



Ministry of Health
Government of Pakistan



World Health
Organization





Contribution Summary

1. Purpose of the Contribution

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 Pakistan. The purpose is to increase provision of and access to MNCH interventions for the poor and socially excluded in Sindh Province, as well as to raise demand and utilization for those services. 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.

2. Results

Background

The Norwegian funds will complement and accelerate Government's efforts in the successful implementation of the national MNCH Programme approved in February 2007 and will integrate with the UN joint programme and GAVI's support to strengthen the Health System as planned. Government has recognised the following priority areas in the national MNCH program:

- Skilled birth attendance, in particular community midwives;
- Community based interventions;
- Emergency Obstetric and Newborn Care
- Integrated Management of Neonatal and Childhood Illnesses & improving nutritional status of mothers and children
- District health systems reforms;
- Public private partnerships;
- Operational research and M&E systems;
- Defining the roles of the federal, provincial and district governments;
- Institutional strengthening of the public sector through improved management and governance.

Activities and Results (in line with the agreement and proposal)

Activity	Results
UNICEF	
Contracting out services to ensure provision of quality MNCH/Family Planning/Reproductive Health services including Technical Assistance on contracting (Joint UNICEF & UNFPA)	<ul style="list-style-type: none"> - Orientation meeting held with all stake holder - Notification for "Technical Advisory Committee" on NPPI issued by SoH for reviewing and approving consultancies / research studies - Series of exploratory meetings initiated with potential partners - Districts identified for contracting out - TORs for developing draft contract management plan developed and discussed with partners - List of indicators finalized - Meeting of Technical Advisory Committee held and outlines discussed - Bidding documents prepared (includes Expression of Interest, TORs for consultants) - Consultancy awarded to AASA - Draft contract management plan developed and under review - Implementation delayed due to flood emergency, planned for 1st Quarter of 2011
Support in planning, needs assessment, procurement of equipment, for ENC to DHQ & THQ hospitals by up-gradation	<ul style="list-style-type: none"> - 30 Essential Newborn Kits procured - 5 supplied to Larkana District - Linked with WHO activity of facility based Essential Newborn Care(ENC) training - 20 sets procurement in process in 2010 (already in pipeline) for remaining districts - Linked with WHO activity of facility based ENC trainings
Plan and implement Infant Young and Child Feeding (IYCF) trainings for health care providers of in 10 districts	<ul style="list-style-type: none"> - 200 HCPs trained on IYCF in all 10 districts and implementing IYCF practices - Follow up of trainings completed
Training of staff on infection prevention(IP) for public sector Health Facilities	<ul style="list-style-type: none"> - 140 Health Care Providers in 3 target districts were trained and are implementing IP practices for the provision of MNCH services - Plan developed for remaining districts for implementation in 2010 & 2011
Community based ENC	<ul style="list-style-type: none"> - 5 masters trainers trained at PIMS, Islamabad - 20 district based trainers trained and are disseminating ENC training to Community Mid Wives (CMWs) in respective districts - ENC module translated in Urdu
Support to establish database for 5 MNCH trainings categories	<ul style="list-style-type: none"> - ToR for developing software developed and approved - Activity stopped at the request of MNCH Sindh for coordination with Islamabad funded consultancy working in this area with national MNCH program

