critical concern about IDSR and GHSA readiness in Sindh was the absence of a binding document outlining a framework for progress. While the Health Sector Strategy Sindh 2020 (HSSS 2020) drafts an inclusive and extensive framework that could revolutionize health care service delivery beyond IDSR, there is a disconnect between the Government of Sindh's legislation and priorities.
- **Absence of financial framework:** There are no dedicated funding provisions for IDSR in Sindh, with exception of vertical programs that offer varying degrees of surveillance, leading to lack of data integration. The lack of a regular funding structure is a major hindrance to PDSRU operations.
- **Lack of dedicated human resources:** Human resources at PDSRU Hyderabad are drawn disproportionately from three distinct streams of operational prowess. First, all medical officers/staff involved in PDSRU activities are detailed out from regular positions across Sindh and on regular payroll of government, drawing relatively low salaries and receiving no hazard pay. Second, field investigation team leads are FELTP trainees, whom, despite their exceptional contributions, cannot be relied upon as a sustainable workforce. Third, DOH Sindh has no human resources structure for PDSRU at provincial or district level.
- **Lack of documentation** on GHSA despite strong technical understanding and experience.
- **Lack of IT** and **infectious disease surveillance capacity** (there's no provincial public health reference lab).

The findings from review of PDSRU were jointly reviewed and finalized with DGHS Sindh in Hyderabad; the IHSS-SD Chief of Party shared them with the Minister Health and Population during a meeting on August 22. The Minister asked for notification for establishing disease surveillance and response units at each district and asked IHSS-SD to draft legislation for public health surveillance and response functions, which it did in consultation with the government and other stakeholders. The draft led to an unanimously approved revised proposal for list of notifiable

diseases that is expected to be officially re-notified by the Government in coming weeks.

Disease readiness matrix: IHSS-SD technical team developed a comprehensive disease readiness matrix to identify requirements and functions for surveillance of and response to each disease. The matrix was prepared in consultation with World Health Organization (WHO) and the U.S. Centers for Disease Control to ensure use of most updated information. It encompasses the following areas:

- **High-level** multi-sectoral support to improve governance
- **Surveillance functions** on availability of technical documentation and which forms of surveillance are currently being implemented
- **Data relay functions** on degree of digitization, ease of access to consolidated information, and surveillance (e.g., from field to lab team)
- **Emergency response functions** including documentation staffing, logistics, and operational provisions
- **Diagnostic functions** on availability of testing facilities and related functions such as sample transport, lab network optimization, testing throughout, and capability of public health reference lab staffing, equipment, documentation, and quality assurance
- **Preparedness and case management functions** for documentation and availability of disease experts as well as quarantine, disinfection, and surge capability

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

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

The Act will establish a provincial public health committee chaired by the Minister of Health that will have the power to declare and end a health emergency in the province. The Act includes the details of offences and penalties for non-compliance on mandatory reporting. Disease surveillance and response units will be established at provincial, regional, and district levels.

On September 4, the Minister reviewed the revised bill and asked that relevant rules and regulations along with a list of priority diseases be prepared and added to the draft.

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

District GHSA plans. During the reporting quarter, IHSS-SD Activity helped DOH Sindh prepare district-specific GHSA plans for Larkana and Kambar Shahdadkot in order to provide direction and actions for designing and implementing disease surveillance and response functions. The following documents were included in the district GHSA plans:

- District profiles
- Capacity-building strategy and plan
- SOPs for operationalizing MHSUs for active surveillance
- SOPs for infection prevention and control
- Revised functions of M&E Cell include district disease surveillance and response activities
- Lab assessment tool

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

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

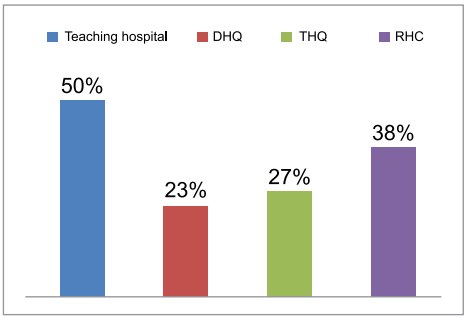
IHSS-SD provides technical assistance to Sindh TB Control Program to improve case detection rates through mobile health services and mitigate multidrug resistance by establishing programmatic management drug resistance tuberculosis centers (PMDTs) in focus districts. A meeting with newly posted Director TB Control Program Sindh was held and IHSS-SD requested the TB Program to identify facilities for PMDT sites in THQ Shahdadkot (District Kamabar Shahdadkot).

