[NPPI]

ANNUAL PROGRAMME[1] NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JUNE 2009 – 31 DECEMBER 2009

Submitted by: UNICEF 90 Margalla Road Sector F-8/2 Islamabad	Pakistan -10 districts in Province of Sindh

Programme No: ***MDTF Office Atlas No:*** 00070817 ***Programme Title:*** Norway Pakistan Partnership Initiative (NPPI)	***Participating Organization(s):*** • UNICEF • WHO • UNFPA

Implementing Partners:
National counterparts (government, private, NGOs & others): MNCH Sindh
International Organizations, including NGOs:
Rural Support Programme Newtwork

Programme Budget (from the Fund):
For Joint Programme provide breakdown by UN Organization

UN Org	Amount allocated (USD)	Obligated
WHO	454,275	769,212
UNICEF	759,275	759,275
UNFPA	609,136	14,045

Programme Duration (in months): 60 months
Start date[2]:
End date:
- *Original end date 2013*
- *Revised end date, if applicable 2014*
- *Operational Closure Date[3], if applicable:*

Budget Revisions/Extensions:
List budget revisions and extensions, with approval dates, if applicable

[1] The term "programme" is used for programmes, joint programmes and projects.
[2] The start date is the date of the first transfer of funds from the MDTF Office as Administrative Agent.
[3] All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

NARRATIVE REPORT

I. Purpose

The aim of the Norway-Pakistan Partnership Initiative (NPPI) is to provide catalytic support towards the implementation of national, provincial, and district plans to improve the maternal, newborn, and child health (MNCH) of poor and socially excluded people in Sindh, as well as to raise demand, and utilization for those services. The initiative is to boost the global efforts to achieve the targets of the MDGs 4 and 5.

Specific Objectives:

Some important underlying principles are:

- Provide catalytic and strategic support to strengthening health systems efforts (e.g. human resources, referral system, etc) aimed at accelerating activities under national MNCH policies, plans and strategies.
- Use of innovative and flexible result based financing approaches to improve effectiveness and productivity of quality MNCH care provision and increase demand and utilization of care.

II. Resources

Financial Resources:

NPPI funding support is to provide catalytic to support to MNCH Program, the funds available in PC-1 of MNCH will also be utilized in 10 NPPI target distracts as per plan.

Human Resources:

1. National Staff:

    - UNICEF: One Health Officer
    - UNFPA: Two program officers, one administrative & one finance assistant
    - WHO: Two provincial and ten district officers

2. International:

    UNICEF:One Operational Officer

III. Implementation and Monitoring Arrangements

A NPPI Steering Committee has been formed at the provincial level which includes participating UN agencies and Provincial MNCH Sindh and is chaired by Secretary Health. The joint work plans are developed in line with the NPPI proposal with the following work distribution:

Activities	Responsible UN Agency
Contracting Services (Public)	WHO
Contracting Services (Private)	UNICEF & UNFPA
Improved Governance including Monitoring &Evaluation	WHO
Operations Research	UNICEF, UNFPA & WHO (as specified in proposal)
Comm Based Interventions	UNICEF, UNFPA & WHO
MCH Week	UNICEF
Vouchers	UNICEF & UNFPA
CM Advocacy	UNICEF, UNFPA & WHO
BCC	UNICEF
Project Management	UNICEF, UNFPA & WHO

The implementation is being done through Provincial MNCH Programme and partner NGOs. Standardized procurement procedures of individual UN agencies are being followed for procuring supplies. The monitoring system instituted includes regular review of HMIS/DHIS and LHW-MIS information, periodic surveys and capacity building of provincial MNCH cell. The baseline studies of NPPI were printed and findings were disseminated.

IV. Results

Result Based Monitoring (RBM) Framework, indicators in quantifiable terms in the following table:

S. No.	Input	Output	Outcome		Targeted Impact
			Baseline Indicator	Targets after Completion of Project	
1.	Technical assistance	Integrated MNCH/FP care made available through contracting (including public private partnerships)	• No existing contracting out programs • x facilities providing BEmONC per 500,000 population • x facilities providing CEmONC • x facilities with the IMNCI strategy implemented • x facilities provide ANC • x health facilities provide PNC • x health facilities	• 112 private and public facilities contracted • 4 BEmONC facilities per 500,000 • 1 CEmONC facility per 500,000 • 370 health care facilities have the IMNCI strategy in place • 370 facilities provide ANC • 370 facilities provide PNC • 112 facilities provide SBA services at delivery • 370 facilities provide family planning	• Decrease in Maternal mortality rate from 340 to 200 per 100,000 live births. • Decrease in Under five child mortality rate from 103 to 65 per 1,000 live births • Decrease in Infant Mortality Rate from 77 to 65 per 1,000 live births. • Decrease in Neonatal Mortality rate from 54 to 36 per 1,000 live births. • Decrease in Proportion of Low Birth Weight Incidence from 25% to 15%. (infants who weigh less than 2500 grams) • Decrease in Proportion of children under five

