



MATERNAL AND CHILD HEALTH (MCH) PROGRAM COMPONENT 1: FAMILY PLANNING/REPRODUCTIVE HEALTH (FP/RH)

(MECHANISM: COOPERATIVE AGREEMENT / SIFPO - MSI)

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QUARTERLY PROGRESS REPORT
(OCTOBER - DECEMBER 2013)**

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LIST OF ABBREVIATIONS

BCC	Behavior Change Communications
CYP	Couple Years Protection
DCO	District Coordination Officer
DOH	Department of Health
EI	Exit Interview
ETL	Education through Listening
FHE	Field Health Educator
FPRH	Family Planning and Reproductive Health
GIS	Geographic Information System
HSS	Health System Strengthening
IEC	Information, Education and Communication
IP	Infection Prevention
IUCD	Intrauterine Contraceptive Device
LHW	Lady Health Worker
LMIS	Logistic Management Information System
MCH	Maternal Child Health
MDT	Medical Development Team
M&E	Monitoring and Evaluation
MDT	Medical Development Team
MEM	Medical Emergency Management
MIS	Management Information System
MNCH	Maternal Newborn and Child Health
MOU	Memorandum of Understanding
MSI	Marie Stopes International
MSS	Marie Stopes Society
MWRA	Married Women of Reproductive Age
PWD	Population Welfare Department
RFA	Request for Application
RH	Reproductive Health
RME	Research, Monitoring and Evaluation
QA	Quality Assurance
SFS	Senior Field Supervisor
SIFPO	Support for International Family Planning Organizations
SSF	Suraj Social Franchise
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
USG	United States Government

EXECUTIVE SUMMARY

This quarterly report covers the period of October - December 2013, funded by SIFPO (*activities are marked by *throughout the report*) and the Cooperative Agreement (signed in October 2013), for USAID's five year MCH Program Component 1: Family Planning Reproductive Health (FP/RH).

This quarter was both challenging and exciting for project teams, with Year 2 scaling up occurring simultaneously with the service provision by existing outreach teams and at Suraj Social Franchise (SSF) facilities.

Between October - December 2013, SSF surpassed projections by nearly 30 percent by serving 14,385 women, which resulted in averting an estimated 13,941 unintended pregnancies and 17 maternal deaths¹.

Outreach service numbers were lower than estimated projections due to the closure of the DeraGhazioffice, which reduced the number of outreach teams from six to five.

More than 4,000 women received quality, voluntary family planning services that helped avert an estimated 5,053 unintended pregnancies and six maternal deaths. Overall, the project averted 18,994 unintended pregnancies and 23 maternal deaths between October - December 2013.

Table 1: Family Planning Services and Women Served between October - December 2013

Service Delivery Channel	<i>Projections</i> Women Served	<i>Actual</i> Women Served	Services Provided
Outreach Services	6,683	4,132	37,030 (units)
Suraj Social Franchise	13,400	14,385	66,361 (units)
Total	20,083	18,517	103,391 (units)
CYPs Generated	57,347	-	41,262

MSS's focus in Year 2 is to extend its geographic coverage to an **additional ten districts in Sindh**, all of which have been identified, and lay the groundwork for another 16 districts to be made operational in Punjab in the following year. MSS has carefully selected scale up sites to **ensure minimum duplication** with all other initiatives after a comprehensive assessment of:

- MNCH and FP/RH interventions being supported by other MCH Program partners
- MNCH and FP/RH interventions supported by other donors
- Preexisting infrastructure in some districts, providing potential for operational efficiencies and scaling up

¹ M. Weinberger, F. Pozo-Martin, T. Boler, K. Fry, and K. Hopkins. Impact 2: An innovative tool for estimating the impact of reproductive health programmes — methodology paper. London: Marie Stopes International, 2012. Impact 2 enables you to estimate past, current, and future contributions to national family planning use, contraceptive prevalence, and safe abortion or post-abortion care (PAC) services nationally. Additionally, Impact 2 can be used to estimate the wider health, demographic, and economic impacts of these services.

http://www.mariestopes.org/sites/default/files/240072_Marie%20Stopes%20impact2%20v2%20WEB.pdf

To synergize efforts and benefit from each partner's expertise, the FP/RH project team held meetings with MCH Program partners, particularly MCHIP/Jhpiego, HSS/JSI, and PSI/Greenstar. Meetings with MCHIP/Jhpiego helped outline areas of collaboration, e.g. referral mechanisms in the field, and plans are currently being finalized for implementation. Discussions with PSI/Greenstar revolved around implementation of the behavior change communication (BCC) strategy with activities, such as training on information, education and communication (IEC), and the piloting of a new interpersonal communication (IPC) approach, being planned for February 2014 onward.