STOP TB is helping the TB Control Program develop and implement a multi-sector accountability framework (MSAF) to increase case detection rates in District Badin. IHSS-SD will help TB programs to replicate MSAF in Districts Larkana and Kambar Shahdadkot.

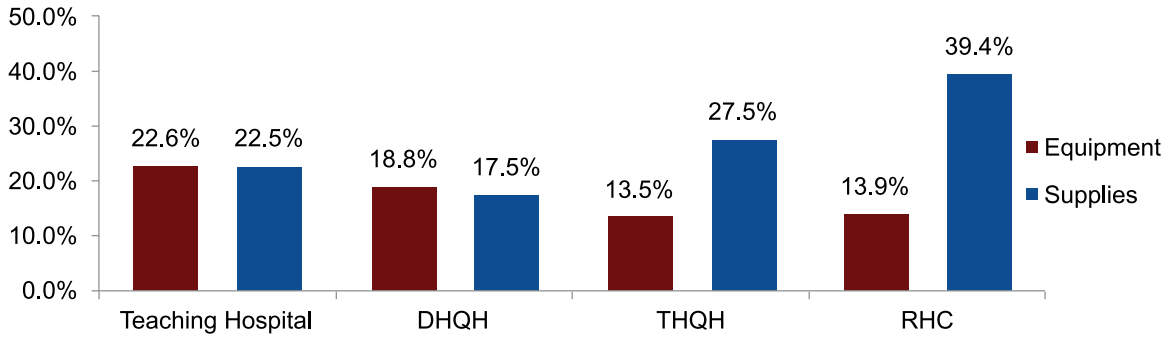
Sub-activity 2.3.1.2.S: Support in strengthening of provincial reference laboratory network and expanding basic diagnostic capacity at district level

As part of the DHQ hospitals assessment, the Activity reviewed services provided by district laboratories, and suggested ways to improve service delivery, with a focus on GHSA and IDSR. Data indicated that most of the laboratories of the assigned health facilities did not provide essential services. The assessment also revealed critical gaps in availability of equipment and found that large quantities of equipment were non-functional. The supply-availability assessment focused on biosafety, infectious disease sampling, and general requirements for a clinical laboratory.

Facility Availability of Services



Facility Status of Equipment and Supplies



In response, the IHSS-SD Activity prepared a plan of action that includes lab upgrades, staff training, and equipment provision.

Customization of Health Alert Application: IHSS-SD will pilot **Health Alert App**, a customized and easy-to-use smartphone application for active surveillance and rapid transmission of epidemic alerts from the public and private sectors. The App helps create a data source for health care provider and community-sourced reporting. On August 22, 2019, the Activity demonstrated the App for the Minister Health, who sanctioned and endorsed its use. The App replaces the paper-based reporting method with a digitized solution that allows swift analysis and response.

During the reporting quarter, IHSS-SD's technical team mapped dependencies and requirements for piloting Health Alert, including process and data flow and identifying users in public-sector health care facilities of Larkana and Kambar Shahdadkot. The team planned a training for these frontline workers on notifiable diseases with an orientation to the App in the next quarter.

Sub-activity 2.3.1.3.S: Containment of antimicrobial resistance with focus on typhoid and any emerging threats

IHSS-SD will provide technical assistance to EPI Department's typhoid conjugated vaccine (TCV) campaign. IHSS-SD is supporting DHO Larkana and Kambar Shahdadkot in preparation of district micro-plan for TCV and trained district managers as master trainers.

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

Meeting with the Minister Health & Population Sindh on August 22, 2019, included updates on GHSA support, and was attended by the DGHS, Special Secretary, and ADG. The updated list of notifiable diseases to be mounted in every DHO office and health facility was presented. Support for establishing PDSRU and DDSRU, which includes equipment for laboratories and solar power systems was explained. The Minister was told that IHSS-SD proposes to work with private sector in Kambar Shahdadkot and Larkana. M&E cells established under HSS will be notified as DDSRUs. Surveillance officers will be based in DDSRUs. A technical working group meeting will be convened to vet SOPs /guidelines and case definitions.

A meeting with World Bank was held on August 5, 2019, to brief Yi Kyoung Lee and Aliya Kashif about JSI's activities and assistance in Sindh through HSS and IHSS-SD.