			provide SBA services at delivery • x health facilities provide family planning		underweight for age * from 49% to 25% and from 17% to 9% (Proportion of under-fives who fall below minus 2 and below minus 3 standard deviations from median weight-for-age of WHO reference population). • Decrease in Proportion of children under five from 33% to 5% who had diarrhea during past two weeks. • Decrease in Prevalence of Acute Respiratory Infection from 48% to 5% (Percentage of children under five with Acute Respiratory Infection (ARI) within past 2 weeks) • Decrease in Iron deficiency anaemia among children under five from 40% to 20% (prevalence of iron deficiency anaemia among children under 5 in %) • Increase in the Household use of iodized salt (%) from 17% to 90%.
2.	Technical assistance	Improved governance and results based management	• Zero districts with performance based agreements • Zero staff trained in project management, planning process, M&E, use of information, logistics management, financial management, decision making etc through professional business schools and government institutions. • Zero district with a PPP coordinator recruited • Zero district management structures Management ISO certified and staff trained on SOPs.	• 10 districts with performance based agreements • 40 staff trained in project management, planning process, M&E, use of information, logistics management, financial management, decision making etc through professional business schools and government institutions. • 10 districts with a PPP coordinator recruited in all districts 10 district management structures ISO certified and staff trained on SOPs.	
3.	Technical assistance & relevant supplies	Operational research conducted to produce knowledge and improve future decision making related to increasing MNCH/FP coverage and self care	No Studies	Following operational research studies conducted: • Developing & Testing Models of Public Private Partnerships • Implementing incentive/voucher schemes for increasing demand and uptake of key MNCH services • Reduction of Maternal Anaemia and Low birth weight • Use of misoprostol for prevention and management of Post Partum Haemorrhage	
4.	Support to NGOs and	Strengthened community based	Weak community based services in the	• All communities (villages) have a	

	outreach services	and outreach MNCH/FP services	districts	strong Community based MNCH programme • All LHW/CHW trained in newborn care and counseling infant and young child.	
5.	Support to NP for FP and PHC, EPI, Nutrition MNCH, & Population Welfare Programme	Strengthened community based and outreach MNCH/FP services	Weak out reach & campaigns	• 10 Mother & Child weeks completed • Registration of all children under five • Catch-up immunization of all chilren (0-23 months) • ANC & FP outreach services to 80% of areas that are not covered by static facilities • All Childen dewormed (2-5 years) • All children(6 months to 5 years) givenVitamin A supplementation • Distribution of ITNs o all pregnant mothers in malaria endemic districts, • Clean Delivery Kits to all pregnant mothers • Trainings of all facility staff • 60 Health education sessions provided by LHW and CHW.	
6.	Technical assistance	Voucher/incentive schemes implemented to increase demand and service utilization	• No voucher system in place today	• 15% of UCs in 10 districts with Voucher scheme in place • 35% of pregnant women using the VS/Incentive schemes in targetted UCs	
7.	Support to lady health workers and NGOs	Community networks for MNCH/FP advocacy and mobilization established	• No. of quality community networks available	• Functional community networks estabalished in atleast 80% of the villages	
8	1.Support to national MNCH Cell for	Behavior Change Communication and awareness programme	• No quality mass media campaigns exist currently	• 5 yearly quality acceptable and effective mass media and community	

	implementing BCC strategy 2.Technical assistance 3. Development & dissemination of materials 4. Research	implemented.		campaigns conducted	

Achievements:

The key activities completed till 31st December, 2009 are outlined below:

Outcome 1: MNCH/FP care coverage
Output 1.1 Integrated Maternal Newborn Child Health/Family Planning care made available through contracting (including public private partnerships)

Progress:

Output 1.1 Integrated MNCH/FP care made available through contracting (incl. public private partnerships)

Contracting In for improving Public health services (WHO Lead)	Contracting Out /Public – private partnerships (UNFPA & UNICEF)
• Essential health services package prepared • Needs assessment of Public Health facilities completed and district dissemination meetings held • Supplies for ENC and infection prevention procured; training materials printed and TOT held for ENC (UNICEF) • 112 health care providers trained on infection prevention and 200 on IYCF (UNICEF) • 236 FLCF staff trained in IMNCI & more than 100 health facilities are providing IMNCI services • 109 WMOs from 56 Health facilities of 10 districts trained in EmONC	•Stakeholder Meeting held (UNICEF & UNFPA) • Recommendations developed and circulated • "Technical Advisory Committee notified" • Meetings initiated for development of contracting out strategies • Working paper and ToRs (bidding documents) prepared •QOC protocols preparation for EmONC/FP/RH initiated (UNFPA) • Contract awarded to PHDC for accreditation of health facilities (UNFPA) • 4 districts selected for initiation (Larkana & Benazirabad in first 6 months and Ghotki and Shikarpur in second 6 months)

Contracting Out Basic Package of Maternal Newborn Child Health services:

NPPI focuses on improving coverage of Maternal Newborn Child Health interventions through public health sector but acknowledge that these services are patchy, inadequate (staff or facilities missing) and will take some time to come at the level of optimal performance. There is a provision for mapping out areas where this basic package of Maternal Newborn Child Health services is missing and contracting out service delivery through NGO sector/private facilities without creating duplication with the functional public sector. Over a period of five years the NPPI money for contracting out diminishes and the money for public sector increases.

Contracting-out means awarding public sector/donor funded contract (s) for delivering defined set of heath services for a population in a defined geographical area to private or non-state entities, agencies or

individuals having adequate capacity and commitment to deliver. The process gives management control/accountability for results and authority to use resources to the private entity/contractor.

A meeting of UN- MNCH partners was held at Pearl continental Hotel, Karachi on 25th and 26th August to provide an orientation about the concept to key stakeholders including NGOs, professional societies and Executive District Officers (Health). The key outcome indicators were finalized, the possible districts with potential private sector were identified and Sindh Department of Health was requested to form a task group to advise on key issues relating to contracting out and in and for implementing vouchers scheme and other operational researches. (Notification issued , see Annex.1)

The key issue raised by participants was whether contracting out means diverting public money to private sector. It was clarified that the purpose is to meet targets of the public health system and Maternal Newborn Child Health program; payments will be linked with **results** and will not be the **grants to Non-Government Organizations.** The contracts will be awarded on competitive bidding by the contracts management unit to be housed in Department of Health for sustainability and United Nations will support implementation. This will provide the Department of Health, an experience to use alternative financing mechanism for achieving their outputs. The same approach of paying for performance can be applied for public sector.