<p>Support to carry out Operational Research on reduction of maternal Anemia and Low Birth Weight(LBW)</p>	<ul style="list-style-type: none"> - Review of short listed proposals completed on June 10, 2010 - Awarding contract pending approval from Country Office - Implementation to follow
<p>Community based Intervention / Community mobilization to strengthen community groups at village level (village health committees, women's health committee, women groups, community leaders, faith leaders)</p>	<ul style="list-style-type: none"> - Training of 5731 Community Resource Persons(CRPs) on birth preparedness & clean delivery completed in Sept/Oct;by RSPN(Rural Support Program Network) - Community sessions on Clean Delivery Kits being conducted by CRP from Nov19- 27 in all 10 districts; - Distribution of Clean Delivery Kits started in target Union Councils(UCs) in February 2010 - CMAM program is ongoing in 34 UCs of Tharparkar and 10 UCs of Umerkot - 15,335 PLWs screened and treated for moderate and severe malnutrition - 28,331 children of 6-59 months children screened and treated for moderate and severe malnutrition -
<p>Implementation of Vouchers Scheme (Joint UNICEF & UNFPA)</p>	<ul style="list-style-type: none"> - Linked with development of CMP for CO & Vouchers scheme - Exploratory meetings with different partners completed - Implementation was planned from October 2010 in 2 districts (Linked with UNFPA activity Badin and Shikarpur) - Decision to reviewed in post flood scenario
<p>Mother and Child Week</p>	<ul style="list-style-type: none"> - Celebrated in May & Oct/Nov. 2009 & 2010 <p><u>2009</u></p> <ul style="list-style-type: none"> - 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 deworming and 2,540,320 mothers and 411,290 pregnant mothers for counselling on ante-natal care, safe delivery and newborn and child care - 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 counselling sessions and deworming. <p><u>2010</u></p> <ul style="list-style-type: none"> - MCW held in target districts – April 5-10 - Children immunization in 10 NPPI districts = 126,979 - Children dewormed in 10 NPPI districts = 778,532 - Pregnant women received TT1 & TT2 = 44,078 - HESs conducted by LHWs = 23,513 - Results for November round are under compilation
<p>Advocacy and Communication</p>	<ul style="list-style-type: none"> - Orientation/ Sensitization workshop to build an investment - Case for MDGs 4,5 held -IC is under process with Aga Khan University

	<ul style="list-style-type: none"> - Orientation meetings with P&D, Dept of Finance, DoPW & DoH ongoing - Advocacy folder developed containing NPPI fact sheets, What can we do: health providers, NGOs/CBOs, Mosque Imams & religious leaders & teachers - District based orientation workshops were held in 10 districts
Behavior Change Communication	<ul style="list-style-type: none"> - Development, production and dissemination of materials to improve care seeking behaviours, community awareness and public knowledge about key MNHC issues, danger signs and best practices in process. - Technical Assistance to MNCH BCC unit to implement BCC strategy & action plan is being formalized. - Communication mapping started. - Partnership with RSPN in 2009 in 89 UCs of 10 NPPI districts - Mega project in Sindh covering 180,000 households in 89 Union Councils of 10 districts has been launched for community mobilization in non-LHW covered areas. - Community Resource Persons (3,466 women and 3,466 men) each for 500 population delivered health education sessions on key health, nutrition and hygiene messages - Strengthening community linkages with service provision and distribution of commodities e.g. Clean Delivery Kits - Provincial communication group notified- first meeting held on May 17th 2010 - National MNCH Strategy adapted in Communication Workshop of all MNCH partners held on June 7,2010 - Advocacy folder developed containing NPPI fact sheets, What can we do: health providers, NGOs/CBOs, Mosque Imams & religious leaders & teachers
UNFPA	
Review/ Implement QOC for EmONC/FP/RH protocols and services at all (private) facilities	<ul style="list-style-type: none"> - Initial meeting and discussions held with National Committee on Maternal, Newborn & Child Health (NCMNH) for developing quality of care protocols - Proposals received and under review - Meeting with all stakeholders held - Process was stopped because of flood situation in Sindh and will be reinitiated in Nov-Dec 2010
Institutionalization of verbal autopsy at the district level	<ul style="list-style-type: none"> - Initial meetings and discussions held with National Committee on Maternal, Newborn & Child Health (NCMNH) - Proposal received - Meeting of UN agencies & MNCH held to discuss the draft - Meeting with National LHW Program held to discuss and finalize implementation modalities - MoU was expected to be signed with NCMNH in August - Work stopped because of floods and to be initiated again in Nov-Dec, 2010
Accreditation of health facilities providing comprehensive & basic EMONC services (DHQ,THQ)	<ul style="list-style-type: none"> - Provincial Health Development Center (PHDC) submitted proposal in coordination with Liaquat University of Health Sciences Jamshoro, Director General Health Office Sindh and MNCH Sindh - Proposal shared with all UN partners