KEY ACHIEVEMENTS – SINDH

JULY–SEPTEMBER 2019

IR 2.2: Governance improved

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

- Rapid appraisal to assess the status of M&E cells at Kambar Shahdadkot and Larkana conducted.

IR 2.3.K: Equitable delivery of basic services increased
Government's capacity to meet GHSA including infectious diseases

- Completed comprehensive institutional reviews of PDSRU.
- Completed laboratory assessment at health care facility level in Sindh.
- Designed and printed disease display boards/charts enlisting case definitions of notifiable diseases

3. Federal

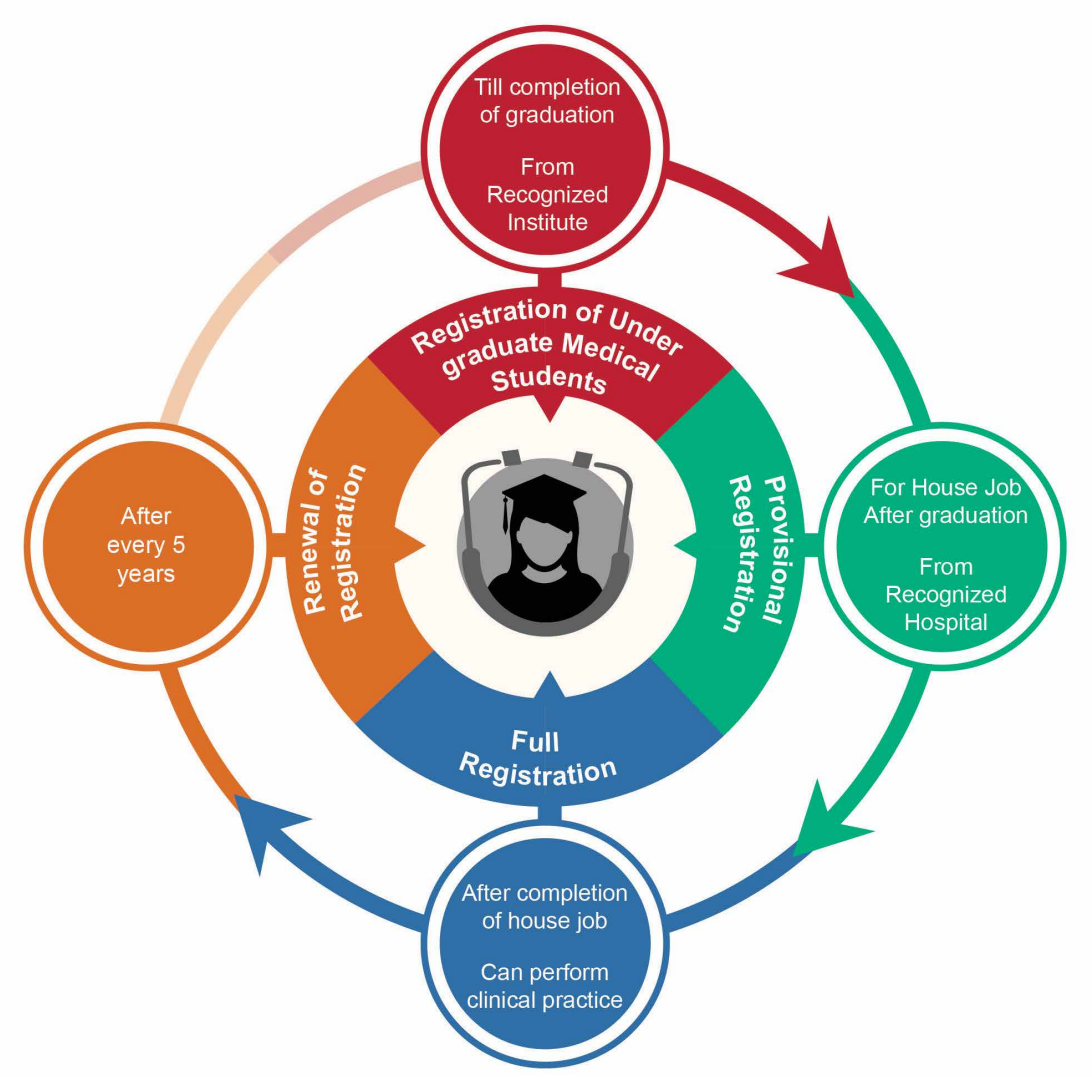
IR 2.2.F: Governance improved

Sub IR 2.2.1: Strengthened Federal Government's functions

Activity 2.2.1.1.F: Strengthen regulatory institutions at federal level

Sub-activity 2.2.1.1.2.F: Strengthening Pakistan Medical & Dental Council (PMDC) & Pakistan Nursing Council

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



IHSS-SD will hire an IT firm to develop an online MIS for PMDC registration and renewal of medical students, doctors, and post graduates.