Government of Sindh has notified the Technical Advisory Committee (see annex- 1). Pre-proposals have been developed by Provincial Health Development Centre on Accreditation and Contracting Out.

Selection of districts to initiate contracting out has been done. UNICEF and UNFPA are responsible for implementing the "contracting out" mechanism. Bidding documents are being finalized in this regard.

Contracting in and strengthening the public sector

Contracting-in means buying services of a contractor to provide management support to public sector facility. For example,

- Contractors provide management support (maintenance, logistics, information technology, etc) to public health staff, have no authority to hire & fire government staff
- Recurrent operating costs are provided by govt. through govt. channel

Any option may be explored to enhance efficiency, swiftness (expediency) or capacity according to the emerging programme needs.

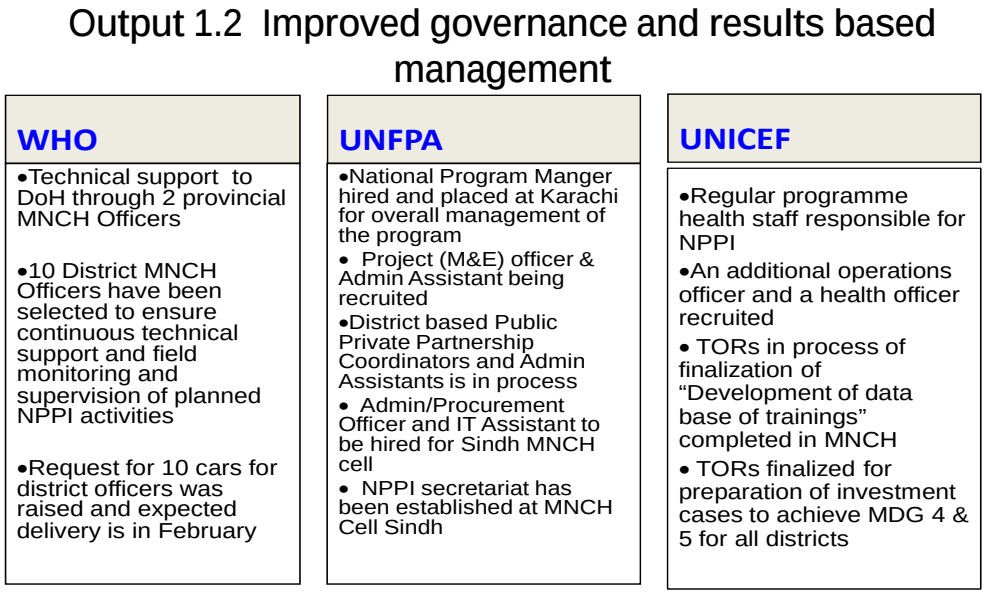
In view of the findings of the NPPI baselines, the key areas for possible contracting in support are hiring of essential human resource. This has been discussed with Department of Health that filling in of existing vacant positions is responsibility of the government. Additional staff or honoraria for remote district posting can be provided through NPPI whereby UN facilitates recruitment while Department of Health signs the contractual agreement for the sake of institutionalization and stability of such a need based mechanism.

The capacity building support to the public sector has been provided in the following areas:

- Support provided for planning, needs assessment, procurement of equipment, for Essential Newborn Care to 5 District Head Quarter Hospitals, 30 Taluka Head Quarter hospitals by up-gradation

- Planned and implemented Infant and Young Child Feeding (IYCF) trainings for health care providers of in 10 districts. Trainings completed in 10 districts; 200 health care providers trained on IYCF and implementing IYCF practices. Follow up is being completed in 4 districts.
- Training of staff on infection prevention held from 5 District Head Quarter Hospitals, 25 Taluka Head Quarter Hospitals and Rural Health Centres and developed monitoring mechanism for implementation of Infection prevention training. 6 trainings completed in Badin and Jamshoro with 120 health care providers trained. Plan for remaining districts has been developed and underway
- Training of Community Midwives, Lady Health Workers, Community Health Workers on Community based newborn care and improving quality of health education sessions First Phase of Training of Trainers was held from 8-10 October at Dow University of Health Sciences, attended by 20 participants from 10 districts.

Output 1.2: Improve governance and result based management



Progress:

- Planned Support to establish database for 5 Maternal, Newborn, Child Health training categories. Terms of Reference are under approval for developing software and consultancy to begin December 2009.
- Training of Sindh Maternal Newborn Child Health staff on software is planned for Jan. 2010
- Provided technical support to Sindh Maternal Newborn Child Health Cell and National Program for Primary Health Care and Family Planning at provincial and district levels through developing skills in good governance and Monitoring and Evaluation activities. Terms of Reference are under approval for developing standards and indicators on good governess and monitoring; consultancy is scheduled to begin in December 2009
- Trainings on strengthening management skills are planned for March 2010.

Output 1.3: Operational and evaluation research conducted to produce knowledge and improved future decision making related to increasing MNCH coverage and improving self care

Progress:
The operatioal and evaluation research is linked to implementation of "contracting out", "voucher scheme", low birth weight prevention and management etc. and initial bidding documents are under preparation.

Outcome 2: MNCH/FP self care and care seeking behaviour
Output 2.1 Strengthened community based & Outreach Maternal Newborn Child Health /Family Planning Care services
Community mobilization to strengthen community groups at village level (village health committees, women's health committee, women groups, community leaders, faith leaders) has been initiated for Lady Health Worker's catchments areas.