	<ul style="list-style-type: none"> - MoU signed with PHDC - Field work was to be initiated in August as per timelines - 7 NPPI districts are affected by devastating floods and process halted for the time being
Provide Technical support at Federal, Provincial and district levels to assist in implementing MNCH Program	<ul style="list-style-type: none"> - Project (M&E) officer hired and placed at NPPI office - UNFPA-NPPI office supported through hiring of the Admin Assistant - MNCH Cell Sindh supported through hiring of Admin/Procurement Officer, Admin Assistant; Planning & Training Coordinator - UNFPA NPPI team established its office at MNCH Cell Sindh
Arrange district based workshops in 10 districts for developing target oriented district specific health plans focusing MNCH/FP services	<ul style="list-style-type: none"> - Proposal received from MNCH Sindh for developing MNCH work plans - 4 regional workshops and 1 provincial workshop conducted for developing MNCH specific work plans participated by key persons from department of health at district level - Work plans (2010-2011) prepared and submitted to MNCH Sindh for all 23 districts of Sindh - Workshops were visited by UNICEF headquarter, country office and Sindh office officials, WHO Country office officials and were supervised by UNFPA country office officials
Operations research on reduction of Maternal Mortality and Total Fertility Rate	<ul style="list-style-type: none"> - TORs developed and finalized - geographic focus determined for OR (districts Kambar & Jamshoro) - ToRs shared with all partners(Un agencies and MNCH) - ToRs sent to 6 potential partners for submission of proposal - Proposal accepted from Health service Academy (jointly with Liaquat University of Health sciences Jamshoro) - Signing of MoU was planned for August, however program activities were diverted towards flood emergency response OR process to be re-initiated in Nov-Dec 2010 -
Develop linkages of LHWs, Traditional Birth Attendants (TBAs) and Skilled Birth Attendants (SBAs) with private sector	<ul style="list-style-type: none"> - Draft deployment guidelines received from National MNCH program in May 2010 - Deployment plan prepared in coordination with MNCH Sindh - Orientation workshop arranged for District MNCH Focal Persons and WHO MNCH NPPI officers on deployment guidelines and process - Deployment plans and timelines finalized with all districts - Graduation ceremony for 1st batch of CMWs , chaired by Health Minister Sindh, held at Karachi for all Sindh districts - More than 300 CMWs from all over Sindh participated - The deployment process was delayed because of flood situation - The process re-initiated in a phased manner - 40 CMWs from Districts Larkana, Shikarpur and Kamber given diploma certificates and CMW kits on October 26 - The process will be completed by December 2010 for all districts
Advocacy / Behavior Change Communication	<ul style="list-style-type: none"> - Support academic institutions for advocacy on MDG 4 & 5 - Supported Pediatric Symposium organized by Liaquat University of Health Sciences Jamshoro
WHO	
Institutionalization of the IMNCI, ENCC and	<ul style="list-style-type: none"> - Three major Medical Teaching Institutions in Sindh province which were strengthened previously have now been involved in

EmONC	<p>institutionalization of the IMNCI, ENCC and EmONC</p> <ul style="list-style-type: none"> - These institutions have been involved in conducting trainings of Health Care providers in 10 NPPI districts on Integrated Management of Childhood Illnesses (IMCI), Emergency Obstetric and Newborn Care (EmONC) and Essential Newborn Care Course (ENCC). - For this purpose APWs have been awarded to Dow Medical University of Health Sciences Karachi, Liaquat Medical University Jamshoroo and Shaheed Mohtrama Benazir Bhutto Medical University Larkana and the required funds have been shifted to the institutions. - These institutions are conducting trainings for health care providers of NPPI districts in which total of 16 EmONC, 16 ENCC and 26 training workshops on IMCI will be conducted in which about 400 health care providers will be trained on EmONC and ENCC and about 620 on IMCI. - In order to include the IMNCI in Medical Educations system, IMNCI persevere protocol has been launched in institutions of Sindh province. - In order to strengthening of Comprehensive Emergency Obstetric and Newborn Care facilities in NPPI districts , Medical equipment is being provided to these facilities for ensuring 24/7 coverage of services at these facilities. The procurement has been finalized and equipments received by WHO and will be provided at facility level shortly. This support will be especially important not only it was planned activity but also it is importance is increased because of damages to facilities during flood.
Support to strengthening the M&E Cell at Provincial MNCH cell.	<ul style="list-style-type: none"> - District Officers have been appointed in NPPI districts for monitoring and supervision of activities - These officers have been provided office support like, Laptops, furniture, telephone, fax etc - The vehicles have been procured for providing mobility to these officers. - Support to implementation of DHIS in the 10 NPPIO districts is planned and in pipeline.