Pharmacy Council of Pakistan

IHSS-SD is providing technical assistance to Pharmacy Council of Pakistan to conduct a review of the processes and suggest re-strategizing its performance interventions. A desk review has been conducted after meetings with the Minister MNHSR&C and DGHS to define objectives, review methodology, and deliverables. Following consultations, an inception report was drafted and shared with the Minister and DGHS.

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

In continuation of efforts to strengthen MIS for Islamabad Capital Territory (ICT), 73 health facilities, including 16 BHUs, 3 RHCs, 35 dispensaries, 14 medical centers, and 5 hospitals were added to and configured in DHIS. On the advice of the Minister of State and DG Health, the trainings will resume after new health providers are inducted, which was postponed due to unavailability/shortage of health care providers at the health facilities.

Data from 27 LHSs and 302 LHWs were attached, configured, and entered in LHW-MIS first-level care facilities in ICT. LHS training on data entry is planned for the next quarter.

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

Activity 2.2.1.2.F: Supporting National Institute of Health

Sub-activity 2.2.1.2.1.F: Support National Institute of Health implementation of Global Health Security Agenda

IHSS-SD met with senior NIH management 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 August 21 with DOH Punjab to plan roll out GHSA activities and areas of technical assistance required in the province. DGHS Punjab said that PDSRU will be notified soon and will function 24/7 with linkages to a public health lab in Lahore and a satellite lab in Multan. The Punjab IT Board will provide PDSRU with IT technical assistance. IHSS-SD was asked to provide sample transportation support from provincial laboratories to NIH. The need for human resources for operationalizing PDSRU was emphasized.

Activity 2.2.1.4.F: Support to Ministry of National Health Services, Regulation, and Coordination

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

IHSS-SD organized a meeting on September 16 on **issues and strategies for ethical marketing of medicines.** The meeting was attended by stakeholders and experts from PPMA, the Pakistan Pharma Bureau, Drug Regulatory Authority of Pakistan (DRAP), medical journals, academia, and the ministry, who discussed:

- Increasing unethical medicine marketing
- Adequacy of regulations for ethical promotion and marketing of medicines
- Developing strategic interventions to improve the situation
- Institutional arrangements to implement the interventions
- How and who to monitor and report treatment status in the country

This meeting was followed by a National Medicine Policy (NMP) steering group meeting on September 26 to develop a comprehensive NMP for Pakistan in consultation with provincial governments and stakeholders.

Activity 2.2.1.5.F: Coordination meetings/seminars/conferences/workshops

Meeting with senior officials of NIH (ED, Director FELTP, Chief Public Health Lab, Chief FEDSD) held on July 12 to discuss IHSS-SD support for implementing GHSA.

Meeting with NIH officials (Chief FEDSD, Director FELTP, Chief Public Health Lab) on July 22 on IHSS-SD activities to implement GHSA at federal and provincial levels, including training of frontline workers, rapid response teams, and IDSR for health care managers.

Meeting with Public Health England (Dr. Faiza Khan and her team) on July 22, 2019, to discuss technical assistance to provinces to avoid duplication of efforts.

Meeting with Fleming Fund (Dr. Ayesha Rasheed) on August 5, 2019, to discuss details of fund assistance.

KEY ACHIEVEMENTS – FEDERAL

JULY–SEPTEMBER 2019

IR 2.2: Governance improved

Sub IR 2.2.1: Strengthened Federal Government's functions

- Developed annual DG Health report (2017-2018)
- Held meeting on National Medicine Policy for Pakistan

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

During the monitoring of clinical trainers' sessions to ensure they follow USAID's FP and abortion requirements, PLGHA compliance was also observed. The findings show 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 ensured that all trainers and teachers involved in IHSS-SD Activity follow USAID's FP and abortion requirements.