Trainings and supplies (clean delivery kits and communication materials) have been provided to Lady Health Workers and Community Health Volunteers from Rural Support Program Network for 90 Union Councils in 10 target districts. "Training of trainers" have been completed. Health Education Sessions on safe motherhood, distribution of clean delivery kits and hygiene and sanitations are on-going.

Mother and Child Week

Mother and Child week for November, 2009 was planned and conducted. All the trainings and supply procurement was completed in time. In NPPI districts a total of 798,386 children of 0-2 years were targeted for immunization, 1,451,611 children (2-5 years) for de-worming and 2,540,320 mothers and 411,290 pregnant mothers for counseling on ante-natal care, safe delivery and newborn and child care. (See human interest stories on annex. 2)

More than 21,000 Lady health workers and 831 Lady health Supervisors have been trained on the registration of children under-five and pregnant women; holding counseling sessions and de-worming.
(Pl. see annex 1 as human interest story).

Output 2.1 Strengthened community based & Outreach MNCH/FP Care services

All Lady Health Workers in 10 districts trained on Expanded Programme of Immunization and use of Zinc in management of Diarrhoea

Linkages of LHWs, TBAs, SBAs with private sector (proposal developed)

Training of Trainers for Community Based Essential Newborn Care held. Training materials adapted in Sindhi language

NGOs/CBOs:

–Community services through 6,700 male and female volunteers in partnership with RSPN

– BDN is working for Mobilization and organization of communities to improve their care seeking behaviour and ensuring MNCH services in 4 out of 10 districts.

Mother & Child Week celebrated in April and November targeting around 2 million children, their mothers and half a million pregnant women.

Key activities included:

- Immunization of children under 2 year of age
- De-worming of children under 2-5 year of age
- Vaccination of Pregnant Women against Tetanus
- Enhancing community/ Mothers' awareness about best MNCH practices
- Health Awareness Corners at every health facility
- Health fairs, Puppet shows, magic shows, musical shows & street theatres

Output 2.2 Voucher/incentive schemes implemented to increase demand and service utilization

a. Implementation of voucher scheme

The aim of the NPPI project is to provide catalytic support towards the implementation of provincial and district plans to improve the maternal newborn, and child health (Maternal Newborn Child Health) of poor and socially excluded people in ten districts of Sindh by improving demand and access to services. The initiative includes operational research for contracting out basic package of Maternal Newborn Child Health services in areas of poor public health infrastructure and voucher/ incentive schemes to address financial barriers for the poor. As stated in Output 1.1, a two day orientation meeting of all stakeholders on 25th and 26th August was conducted with the following objectives:

1. To develop a common understanding of the concepts of contracting and vouchers
2. To learn from in-country & global experiences
3. To do a preliminary exercise of designing vouchers and contracting mechanisms to inform the design process
4. To develop a work plan with time line and responsibilities for

    - Operations research on Voucher scheme
    - Operations research on Contracting Out
    - Identify communication and advocacy/education material needs of these interventions
    - Institutional mechanism/unit of voucher and contracting within Government of Sindh

In line of recommendations of the meeting, the concept note and indicators for vouchers has been revised. The district selection criteria for initiating vouchers scheme was developed on the basis of district poverty

rank, presence of private sector hospitals, presence of specialists in public sector hospitals, Lady Health Workers per 10,000 population and proximity to Karachi for ease of surveillance and support required in the beginning. Badin emerges as a most likely option with medium poverty ranking & presence of private sector and high presence of specialists in public sector and Lady Health Worker concentration. A district meeting in this regard is being planned in Badin to discuss and finalize in consultation with public and private facilities involved, representatives from community, Lady Health Workers and NGOs.

B. Advocacy sessions / meetings with Politicians, Parliamentarians and Development partners

- Orientation meetings with departments of Health, Planning & Development, Finance and Population Welfare are ongoing
- Advocacy folder developed containing NPPI fact sheets, What can we do: health providers, Non-Governmental Organizations/Community Based Organizations, Mosque Imams, religious leaders & teachers
- District based orientation workshops were held in 10 districts

C. Advocacy to build an investment case for Achieving Millennium Development Goals 4 & 5

It is planned that Marginal Budgeting for Bottlenecks tool is used for developing district based analysis and financing for 10 NPPI districts. Stakeholders from Sindh were given orientation by participation in the exercise being conducted for Punjab province. The Terms of Reference for data entry have been drafted in this regard.

Output 2.3 Community networks for MNCH/Family Planning advocacy and mobilization established & Behaviour change communication and awareness raising programme implemented

Progress:

- Development, production and dissemination of materials to improve care seeking behaviors, community awareness and public knowledge about key Maternal Newborn Child Health issues, danger signs and best practices in process.
- Technical Assistance to Maternal Newborn Child Health Behaviour Change Communication unit to implement Behaviour Change Communication strategy & action plan is being formalized.
- Support to carry out formative research on health seeking behaviors, cultural practices and knowledge of pre/during pregnancy and postpartum

V. Future Work Plan Please see Annex -2 NPPI work plan 2010

Abbreviations and Acronyms

ANC	Ante-Natal Care
BEmONC	Basic Emergency Obstetric and Newborn Care
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHW	Community Health Worker
DHIS	District Health Information System
ENC	Essential Newborn Care
HMIS	Health Management & Information System
IMNCI	Integrated Management of Newborn & Childhood Illnesses
ITN	Insecticide Treated Nets
IYCF	Infant and Young Child Feeding
LHW	Lady Health Worker
LHW-MIS	Lady Health Workers' Management Information System
M&E	Monitoring and Evaluation
MNCH	Maternal , Newborn and Child Health
MNCH/FP	Maternal , Newborn and Child Health/Family Planning
NGOs	Non-Governmental Organizations
NPPI	Norway Pakistan Partnership Initiative
PHDC	Provincial Health Development Centre
SBAs	Skilled Birth Attendants
SOPs	Standard Operating Procedures
TORs	Terms of Reference
TOT	Training of Trainers
UC	Union Council
WMOs	Women Medical Officers

Annex-1

A newborn in a remote rural village in Pakistan receives lifesaving vaccines during Mother and Child Health Week.
All photos © UNICEF/Pakistan/Paradela 2009

Mother and Child Health Week reaches children without access to basic health services in Pakistan

UMERKOT, Pakistan, November 2009 – Sidori Churon follows with close attention the drawings of a chart while her four-month-old baby Isar sleeps on her lap. She is here to attend a health session to alert mothers like her about the signs of pneumonia in small children. The illness is one of the main causes of death of children under five in Pakistan.