Critical Factors

- Coordination between all participating agencies and synchronization of activities is critical to get full benefit from this One UN initiative.
- Adequate public sector inputs are required to get a full impact. Delay in release of allocated funds (as per PC-1) to MNCH Sindh is hampering the overall progress.
- Shortage of female health care providers and vaccinators is a big hurdle in ensuring functional facility and outreach services. Large number of vacant posts needs to be filled in by the government as a priority.
- Operations research on contracting out needs a strong political support from Government to operationalize mechanisms of service delivery proposed therein.

3. Future Plans for Utilizing PBA Balance

- Implementation of Contracting out services to ensure provision of quality MNCH/FP/RH services including TA on contracting
- Implementation of Vouchers Scheme
- Operational research on Reduction in LBW and maternal Anemia
- Continuation of BCC activities.

Glimpses of the Activities Conducted



PROGRESS REPORT NORWAY PAKISTAN PARTNERSHIP INITIATIVE (NPPI)

UNDAF OUTCOME: By 2010, MNCH and FP/RH needs of the target population, especially the poor and the under-served are significantly met.

JP Intermediate Outcomes

OUTCOME 1. Public and not for profit services and strategies for integrated MNCH & FP /RH services are consistently implemented.

JPC OUTPUT 1.1 Technical assistance and programmatic support extended for universal coverage of MNCH and FP/RH services in line with the National MNCH Programme		Indicative activities for each Output	Resource allocation and indicative time frame* Budget in Millions (Krohnos)							Total
	Participating UN Agencies		Yr1	Yr2	Yr3	Yr 4	Yr5			
			Progress Till Oct 2010		Expenditure/Cost Incurred (US \$)					
					(US \$)					
NPPI Outcome 1.1 Contracting Out services to Public & Non-for profit & private sector										
	UNICEF	Improved MNCH service provision by contracting out services to not for profit & private sectors(5/10 districts)	8.25		7.5	6.25	4	4		
		1. National Orientation/ Planning meeting to define package of integrated MNCH & FP/RH services , roles & responsibilities of each partner and mechanism to ensure continuum of care		held in August 2009 at PC hotel Karachi						
		2. Contracting out/in services to ensure provision of quality MNCH/FP and RH services including TA on contracting		First draft of contract management plan(CMP) is under review, implementation is delayed due to Flood emergency	6,734					6,734
		3. Improve referral & transportation through reimbursement of travel cost for complicated cases		Linked with CMP						
		4. Improve referral to CMWs by LHWS and to EmOC facilities by CMWs through incentives		Trainings of CMWs started ,-Translated module in Urdu -Trainings to CMWs underway						
	UNICEF	Improved MNCH service provision by contracting in services to public sector (10 districts)	1		1	0	0	0		
		1. 10 DHQ hospitals upgraded for emergency newborn care (planning, needs assessment, procurement of equipment & staffing support, monitoring)		30 ENC sets procured,6 sets of ENC kits supplied to Larkana, Badin, Shikarpur, Nawabshah, Jamshoro (6 sets for each district) - procurement of 20 sets is under process for remaining districts (PGMs raised)						
		2. 73 health facilities (THQs and RHCs) upgraded for essential newborn care (planning, needs assessment, procurement of equipment & staffing support, monitoring)		20 master trainers trained in 10 NPPI districts, and trainings are being disseminated to CMWe						