The MCH One-Helpline was further strengthened in this quarter through the frequent exchange of information and meetings with partners. MCHIP/Jhpiego carried out an assessment of call agents and will conduct training on maternal and child health related topics. MSS is leading the development of a log frame for the helpline.

With input from USAID, MSS has submitted a comprehensive Year 2 work plan containing specific objectives and an action plan. On December 30, MSS signed sub-awards with HANDS and CSM (see Annex VIII: Sub-award Agreement with HANDS and Annex IX: Sub-award Agreement with CSM).

MSS achieved a major milestone in relations with the Punjab government by signing a memorandum of understanding (MOU) with the Population Welfare Department (PWD) of Punjab on December 27, 2013. This MOU will help ensure smooth operations in the Punjab province, with government support for the use of public sector facilities in outreach, trainings and certification of service providers. This formalized relationship led to the PWD asking MSS senior technical experts to review the Punjab Population Policy and further meetings facilitated by PWD to outline the role of NGOs within the policy.

With this report, MSS suggests a reporting format that details salient intervention categories, brought together to cohesively share initiatives and progress. This is distinctively different than the previous reports that followed the project proposal document results and sub-results. The report contents illustrate the suggested flow through the following categories:

- Size and Capacity of Health Workers
- Suraj Social Franchise and FHEs Performance and Progress
- Outreach Services – Performance and Progress
- Helpline
- Partnerships
- Research, Monitoring and Evaluation
- Support Functions
- Project Management

The sections are linked to project outputs, details of which have been provided in Annex I: RFA Activities and Outputs.

1 - Size and Capacity of Health Workers

Outreach

In this reporting quarter, MSS focused on preparation for scale up of the service provision in Year 2.

As six additional outreach teams will be recruited, trained, and made operational in the province of Sindh during Year 2, the team identified new district office sites, with rental agreements to be made in the next quarter (January - March 2014). An outreach procurement plan has also been developed and shared for approval.

Project office teams conducted interviews in all three regions for establishing outreach teams in Jacobabad, Naushero Feroze, Thatta, Mirpurkhas, Badin, and Karachi. Candidates have been shortlisted and offer letters are being issued.

Suraj

The Suraj Social Franchise (SSF) teams in project, regional, and district offices identified and selected new areas of intervention and new Suraj A and B facilities for scaling up service delivery in Year 2.

Seventy-five facilities will be added to the FP/RH Suraj network in Karachi, Shikarpur, Larkana, Jacobabad, and Qambar Shadadkot. New intervention districts identified include Naushero Feroze, Tando Allahyar, Ghotki, Khairpur, Sukkur, Mirpurkhas, and Sanghar. As per standard practice, MSS chose these intervention areas and facilities based on geographical location, providers' service facility infrastructure and capacity, providers' certification/training, and receptiveness to joining the Suraj network.

The Deputy Director of Operations, General Manager for Outreach, regional project managers, and a representative from HR conducted interviews in the Karachi, Hyderabad, and Sukkur regions for scaling up operations in Sindh. Interviews were conducted for:

Positions	District Coordination Officers for Outreach and Social Franchise
	Medical Officers and Paramedics
	IT, Finance and Office Assistants
	Senior Field Supervisors
	Counselors
	Registration Assistants
Districts	Karachi, Hyderabad, Thatta, Tando Allahyar, Mirpur Khas, Mithi, and Badin, Sukkur, Nosheero Feroz, Dadu, Ghotki, Khairpur, Shikarpur, Ja cobabad, and Kandhkot

Hyderabad and Sukkur have completed the process and have sent offer letters to their respective regions. The Karachi region's offer letters will be sent out in the next quarter.

The regional teams will conduct interviews for junior and field staff. For technical positions, such as medical officers, IT personnel, and finance assistants, the relevant departments at each project office will conduct second interviews to select candidates based on their expertise.

Insights and observations

Finding doctors and paramedics for outreach services in rural, hard-to-reach areas remains a challenge: many are not willing to travel and work in these areas due to security issues. For doctors and paramedics who are recruited, they are often used to a different work environment and style in static hospitals or clinics; working in outreach camps is a different experience for them, and some do not adjust easily to this different work culture. The search for these professionals in the new intervention areas is ongoing. MSS is currently reviewing the recruitment process to identify ways to strengthen hiring and retention of doctors and paramedics in outreach teams.