Sidori is one of over 250,000 people, a quarter of the population of Umerkot District in Sindh Province, who do not have access to a primary health care clinic or a Lady Health Worker. This information session, held in her tiny village of the minority hindu population, is the first time she has had the opportunity to learn about modern care practices for children, and she listens carefully.

To address the lack of access to basic health services of mothers like Sidori, UNICEF supports the government's Mother and Child Health Weeks, which enable the delivery of a package of high-impact, low-cost child survival interventions. During the initiative, children, especially in rural areas, receive immunizations and deworming medicines. Mothers are counseled on household practices like breast-feeding and basic hygiene, and on how to identify and treat pneumonia and diarrhoea, which could potentially prevent thousands of deaths.

Mothers like Sidori (right), follow with attention the health session about pneumonia, a major killer of children under five in Pakistan.

For Sidori the initiative brings to her doorstep the first doses of BCG, pentavalent and polio vaccine for her only living child and the first dose of tetanus for herself. This young mother of about sixteen years of age has already gone through four pregnancies: two ended in miscarriage and one baby died seven days after birth. In rural areas of Sindh Province, in Pakistan's south east, where Sidori lives, 51 per cent of girls are married before they are eighteen and a quarter before sixteen. Newborns are not registered at birth and women and girls do not know their age.

Due to the lack of women health workers in the district, one of Sidori's neighbours is running the health session. Dahi Bheel has been trained by one of UNICEF's implementing partners as a community resource worker. While Dahi never had the chance to go to school, she agreed to participate in the initiative "to improve the women and children's health since there is no health facility in this area," she says emphatically.

As with many mothers living in this semi-desert zone near the Indian border, Dahi has seen countless children suffering from illnesses such as diarrhoea and pneumonia. Water is scarce and villagers store rainwater for drinking. The nearest health facility is more than forty kilometres away and no public transport is available. But little by little, Dahi has seen Mother and Child Weeks starting to have an impact: "Now many women know about diarrhoea, pneumonia and the importance of handwashing. And it is making a difference in the health of the children."

Dahi Bheel shows mothers in her village how to recognise the symptoms of pneumonia and how to look for medical assistance.

About 12 children out of 100 die in Umerkot before the age of five, a much higher rate than in urban areas of the province. A majority of the deaths occur in the first four weeks. Pakistan has the eighth highest neonatal mortality in the world. The high rate is attributable to lack of access to health services and its poor quality when available.

"Pneumonia is a seasonal calamity, taking the lives of 52,000 Pakistani children every year," says Martin Mogwanja, the UNICEF Country Representative for Pakistan. "If mothers know how to prevent pneumonia and care for ill children, then we could save many of these lives."

About 15 million children under five years of age and 3.4 million pregnant women are the target of this Mother and Child Week, an initiative of the Ministry of Health with the support of UNICEF and other partners. During the first week of November, 90,000 Lady Health Workers and 3,500 supervisors held health sessions for families, especially mothers, in 134 districts on how to protect their children from pneumonia and other health threats in the coming winter.

"We have seen through our work in other countries like Ghana, as well as in Pakistan, that we can save thousands of lives and improve the health of millions at very low cost through Mother and Child Weeks," says Mr Mogwanja. "By working together, the government, Pakistan's health workers, development agencies and families can use and strengthen our existing infrastructure to make sure that every family can protect its children from pneumonia and other potentially deadly diseases."

ENDS

Annex 2

Sub Activities	Tasks	Indicators	Q1	Q2	Q3	Q4
Output 1.1 Integrated MNCH/FP care made available through contracting (incl. public private partnerships)			**$ 1,187,151 (UNICEF) $ 2,332,570 (WHO) $ 1,187,151 (UNFPA)**			
Activity. Improved MNCH service provision by contracting in & out services to not for profit & private sectors						
1. Consolidate in two districts and initiate in three additional districts the contracting agreement models (along with terms and conditions for contracting and attracting private sector for provision of services or package of services).	Consolidation of Contracting out in each district/all talukas in two district and initiated in three additional districts.	1. Consultative process with stake holders 2. List of indicators and service package developed. 3.Contracting/bidding document developed.		X	X	
2. Identify and initiate negotiations with private service providers, carry out their need assessment.		1. Number of private service providers identified. 2. Number of private service providers assessed.		X	X	
3. Contracting out services to ensure provision of quality MNCH/FP/RH services including TA on contracting – initial process (setting up modalities, ToRs etc		1. TA provided as planned		X	X	
Implementation and followup of training for each districts with DIPs (ENC, IMNCI, IYCF, IP)	District based trainings (IP, community-based ENC & LHWs training on safe delivery)	1. Number of training package developed. 2. Number of district based trainings held.	X	X	X	X
	Monitoring and strengthening reporting system-district wise	1. Number of disctricts with reporting system established. 2. Number of monthly monitoring reports generated	X	X	X	X
	Additional human resource support linked with WHO trainings on Emergency Newborn	1. Human resource provided as per need.	X	X	X	X