REDUCED FROM 33 TO CURRENT

	3. 10DHQs+ 73 health facilities staff trained on infection prevention		LTA with WRLH (Govt. Of Sindh developed), 140 HCPs trined in jamshoro Badin and Nawabshah, trainings for remaining districts are linked with contracting out and vouchers scheme							
	4. Training of CMWs, LHWs, CHWs on Community based newborn care and improving quality of health education sessions		Trainings of CMWs started .-Translated module in Urdu -Trainings to CMWs underway							
	5. Improve referral to CMWs by LHWs and to EmOC facilities by CMWs through incentives		Trainings of CMWs started .-Translated module in Urdu -Trainings to CMWs underway							
WHO	Improved MNCH service provision by contracting in services to public sector	7			8	10	10	9.5		
	1. Development of a costed package of MNCH services & criteria for contracting in and contracting out with SOPs and quality assurance mechanism		• The Essential Health Services package including MNCH have finalized and costed and is in draft form which is being officially published after approval very soon soon.							
	2. Mid-term review and End line (10 districts) surveys including district mapping for presence of MNCH services (Public and Private), training needs and HR requirement									
	3. 10 DHQ hospitals have staff trained on Emergency newborn care (Planning meetings, TOT, trainings, supervision)									
	4. 73 health facilities (THQs and RHCs) have staff trained on Essential newborn care & post-natal care		<ul style="list-style-type: none"> • 200 sets of 6 training modules for trainers and 1000 sets of 6 participants modules developed, printed and are in use. • Training of Trainers conducted for NPPI districts at Pakistan Institute of Medical Sciences Islamabad and now 13 master trainers are available for NPPI districts. • The Teaching Institutions like Liaqat University of Medical Sciences, Jamshoro, Chandka Medical College Larkana(SMBBMU) and Dow University of Medical Sciences, Karachi have been strengthened by training their staff in ENCC and institutionalization of these practices. • These Medical Institutions Have been involved in Training Health Care Providers in 10 NPPI districts, for which purpose they have been awarded APWs for conducting trainings for 400 health care providers in districts in 16 training programmes. • EmONC added later and more than 100 Woman Medical Officers from 56 Health facilities of 10 NPPI districts trained for 24/7 coverage. • APWs have been awarded to these institutions for conducting traings on EmONC for about 400 more health care providers in 10 NPPI districts. • In order to strengthen the Comprehensive Enonc Facilities for 24/7 coverage, the operation theater and Labour room medical equipment is also beig provided to these facilities. 	1,289,036					1,289,036	

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FROM 45.5 TO
CURRENT**

	5. 10+ 73 health facilities strengthened for provision of IMNCI services (facilitators training, district planning meetings, equipment, medicines, follow up)		<ul style="list-style-type: none"> • 236 FLCF staff trained in IMNCI and more than 100 facilities are providing IMNCI services. • Orientation and planning workshops for 10 Medical and Paramedical institutions were conducted and 7 institutions have prepared their plans for introducing IMNCI in undergraduate trainings • Institutions like Peoples Medical College Shaheed Benazirabad, Chandka Medical College Larkana , Dow University of Health Sciences and Liaquat University of Medical and Health Sciences were strengthened and their faculty trained in IMNCI • APWs have been granted to these institutions for conducting 26 trainings for about 620 Health Care Providers in 10 NPPI districts. 							
	6. Support to monitoring and evaluation activities including SAAVY, DHIS, Management monitoring, maternal death notification, integration of data with EPI, LHW-MIS etc.									
UNFPA	Improved MNCH service provision by contracting out services to not for profit and private sectors	7		6,279	6	6	5	4.5	6,279	REDUCED FROM 33 TO CURRENT
	1. Contracting out services through not for profit & private sector (5 districts)		<ul style="list-style-type: none"> - District Benazirabad selected - TORs for developing draft contract management plan developed and discussed with partners - List of indicators finalized - Meeting of Technical Advisory Committee held and outlines discussed - Bidding documents prepared (includes Expression of Interest, TORs for consultants) - Consultancy awarded to AASA - Draft contract management plan developed - Plan will be shared with potential partners in November 2010 -Implementation will commence in 1st Quarter of 2011 							