RSPN is responsible for technical content and support for the activities implemented in the selected districts for social mobilization. All activities undertaken by RSPN for community mobilization comply 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 18 training sessions on PCPNC, PPFF & FP compliance, and IMNCI; and 24 LHW MNCH package (one in Peshawar, five Charsadda, seven Lakki Marwat, and three Swat), 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 percent benchmark for quality and accountability, so that a training batch that scores less than 75 percent is marked for immediate corrective measures and follow-up visits to ensure compliance on reported observations and recommendations.

The M&E team's monitoring report recorded 75 observations. After review and removal of repeated observations, 26 were finalized requiring immediate attention/ compliance. The Activity team constantly improves the quality of training and is committed to filling any gaps observed. The M&E team met with the Activity team after each visit to share observations and recommendations and submits detailed report within five days of each M&E visit. These initiatives improve future trainings and ensure that quality standards for capacity building trainings are met.

Issues identified and during the trainings and recommendations follow.

1. Time allocation for collecting information related to TIMS was missing in the training agenda. Now it is part of all trainings.

2. 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.

3. Participants asked for copies of presentations. Print in advance and give to participants at the trainings.

4. 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.

5. 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.

Monitoring community mobilization sessions

During the reporting period, IHSS-SD Activity monitoring teams monitored 200 CRP awareness sessions. Of these, 114 were in Swat, 70 in Charsadda, and 16 in Lakki Marwat. Issues identified and recommendations made and are given as follows:

1. In some sessions, CRPs did not display counseling cards as 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 messages 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 generate 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 working group meeting. The M&E working group held its second meeting on September 23 to discuss the PLGHA compliance monitoring and findings. All IHSS-SD consortium partners presented their quarterly progress. M&E tools, findings, and partner observations were discussed, as were roles and responsibilities in data collection and the definition of each performance indicator.

Establishment of M&E cells. The Activity completed the establishment of M&E cells at HSRU and Health Secretariat in the Department of Health and DG PWD KP. M&E cells at Charsadda, Lakki Marwat, and Swat are in final stages and will be completed during October. The M&E cell establishment process in other districts of KP has started and space has been allocated for 21 districts.

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

VI. Gender

Gender inclusiveness is woven into the approved work plan activities to influence decision of government counterpart to include optimal participation of women in trainings and offer female employees the opportunities to learn to deliver gender-responsive and -sensitive services to the public.

The gender specialist held gender sensitization sessions with IHSS-SD staff and partner organizations in Islamabad main and Karachi offices to bring awareness of gender in health and reduce the gender biases that informs the actions of individuals.

Community awareness sessions on MNCH, FP, nutrition, and infectious diseases, were held in Swat, Charsadda, and Lakki Marwat, and attended by married and unmarried women. The CWPs (local women resident) delivered sessions in local dialect of Pashto and used IEC materials to make the training understandable to those who could not read. Locations were selected to provide privacy (purdah) and space for the accompanying children to play. Community sessions were also conducted with men, including village elders.

During the Pakistan Pharmacy Council assessment, IHSS-SD observed that more females are studying pharmacy due to introduction of D-pharma professional degree and better employment opportunities in pharma sector. This has resulted in more women professionals in this field, which was traditionally male dominated, with women limited to menial roles like packaging. IHSS-SD has also detected an academic trend of women becoming subject specialists.

VII. Financial and Administrative Management

Financial management: IHSS-SD uses QuickBooks™ to track and report financial activities. Monthly reporting of expenditures to Boston office for review and approval is managed using FieldLinks®. The Activity's field finance office continued close communication and coordination with JSI's head office in Boston. During the reporting period, financial data for accruals and cost projections were provided to USAID in a timely manner.

The Activity received procurement plan approval in September and began the procurement process. USAID started the financial review of the Activity after the entrance meeting at JSI office on September 11.

Human Resources: The Activity hired following staff members during the reporting period:

- Mr. Sunil Moses William as Human Resources & Admin Officer, September 16, at JSI Islamabad office.
- Mr. Salman Khan as Front Desk Officer, September 26, 2019, at JSI Peshawar office.
- Ms. Ghazala Kiramat as M&E Officer, Charsadda, September 20.
- Mr. Rafiullah Khan joined as District Field Manager, Swat, August 9.

Ms. Pamela Ann Sequeira resigned from the position of Director Communications on September 4. Her last working day with JSI will be October 3, 2019.