	Care					
	Training CMWs, LHWs and CHWs/NGOs for Community based new born care and PNC	1. Number of trainings completed as planned.	X	X	X	X
	Supplies and distribution of clean delivery kits	1. Number of clean delivery kits provided.	X	X	X	X
Development of a costed package of MNCH services & criteria for contracting in and contracting out with SOPs and quality assurance mechanism	Implementation of Performance based agreement in ten districts	# of Performance based agreements and MoUs	X	X	X	X
10 DHQ hospitals have staff trained on Emergency newborn care (Planning meetings, TOT, trainings, supervision) and establishment of neonatal units	1) 08 workshops for HCPs of DHQ and THQs hospitals (2) Support DHQs in institutionalization of Emergency newborn practices	# of ENC WS conducted # of HCP trained in ENC # of DHQs observing ENC protocols	X	X	X	X
10 DHQ Hospitals strengthened for Comprehensive Emergency Obstetric Care (infrastructure, supplies, staffing, trainings, monitoring & supervisions, ambulances)	1) training of master trainers for EmONC. 2)Training of Health Care Providers 3) Printing of materials	# of TOTs conducted # of HCP trained in EmONC # of DHQ Hosp[itals providing CEmONC	X	X	X	X
73 public health facilities (THQs and RHCs) have staff trained on Essential newborn care & post-natal care	1) 2 Orientation and planning workshops on Essential Newborn Care.2) 2 ToTs workshops. 3) 35 Training workshops for heath care providers of DHQ/THQ, Hospitals/RHCs.4) Printing of training material.	# of ENC WS conducted # of HCP trained in ENC # of THQs & RHCs observing ENC protocols	X	X	X	X
73 health facilities (THQ Hospitals and RHCs) strengthened for Basic Emergency Obstetric Care (infrastructure, supplies, staffing,	1) Orientation and planning workshop for EmONC 2) TOT workshops 3)Training workshops of Health Care Providers 4) Printing	# of ENC WS conducted # of HCP trained in ENC # of THQs & RHCs observing ENC protocols	X	X	X	X

training, monitoring & supervision, ambulances)	of materials					
73 health facilities (THQ Hospitals and RHCs) strengthened for Basic Emergency Obstetric Care (infrastructure, supplies, staffing, training, monitoring & supervision, ambulances)	1) Orientation and planning workshop for EmONC 2) TOT workshops 3)Training workshops of Health Care Providers 4) Printing of materials	# of EmONC workshops conducted #of HCP trained # THQ hospitals /RHCs providing Basic Emergency Obstetric & Newborn Care	X	X	X	X
Twining of DHQ Hospitals with Tertiary hospitals for Comprehensive Emergency Obstetric & Newborn Care	Rotation of Post graduate trainees of Obstetrics and Anesthesia Refferal linkages	# of DHQ Hospitals receiving Pgtrainees from tertiary hospitals # of DHQ Hospitals having referral links with tertiary hospitals	X	X	X	
10+ 73 public health facilities strengthened for provision of IMNCI services (facilitators training, district planning meetings, equipment, medicines, follow up)	1) Orientation and planning workshops on IMNCI. 2) eleven days courses for HCPs and supervisors. 3) five days facilitator skills courses. 4) Three days follow up after training courses.5)Provide IMCI equipment to implementing facilities.6) Printing 7) Support DHQs in institutionalization of IMNCI/well baby clinics practices	# of Orientation Planning WS conducted # of HCPs trained in IMNCI # of faciliators curses conducted Proportion of Health facilities onserving IMNCI Protocols	X	X	X	X
5. Support to monitoring and evaluation activities including SAAVY, DHIS, Management monitoring, maternal death notification, integration of data with EPI, LHW-MIS etc.	1: Strengthen and support provincial and district epidemiologist and monotring and evaluation offices in implementing DHIS (hardware and software) 2: Printing of DHIS tools 3: training of staff in DHIS tools 4: Maternal and child death notification and audit in non LHW covered area. 5:	Proportion of health facilities in each district reporting on DHIS tools	X	X	X	X

	Implementation of use of information. 6: Ensure data entry oprators in DHIS Cells. 7: To support districts in adopting monitring and evaluation framwork. 8: Strengthen a regular vital stratics (birth registation and death notification both in public and private). 9: Facility base clinical audit. 10: Promot birth and death registration in collobration with NADRA. 11: To functully integrate the information system of EPI, LHWs-MIS and DHIS at districts level.					
1. Contracting out services to private sector ensuring provision of quality MNCH/FP/RH services at additional 3 districts	1. Identification of private sector providers at newly added districts 2. Negotiations with service providers 3. Asses capacity building needs of care providers and build their capacity as per assessed needs 4.Provision of services to the community	1.Private sector identified at added districts and MoU signed 2.Capacity of care providers assessed and training courses conducted	X	X	X	X
2. Continue with contracted out services in year 1	1. Regular monitoring & supervision 2. Reviewing quality of care at service points 3. Data collection and analysis		X	X	X	X
3. Accreditation of health facilities providing comprehensive & basic EMONC services	1. Listing of facilities 2. Asses facilities through accreditation body against standard protocols 3. provide support through capacity building measures at those health facilities which can not qualify for accreditation	health facilities assessed and accredited as per SOPs-Supportive measures taken taken to improve the situation at those health facilities which can not qualify for accreditation	X	X	X	X