		2. Review/Implement QOC for EmONC/FP/RH protocols and services at all facilities		-Initial meeting and discussions held with National Committee on Maternal, Newborn & Child Health (NCMNH) for developing quality of care protocols - Proposals received and under review - Meeting with all stakeholders held - Process was stopped because of flood situation in Sindh and will be reinitiated in Nov-Dec							
	UNFPA	Contracting in services through public sector (10 districts)	1			1	0	0	0		2
		1. ISO certification of THQ/DHQ in 9001:2000		- Provincial Health Development Center (PHDC) submitted proposal in coordination with Liaquat University of Health Sciences Jamshoro, Director General Health Office Sindh and MNCH Sindh - Proposal shared with all UN partners - MoU signed with PHDC - Field work was to be initiated in August as per timelines - 7 NPPI districts are affected by devastating floods and process halted for the time being							
NPPI Outcome 1.2 Improved Governance	Improving governance in 10 districts										
	UNICEF	Improving governance in 10 districts	1			1	1	1	0		4
		1. TA to establish databases for 5 MNCH training categories, develop quality assurance mechanism of MCH/F services & TORs for Midterm evaluation		ToR for developing software developed and approved Activity stopped at the request of MNCH Sindh for coordination with Islamabad funded consultancy working in this area with national MNCH program							
		2. Provide Technical support by UNICEF at Federal, Provincial and district levels to assist in implementing MNCH Program in different fields (M&E, Provincial officers, ...) & strengthen provincial/district offices		To be now coordinated with M&E plan for MNCH (under development by RTF at federal level) Sindh level activities to be based upon finalization of national plans – to be followed up with National MNCH cell PO placed for IT equipment at Federal Sec. Islamabad							
		3. Strengthen MNCH Provincial & district units for M&E activities		linked with M&E frame work							
		4. Support to strengthen M&E & training capacity of NP for FP and PHC									
	WHO	Improving governance in 10 districts	4			3	2	2	2		
		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		• Technical support is being provided to Department of Health through 2 provincial and 10 District NPPI Officers • The officers have been provided vehicles and office furniture and laptops for their facilitation in the work.		1,008,336					1,008,336

Reduced from 16

		Develop Human resource policies for MNCH								
		Training of district/programme managers and relevant staff on Planning and management								
		Strengthening Supportive supervision								
		Support to implementation of DHIS in target districts								
	UNFPA	Improving governance in 10 districts	1.5		215,215	1.5	1	1	0	215,215
		1. TA to develop district specific MNCH/FP/RH profiles and plans		- Proposal received from MNCH Sindh for developing MNCH work plans - 4 regional workshops and 1 provincial workshop conducted for developing MNCH specific work plans participated by key persons from department of health at district level - Work plans (2010-2011) prepared and submitted to MNCH Sindh for all 23 districts of Sindh - Workshops were visited by UNICEF headquarter, country office and Sindh office officials, WHO Country office officials and were supervised by UNFPA country office officials						
		2. Provide Technical support at Federal, Provincial and district levels to assist in implementing MNCH Program and NPPI in various disciplines		- Project (M&E) officer hired and placed at NPPI office - UNFPA-NPPI office supported through hiring of the Admin Assistant - MNCH Cell Sindh supported through hiring of Admin/Procurement Officer, Admin Assistant; Planning & Training Coordinator - UNFPA NPPI team established its office at MNCH Cell Sindh						
JPC OUTPUT 1.2 Increased and sustained resource allocation towards achieving reduction in child and maternal mortality through advocacy		Outcome NPPI 2.3 Advocacy & Communication								
	UNICEF	Outcome NPPI 2.3 Advocacy & Communication	0.34			0.18	0.16	0.2	0.2	
		1. Building an investment case for MDGs 1,4,5 in collaboration with DoH, DoPW, P&D, Deptt. of Finance.		In process through Aga Khan University						
		2. Sessions with Politicians, Parliamentarians, Development partner meetings		On going						
		3. Programme launches (federal and provincial), quarterly reviews& annual reviews		Regular weekly and quarterly meetings are held at MNCH						