Medical trainings/refreshers (Output 1.2)

MDT trainings

Twenty-four MSS and FP/RH doctors attended the Training of Trainers (TOT) on sexually transmitted infections (STIs), medical emergency management (MEM), and infection prevention (IP) in the first week of October, conducted by four MSS medical development team (MDT) doctors. This prepared them to conduct similar step-down trainings for private providers, FHEs, counselors, and other employees, as required.

In November 2013, FP/RH MDT doctors along with core MSS MDT doctors conducted 11 step-down trainings for SSF providers and regional staff from the Karachi and Hyderabad regions on STIs, MEM, and IP (Annex V: Training Sessions Matrix).



FP/RH MDT doctor conducting step down training on sexually transmitted infections (STIs), medical emergency management (MEM), and infection prevention (IP) for SSF providers and regional staff

Tubal ligation training

The second group of four doctors and three paramedics from the Hyderabad, Multan, and Sukkur regions (5 from outreach, 1 from MDT, and 1 from the quality assurance team) attended the tubal ligation training conducted by PWD Sindh from October 21 - November 8, 2013. All participants have successfully completed training and received certification (for details see Annex V: Training Sessions Matrix).

Service Providers/Trainees	Training on STI, MEM, and IP	Tubal Ligation Training
Suraj	45	-
Outreach	81	5
Total	126	5

BCC and counseling trainings/refreshers for FHEs

As FHEs are an integral part of this project, MSS attaches great importance to their training on BCC and counseling. Updates of trainings of new inductees and any refresher trainings held will be reported in subsequent quarters.



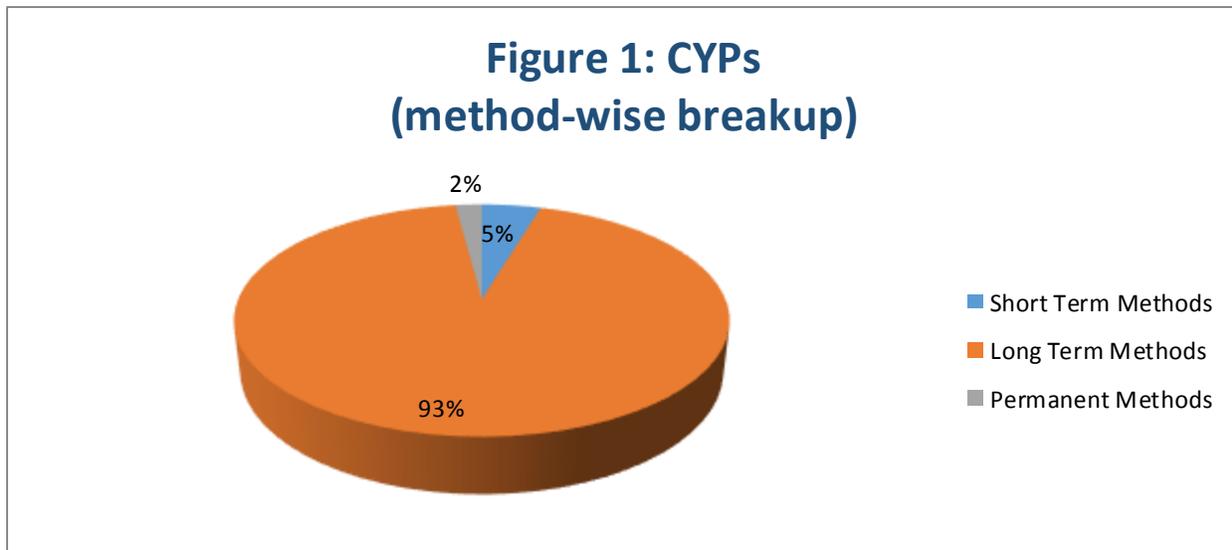
2 - SURAJ Social Franchise and FHEs Performance and Progress

Services - total number of clients (Outputs 2.3 and 2.4)

Forty-eight² SSF providers served **more** than 14,000 clients with voluntary, quality FP/RH services in eight districts. They exceeded projections of 24,075 couple years protection (CYPs) by nearly 30 percent, generating **31,251** CYPs.

Table 2: Summary Service Figures vs. Estimated Projections for Suraj Social Franchise: October - December 2013

Family Planning Services	<i>Projected</i> Women Served	<i>Actual</i> Women Served	<i>Projected</i> CYPs	<i>Actual</i> CYPs
Short-Term Methods	8,500	7,835	1,525	1,443
Long Term Methods	4,700	6,486	20,050	29,168
Permanent Methods	200	64	2,000	640
Total	13,400	14,385	24,075	31,251



Using the MSI impact calculator, from October - December 2013, SSF providers helped avert an estimated 13,941 unintended pregnancies and 17 maternal deaths³.