Output 1.2 Improved governance and results based management			**$ 139,664 (UNICEF) $ 945,000 (WHO) $ 139,664 (UNFPA)**			
Activity . Improving governance in 10 districts						
Support to establish database for 5 MNCH trainings categories	Update and maintain database software	1. Database developed 2. Number of staff trainned	X			
	Training of staff on data base	1. Staff trained on database		X	X	
Provide technical support to MNCH at provincial and district levels through developing skills in good governance and M&E activities	Trainings on good governances and M&E activities	1. Number of staff trainned at provincial level 2. Number of staff trainned at district level.		X	X	
Provide technical support to NP for FP and PHC through capacity building in M&E	Institutionalize standards and indicators on good governances and M&E	1. standards and indicators developed. 2. Standards and indicators institutionalized through training and reporting		X	X	
Provide Technical support by WHO at Federal, Provincial and district levels to assist in implementing MNCH Program in different fields (M&E, Provincial officers, …) & strengthen provincial/district offices	1: NPOs and admin staff for NPPIs at country office 2: support of Programme Officers, secretarial staff, Admin & finance staff at provincial level 3: support district program officers, secretarial staff, Admin & finance assistants in NPPI districts 4: Support National, Provincial and District NPPI cells in WHO 5: Operational costs for these offices.	# of operational District offices	X	X	X	X
Ensuring availability of HR data base for MNCH	1) Development and implementation of human resourse strategy for the MNCH in Sindh.2) Sharing of strategy with all the	MNCH Human resource strategy and plan available in Sindh			X	X

	stakeholders. 5) Devlelope a long term human resourse plan for the province					
Training of district/programme managers and relevant staff (40 in numbers, 4 from each districts) on Planning and management	1) Training of district and provincial health managers at PHDC in collboration of HSA, LUMS or AKU.	# of provincial and district health managers trained			X	X
Strengthening Supportive supervision	1) Development of Monitoring and supervisory tools for the all levels.2) Training of supervisors on monitoring and supervision. 3) Use of evidence in decision making for planning and management. 4) Printing of Monitoring and supervisory tools. 5) Provision of 12 vechiles (Double cabins) for provincial and districts operations. 6)Provision of 12 drivers. 7)Operational and mantinance cost of the vechales.	# of monitoring and supervisory reports available	X	X	X	X
Support to implementation of DHIS in target districts	1: Institutionalize and strengthen DHIS Cells at the provincial and district levels (computers, printers, software, networking, capacity building of staff). 2) Review meetings based on information generated through DHIS. 3)Quarterly and annual report generation. 4) training of managers of health care institutions on use of informations	# of quarterly and annaul DHIS reports # of health managers trained on Use of infromation	X	X	X	X

1. Provide Technical support at Federal, Provincial and district levels to assist in implementing MNCH Program and NPPI in various disciplines	1. Provision of IT/admin support to provincial MNCH cell through hiring of IT/admin assistant	Admin/IT person placed at MNCH Sindh	X	X	X	X
	2. Provide support to the districts in establishing district MNCH cells at 10 districts through hiring of public private partnership (PPP) coordinators along with admin assistants	PPP coordinator placed at 10 districts	X	X	X	X
	3. Arrange district based workshops in 10 districts for developing target oriented district specific health plans focusing MNCH/FP services	District specific plans prepared and implemented		X	X	X
2. ISO certification of management structures at 10 districts	1. Develop management protocols/SOPs through consultancy	Management protocols prepared		X		
	2. Asses management structures at 10 districts as per standard protocols	Management structures assessed and certified at 10 districts			X	X
Output 1.3 Operational Research conducted to produce knowledge and improve future decision making related to increasing MNCH/FP coverage and self care			**$ 279,330 (UNICEF) $ 1428,571 (WHO) $ 139,665 (UNFPA)**			
Support to carryout operations research on Reduction/prevention of low birth weight and maternal anemia in NPPI districts"	Operations research studies	1. OR completed. 2. Results diseminated		X		
Support to carry out OR on "Developing & Testing Models of Public Private Partnerships" for contracting out MNCH services					X	
Support to carry out OR on "Implementing incentive/voucher schemes for			X			

increasing demand and uptake of key MNCH services"						
1. Sponsoring Innovative research proposals & other planned OR studies	1) Strengthen provincial research cell (HSR Unit at PHDC) for NPPI operation research. 2) Enhance capacity of district to conduct operation research.3) Support academic institutions in conducting operation research.4) Strengthen collaboration between academic institutions and district health management.	# of research proposals developed by academic institute			X	X
2. Consolidate and expand BDN activities in 10 districts	1) Desk review of BDN best practices in Sindh 2) dissemnate best practices 3)hiring of BDN coordinator 4:Up-scaling BDN best practices in one pilot districts.	Availability of BDN best practices document Pilot test report of BDN district	X	X	X	X
3. Operations research on community based Management of LBW	1: Develop an intervention packge for the management of Anaemia and LBW in forth target districts. 2: Develop implementation modalities for the intervention packge. 3: Documatation of operation research. 4:Sharing of findings with the stake holders.5: Support to Public sector medical universities in conducting Operation Research on community management of maternal anaemia and LBW babies invloving LHW/CMW	Research report on community based management of LBW babies			X	X