		3. Operations research on Management of LBW (Community based)								
	UNFPA	Outcome 1.3 NPPI : Operations research	1			1.5	1	0.5	0.5	
		2. Operations research on reduction of Maternal Mortality and TFR		- TORs developed and finalized - geographic focus determined for OR (districts Kambar & Jamshoro) - ToRs shared with all partners(Un agencies and MNCH) - ToRs sent to 6 potential partners for submission of proposal - Proposal received from Health service Academy (jointly with Liaquat University of Health sciences Jamshoro) - Signing of MoU was planned for August, however program activities were diverted towards flood emergency response - OR process to be re-initiated in Nov-Dec 2010						
		3. Operations research on incentives/ CCTs -link to EmOC facilities & activity on CCTs): link to vouchers		Linked with implementation of voucher scheme						
OUTCOME 2 Community demand and participation and inter-sectoral linkages for MNCH & FP/RH services are improved										
OUTPUT 2.1 Integrated BCC strategy developed and implemented		Outcome 2.3 of NPPI (behavior Change communication)								
	UNICEF	Outcome 2.3 of NPPI (behavior Change communication)	0.5		43,152	0.5	0.25	0.3		43,152
		1. Qualitative /formative research to understand behaviors and develop messages		Planned for 2011						
		2. Development, production and dissemination of materials to improve care seeking behaviors, community awareness and public knowledge about key MNHC issues, danger signs and best practices		Materials under development to improve care seeking behaviors, community awareness and public knowledge about key MNHC issues, danger signs, best practices and Global breast-feeding week,						
		3. Strengthen MNCH/FP BCC units to implement BCC strategy & action plan		Provincial communication group notified- first meeting held on May 17t National MNCH Strategy adapted in Communication Workshop of all MNCH partners held on June 7 ,2010	26,539					26,539
		4. Organize and implement Mass Media campaigns		Materials under development to improve care seeking behaviors, community awareness and public knowledge about key MNHC issues, danger signs, best practices and Global breast-feeding week,						
		5. Initiate and sustain good community practices regarding Maternal, Neonatal & Child (LHWs, CHWs, FWWs, religious leaders, teachers, community influential's)		Linked with implementation of Contracting out and Vouchers scheme						
		6. Identify CBOs to organize and involve communities (outreach, community referral, training & induction of CHWs, transport funds, mother-child weeks ...)								
	UNICEF	Link to NPPI Outcome 2.1 (Mother & Child Weeks)	2.5			2.5	2	2	1	

0.75

Reduced from
12

		Support to Mother and Child weeks in 18 districts		MCW held in target districts – April 5-10 Children immunization in 10 NPPI districts = 126,979 Children dewormed in 10 NPPI districts = 778,532 Pregnant women received TT1 & TT2 = 44,078 HESs conducted by LHWs = 23,513 2nd round he in Nov 2010, results are under compilation	541,494						541,494	
JPC OUTPUT 2.2 Partnerships developed for community mobilization to improve access & utilization of services		Link to NPPI Outcome 2.1 (community based Intervention)										
	UNICEF	Link to NPPI Outcome 2.1	0.5			0.5	0.5	0.5	0			
		1. Strengthening village health committees, women's health committee, women groups (including refugees), community leaders, faith leaders for community mobilization		Linked with Contracting out and vouchers schem implementation -in 2009 89 Ucs of 10 NPPI district community bases out reach services were provided through RSPN in LHW uncovered areas	360,772						360,772	
		2. Support Private sector/NGOs for service delivery in under-served and remote areas (Link to contracting out)										
		3. Provide Technical support on community organization and mobilization and women empowerment to participate in health service delivery, promotion & implementation of MNCH										
		4. Establish community committees and organize CSOs										
		5. LHWs and CHWs/NGOs supported for provision of clean delivery kits, essential newborn care and strengthening post-natal care										
		6. Support to integrated MNCH/FP outreach services through public sectors and NGO partners (Community facilitators)										
	WHO	Link to NPPI Outcome 2.1	0.5			0.5	0.5	0.5	0			
		1. Refresher trainings of LHWs on IMNCI & PNC										
	UNFPA	Link to NPPI Outcome 2.1	0.2		212,666	0.3	0.3	0.2	0		212,666	

		1. Developing linkages of LHWs, TBAs, SBAs with private sector		<ul style="list-style-type: none"> - Draft deployment guidelines received from National MNCH program in May 2010 - Deployment plan prepared in coordination with MNCH Sindh - Orientation workshop arranged for District MNCH Focal Persons and WHO MNCH NPPI officers on deployment guidelines and process - Deployment plans and timelines finalized with all districts - Graduation ceremony for 1st batch of CMWs , chaired by Health Minister Sindh, held at Karachi for all Sindh districts - More than 300 CMWs from all over Sindh participated - The deployment process was delayed because of flood situation - The process re-initiated in a phased manner - 40 CMWs from Districts Larkana, Shikarpur and Kamber given diploma certificates and CMW kits on October 26 - The process will be completed by December 2010 for all districts - MoU was signed with RSPN for birth spacing training of 5000+ community resource persons (male & female). Training completed in 10 NPPI districts - Supported Flood emergency response jointly with MNCH Sindh through operationalization of mobile service units, static service delivery points at camps, establishing referral system for complicated cases, developing a system of data collection and reporting and supported monitoring and supervisory visits 							
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OUTCOME 3 Nutrition status especially of infants, young children and child-bearing women is improved

