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| **Outcome 1: Increased coverage of quality MNCH/FP care services** | | |
| **Output 1.1 Integrated MNCH/FP care made available through contracting (incl. public private partnerships).** | 112 health facilities contracted out. | 43 health facilities contracted out. |
| 4 BEmONC facilities per 500,000. | 31 BEmONC facilities. |
| 1 CEmONC facility per 500,000. | 13 CEmONC facilities. |
| 370 health care facilities have an IMNCI strategy in place. | 189 health care facilities have an IMNCI strategy in place. |
| 370 facilities provide ANC. | 327 facilities providing ANC. |
| 370 facilities provide PNC. | 312 facilities providing PNC. |
| 112 facilities provide SBA services at delivery. | 218 facilities providing SBA services at delivery. |
| 370 facilities provide family planning. | 371 facilities providing family planning |
| **Output 1.2 Improved governance and results based management.** | 10 districts with performance based agreements. | 4 districts with performance based agreements. |
| 40 staff trained in project management, planning processes, M&E, use of information, logistics management, financial management, decision making etc through professional business schools and government institutions. | 16 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 Public Private Partnership coordinator recruited in all districts. | 10 districts with a District MNCH NPPI Officer recruited in all districts. |
| 10 district management structures ISO certified and staff trained on SOPs. | No district management structures ISO certified and staff trained on SOPs. |
| **Output 1.3 Operational research conducted to produce knowledge and improve future decision making related to increasing MNCH/FP coverage and self-care.** | Developing and testing Models of Public Private Partnerships in districts. | Developing and testing Models of Public Private Partnerships initiated in four districts. |
| Implementing incentive/voucher schemes for increasing demand and uptake of key MNCH services in districts. | Implementing incentive/voucher schemes for increasing demand and uptake of key MNCH services initiated in two districts |
| Reduction of Maternal Anemia and | Reduction of Maternal Anemia and Low |
| Low Birth Weight in districts. | Birth Weight initiated in two districts. |
| Use of misoprostol for prevention and management of Post-Partum Hemorrhage. | Use of misoprostol for prevention and management of Post-Partum Hemorrhage to be initiated soon. |

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| Outcome 2: Improved MNCH/FP self-care and care-seeking behaviour among families and communities | | |
| **Output 2.1 Strengthened community based &Outreach MNCH/FP Care services.** | All communities (villages) have a strong Community based MNCH program. | Community based MNCH program initiated in two districts. |
| All LHWs/CHWs trained in newborn care and counseling infant and young child. | 486 LHWs trained in Umerkot on counseling skills and establishing community networks to support newborn, infant and young child care. |
| 10 rounds of Mother and Child weeks completed. | 10 rounds of Mother and Child weeks completed. |
| Catch-up immunization of all children (0 to 23 months). | 1,871,558 children (0 to 23 months) covered with catch-up immunization (946,223 in 2011; 126,979 in 2010; 798,386 in 2009). |
| All children dewormed (2-5 years). | 3,479,466 two to five year old children dewormed (1,249,323 in 2011; 778,532 in 2010; 1,451,611 in 2009). |
| **Output 2.2 Voucher/incentive schemes implemented to increase demand and service utilization.** | 15% of Union Councils in 10 districts with Voucher/Incentive Scheme in place. | 48 health facilities in two districts participating in Voucher scheme. |
| 35% of pregnant women using the Voucher/Incentive schemes in targeted UCs. | 32.2% of eligible pregnant women using the VS/Incentive schemes in targeted UCs. |
| **Output 2.3 Community networks for MNCH/FP advocacy and mobilization established & behaviour change communication and awareness raising programme implemented** | Functional community networks established in at least 80% of the villages. | Health Committees and women’s groups functional as community networks in areas not covered by LHWs:  - Health committees: 140 in Umerkot and 100 in Qambar Shahdad Kot  - Women’s groups: 560 in Umerkot |