1. Initiate operations research on reduction of Maternal Mortality and TFR	1. Implementation of the research through consultancy firm in the field at Jamshoro district 2. Monitoring & supervision of the field activities	Consultancy awarded and OR initiated	X	X	X	X
2. Initiate operations research on incentives/ CCTs	1. Implementation of the research through consultancy firm in the field at Ghotki district 2. Monitoring & supervision of field activities	Consultancy awarded and OR initiated	X	X	X	X
Output 2.1 Strengthened community based & Outreach MNCH/FP Care services						
Activity 1.Community based Intervention			**$ 69,832 (UNICEF) 69,832 (UNFPA)**			
Community mobilization to strengthen community groups at village level (village health committees, women's health committee, women groups, community leaders, faith leaders)	Strengthen community groups in LHW uncovered areas	1. IP identified and mapping excersice completed.	X	X	X	X
	Regular meetings of community groups and development of action plans at community level including checklist to monitor community groups-RSPN) uncovered areas (RSPNs-PCA)	1. Number of community action plans developed	X	X	X	X
1. Provide support to newly trained community midwives and support in establishing their practices in the field	1. Asses needs for establishing birthing stations/clinics 2. provision of support to the newly trained CMWs in establishing their clinics 3. Arrange refresher courses for CMWs 4. Establish CMW linkages with public & private sector	Need assessment completed for deployment of CMWs CMWs supported as per assessed needs Functional referral linkages of CMWs established with public and private sector	X	X	X	X
1. Refresher trainings of LHWs on IMNCI & PNC	1: Adaptation/translation of LHW/LHS manuals in Sindhi &	# of LHWs attaended refresher training on community IMNCI	X	X	X	X

	Urdu 2) support in hiring of ADC (with qualification of LHV only) in one pilot BDN district. 3:Organizing refresher training of LHWs on community IMNCI and counseling on infant and young child feeding.					
1. Continue with use of FM radio for advocacy and communication	1. Airing of messages through FM radio and radio Pakistan stations located at or near by NPPI districts	BCC messages aired through FM/other radio stations	X	X	X	X
Activity 2. Support to Mother and Child week UNICEF						
Provision of routine immunization to 0-2 years children in 10+1 districts	Planning meetings Continue PCA with RSPN in LHW non-cover areas MCW celeberation			X		X
Provision of TT vaccine to 15-49 years women, especially pregnant women in 10 districts				X		X
Provision of deworming tablets to children (2-5 years) in 10+1 districts				X		X
Health education sessions, social mobilization activities and mass media campaign to create awareness on safe delivery, immunization, EBF & CF, recognitions of danger signs of diarrhea / pneumonia and basic principal of hygiene & sanitation				X		X
Output 2.2 Voucher/incentive schemes implemented to increase demand and service utilization			**$ 279,330**			
Activity. Implementation of voucher/ incentive(P4P) scheme 10 districts						

Implementation of voucher scheme	Contracting out implementation of P4P	1.Voucher scheme developed 2 . Number of areas where Voucher scheme implemented.	X	X	X	X
Setting up criteria and strategy to reimburse of travel cost to improve referral & transportation for complicated cases	SSA/LTA with firm	1.critera and strategy developed	X	X	X	X
	Implementation & documentation		X	X	X	X
1. Initiate voucher scheme at 3 additional districts	1. Orientation workshops on voucher schemes at newly added districts 2. Identification of geographical areas in new districts 3. Orientation to LHWs and community volunteers on vouchers and their distribution mechanism 4. Distribution of vouchers 5. Implementation of voucher scheme in the field 6. Monitoring & supervision	Workshops held and report prepared Areas identified and documented Orientation sessions held Vouchers distributed	X	X	X	X
Output 2.3 Community networks for advocacy/Social mobilization/BCC and awareness						
Activity 1. Advocacy and Communication			**$ 46,089 (UNICEF) $ 92,000+ 47,486 (WHO) $ 46,089+46089 (UNFPA)**			
Advocacy sessions / meetings with Politicians, Parliamentarians and Development partners	Printing and distribution of advocacy material	1.Number of Advocacy sessions held 2.Advocacy material printed and distributed	X			
district level program launches	Conduct quarterly reviews	1.Number of Launches held in five districts 2.Number of quarterly reviews held	X	X	X	X

1.Inter-country study tours and exchange visits	1: Organizing inter-district visits of different level of care providers. 2: Organizing inter-country study tour in the region. 3: Advocacy seminar with political leaders palimentarian descion makers and religious leaders.	Interdistrict visit report avaiable # of partcipants for Intercountry study visits			X	X
2. Develop Adolescent Health integrated policies and guidelines and incorporate them in the health system & relevant sectors	1. Hiring TA 2. Stakeholder meetings 3. Dissemination of policy/guidelines	Policy and guidelines on Adolescent health incoportaed in health sector plan	X	X	X	X
3. Update national policies, strategies and legislations to meet global RH standards (IMPAC)	1) Support in institutionalization of AMSTL and Partograph	Proportion of Public health facilities using AMSTL and partograph			X	
1. Establish civil society organization networks at district and sub-district level for advocacy on maternal health	1. listing of civil society organizations (CSOs) at district & sub-district level 2. Orientation workshops for CSOs 3. Signing of MoUs with CSOs 4. Advocacy seminars arranged at district and sub-district level through CSOs	inventory of civil society prepared CSOs oriented with project objectives and activities Advocacy events arranged and conducted	X	X	X	X
Activity 2. Behavior Change Communication			**$ 349,162**			
Production and dissemination of materials to improve care seeking behaviors, community awareness and public knowledge about key MNHC issues, danger signs and best practices	action plan at provincial and district levels	1.Number of districts with action plans in place as per BCC strategy.		X		

T/A to MNCH BCC unit to implement BCC strategy & action plan	mass media campaigns	MNCH BCC Strategy and plan developed and implemented	X	X	X	X
Organize and implement mass media campaigns	airing of campaign	MNCH BCC Strategy and plan developed and implemented	X	X	X	X
	Monitoring of mass media campaign		X	X	X	X
Support to carry out formative research on health seeking behaviors, cultural practices and knowledge of pre/during pregnancy and postpartum	Execution of research	1.Research completed and results disseminated		X		
Project management including programme monitoring and Risk mitigation			**$ 209,497 (UNICEF)** **$ 267,000 (WHO)** **$ 209,497 (UNFPA)**			