JPC OUTPUT 3.1 Improved knowledge and practices of mothers/care-givers on breastfeeding and complementary feeding		Link to Outcome 1.1 Contracting in to public facilities (NPPI)									
	UNICEF	1. Implement Infant and child Feeding (YCF) trainings for health care providers of RHC/BHUs in 18 districts.		<p>Trainings completed in all 10 districts as planned; 190 health care providers trained</p> <p>Implementation and follow up plans developed (Linked with ...)</p>							
		Link to Outcome 2.3 Adv (NPPI)									
	UNICEF	2. Support annual Global Breast feeding weeks and activities		Activities were planned and IEC material was developed but activities were deferred due to flood							
	WHO										
JPC OUTPUT 3.2 Improved prevention and management of maternal anemia, low birth weight and malnutrition		Link to Outcome 1.1 Contracting in to public facilities (NPPI)									
	UNICEF	Operations research on reduction of LBW and maternal anemia		Review of short listed proposals completed on June 10, 2010 Awarding contract pending approval from Country Office							

FINANCIAL STATUS

Donor	Description Earmarked for JP/JPCs	Commitments (SAA Signed)					Payment Schedule			Receipts - Money in One Fund Account		AA Fee US\$	Programmable Resources (US\$)		
		Date	Currency	Nat. Currency	Ex. Rate *	US Dollars	Period/Date	Amount	Status	Date	US Dollars		Available Funds	Disb to Agencies	Balance
Norway	JP Health & Pop. JPC1a NPPI	17-Nov-08	NOK	245,400,000.00	7.0119	34,997,646.86	Nov-08	15,400,000.00	Received	25-Nov-08	2,144,846.80	21,448.26	2,123,398.54	2,123,398.54	-
								20,000,000.00		9-Dec-09	5,235,572.09	52,355.72	5,183,216.37	5,131,384.20	51,832.17
							Sep-09	10,000,000.00	Received						
							2010	50,000,000.00	Not Received						
							2011	50,000,000.00	Not due yet						
							2012	50,000,000.00	Not due yet						
							2013	50,000,000.00	Not due yet						
TOTAL								45,400,000.00			7,380,418.89	73,803.98	7,306,614.91	7,254,782.74	51,832.17

* UN exchange rate for the date at which SAA has been signed

Norway Pakistan Partnership Initiatives (NPPI)

Finance Report as of November 2010

Amounts in USD

Funds Disbursed to Agencies

Description	Date	UNICEF	UNFPA	WHO	UNDP (1% AA Fee)	TOTAL Disbursed
1st Trache for NPPI (Nov2008)	25-Jun-09	759,275.00	609,136.00	754,986.00	21,448.26	2,123,397.00
2nd Trache for NPPI (Dec2009)	11-Jan-10	1,834,858.59	1,472,033.45	1,824,492.16	52,355.72	5,131,384.20
TOTAL		2,594,133.59	2,081,169.45	2,579,478.16	73,803.98	7,254,781.20

Expenditures

	Received (USD)	Expenditures (USD)				TOTAL
		UNICEF	UNFPA	WHO	UNDP (1% AA Fee)	
Outcome/Output						-
1.1 Contracting Services						-
Public		6,734.00	-	1,289,036.00		1,295,770.00
Private		-	6,279.00	-		6,279.00
1.2 Improved Governence		-	215,215.00	1,008,336.00		1,223,551.00
1.3 Operaions Research		-	-	-		-
2.1 Com Based Intv		360,772.00	212,666.00	-		573,438.00
MCH Week		541,494.00	-	-		541,494.00
2.2 Vouchers		-	-	-		-
2.3 CM/Advocacy		43,152.00	2,940.00	-		46,092.00
BCC		26,539.00	-	-		26,539.00
Project Management Including programme monitoring and risk mitigation measures		17,141.00				17,141.00
Total	7,254,781.20	995,832.00	437,100.00	2,297,372.00	73,803.98	3,804,107.98

Balance		1,598,301.59	1,644,069.45	282,106.16
Obligations/Commitments		1,352,599.59	-	282,106.16
Net Balance		245,702.00	1,644,069.45	-