VIII. 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 trained master trainers and service providers to other districts creates a gap in skilled providers and trainers in health facilities. IHSS-SD is working to convince the Secretary of Health, Khyber Pakhtunkhwa, to minimize transfers and restrict posting in IHSS-SD's selected districts.
- Frequent transfer of provincial and district government officials interrupts government's support for IHSS-SD Activity implementation. The IHSS-SD team is orienting and securing support of newly appointed officials for the Activity.
- Unavailability of bank accounts for some CMWs make it difficult to transfer per diems. The finance team will discuss and seek verification of CMWs from DOH as a solution.
- 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.
- Available WHO-certified trainers for PPFP in selected districts of IHSS-SD are limited. Master trainers from other districts are being hired.
- Office space provided by DOH in Swat and office reallocation to District Charsadda hindered IHSS-SD implementation.
- A shortage of service providers (doctors, nurses, medical technicians, and others) at district level made it difficult to conduct simultaneous trainings.
- The DOHs make last-minute changes in staff nominations for trainings. This created confusion in verifying nominations against the training attendance sheet. IHSS-SD has adopted a follow up mechanism with DOH to cross-verify changes from the nomination letter. After conformation of the revision, IHSS-SD team requests an updated copy of the nomination letter.

IX. Activities Planned for the Next Quarter

1. **Service delivery**
   - Build capacity of health facility and community level staff in:
     - PCPNC
     - PPFP & FP compliance
     - Managing Complications of Pregnancy and Childbirth (MCPC)
     - HBS
     - Infection prevention
     - Referral and counselling (cross-cutting theme)
   - Launch TIMS orientation and trainings for DOH staff.
   - Review and finalize client referral and capacity building.
   - Implement initiatives for sustainable quality improvement of services.
   - Conduct trainings on supportive supervision for management cadre/staff.
   - Monitor and evaluate trainings.
   - Commemorate international days on antenatal and postnatal care at the district and provincial levels with DOH.
2. **Institutional strengthening & governance**
   - Issue notification of DHPMT by provincial and district governments
   - Orient and support for first meetings in selected districts immediately after notification.
3. **Global Health Security Agenda, KP**
   - Provide technical assistance to strengthen PDSRU and DDSRU.
   - Finalize training material (trainers and trainee manual) 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

- 1,685 CRPs to continue conducting awareness sessions with women on MNCH, birth spacing, nutrition, and infectious disease in three districts.
- Male social mobilizers hold awareness sessions for men on MNCH, birth spacing, nutrition, and infectious disease in three districts.
- Orient remaining school teachers to handwashing and personal hygiene in Lakki Marwat.
- Organize awareness session with children in 525 schools in three districts.
- Distribute hygiene kits to all 525 schools.
- Establish hygiene promotion clubs by teachers in all 525 schools.
- Educate community on mobile health.

5. Monitoring and evaluation

- Provide hands-on M&E support to all district managers.
- Monitor compliance of USAID FP and PLGHA requirements
- Conduct routine supportive supervision visits.
- Finalize theory of change framework.

6. Health systems strengthening

Strengthen the emergency response of DHQ & THQ hospitals of selected districts of KP

- Conduct HFA analysis and prepare reports for RHCs and BHUs.
- Disseminate findings
- Finalize Bill of Quantity and tender documents.
- Award refurbishment work after tender documents are ready.

Mobile health Service Unit camps

- Finalize camping plans for district Swat and Lakki Marwat.
- Deploy and operationalize MHSUs in three districts to increase access to basic services

Institutional strengthening

- Provide technical support for institutional strengthening in approved areas/
- Provide technical support for notification of DHPCs and build capacity to prepare DAPs.
- Finalize costing tools and budgeting manual.
- Conduct capacity-building workshops and support preparation of budgets.

7. Government's capacity to deliver GHSA including infectious diseases in Sindh

- Provide technical assistance to strengthen PDSRU.
- Establish DDSRU in existing M&E cells of Larkana and Kambar Shahdadkot.
- Train frontline workers and health care providers.
- Train rapid response teams.
- Implement smartphone application for surveillance of rapid transmission of epidemic alerts (from public and private sector).

8. Federal

- Start automation of PMDC enrolment, registration, and renewal process for doctors and dentists.
- Conduct organizational assessment of Pakistan Nursing Council.
- Conduct DHIS trainings in ICT.
- Conduct LHS trainings on online LHW-MIS for ICT.
- Disseminate annual DG Health report
- Provide technical assistance to federal Disease Surveillance and Response Unit 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 dissemination meeting for chlorhexidine.
- Organize provincial steering committee meeting on NMP.
- Conduct provincial meetings to assess maturity of Pakistan Pharmacy Council.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