Vouchers provided and redeemed (Outputs 2.3 and 2.4)

The MSS SSF team **distributed 14,414 vouchers through its cadre of field health educators (FHEs)** for family planning services between October - December 2013. Of these, clients redeemed 12,673 vouchers, and the

² From a total of fifty, two Suraj-B providers resigned from Karachi district due to migration. Their replacements will be inducted in the next quarter.

³ M. Weinberger, F. Pozo-Martin, T. Boler, K. Fry, and K. Hopkins. Impact 2: An innovative tool for estimating the impact of reproductive health programmes —methodology paper. London: Marie Stopes International, 2012.

remaining 1,712 paid for the services. Senior field supervisors and district coordination officers validated 10,252 of the redeemed vouchers during that period.

Table 3: Voucher Provision and Redemption for Services: October - December 2013

Voucher Provision & Redemption				
October – December 2013				
Services	Vouchers Distributed	Vouchers Redeemed		Vouchers Validated by SFS/DCOs
		#	%	#
Tubal ligation		64	100	64
IUCD		5,450	90	4,510
Injections		2,370	85	1,766
Pills		2,245	86	1,816
Condoms	14,414	2,394	88	1,946
Implanon		150	100	150
Total		12,673	88	10,252

Suraj Quality Assurance Report (Output 5.6)

The MSS Health Services quality assurance team performed a pre-quality technical assessment (QTA), as this was the first experience FP/RH service providers and teams had with the annual QTA. To help prepare, the QA doctors visited the Karachi and Sukkur regional teams and SSF facilities in Larkana. They helped to refine documents and records related to clinical governance, social franchises, and training assessment.

MSI MDT is committed to ensuring high quality clinical standards throughout the MSI partnership. In addition to conducting trainings throughout the partnership, the MDT is also responsible for monitoring clinical standards in MSI partner programs. The Quality Technical Assessment (QTA) is a process, conducted by an MSI MDT member or contracted consultant, whereby an MSI program is reviewed and improved with respect to clinical quality. It helps find new or innovative quality initiatives that may be disseminated throughout the partnership.

MSI conducted the QTA from November 22 - December 13, 2013. The MSS quality assurance core team and project office quality assurance monitors accompanied MSI consultants throughout the QTA visits. MSI performed the audit using the Outreach Quality Scan and Suraj Quality Scan (checklists of MSS quality standards against which performance is evaluated).

Table 4: MSI QTA of FP/RH SSF and Regional Offices

Region	MSI Consultants	Audit Site
Karachi	Dr. Farah and Dr. Hashrat	04 SSF Providers (Karachi) Karachi Region Office
Sukkur	Dr. Rukhsana, Dr. Ishtiaq, and Dr. Noor	04 SSF Providers (Larkana) Sukkur Region Office
Multan	Dr. Ghazala (Rajanpur) and Dr. Rukhsana (Rahim Yar Khan)	03 SSF Providers (Rajanpur) 05 SSF Providers Rahim Yar Khan

MSI will provide the final scores and results of the QTA in the next quarter, as the QTA was not completed until mid-December 2013.



MSI Quality Technical Assistance in progress – December 2013

Insights and observations

Religious leaders can have a strong influence on people's attitudes and practices pertaining to family planning. Recognizing their importance, MSS has invested in engaging with the local *imams* (prayer/religious leader) and the results have been positive. For example, after several one-on-one meetings between the district coordination officer and an imam in the Sindhi village of Bakarni, the imam agreed to allow community members to meet with the MSS team to learn about reproductive health issues. This helped MSS reach out to a community that was otherwise not open to discussing family planning. This strategy will be employed in scale up areas to counter religious barriers to the adoption of family planning services.

Field Health Educators (FHEs) reaching clients via Suraj BCC (Output 2.6)

The high number of services provided by SSF providers indicates a strengthening FP/RH Suraj network after a year's experience in the field. The FHEs have become experienced; and happy, satisfied clients are promoting Suraj facilities via word of mouth. This is further strengthened by the informal referral mechanism that exists between the FHEs and the Lady Health Workers (LHWs). This involves one-on-one meetings with LHWs who then attend supervisory meetings to make recommendations. FHEs are exploring untapped avenues to provide information about family planning, such as beauty parlors, including those in small towns where SSFs are located.

During this quarter, Suraj **FHEs conducted 174 mohalla meetings, discussing the need for family planning and healthy spacing between births, in which 2,820 women participated. They also conducted approximately 43,000 door-to-door visits, including multiple visits to the same household.**

On average, 2,500 - 3,000 door-to-door visits have been conducted in each of the 60+ union councils in areas of operation (again, including multiple visits) during the life of the project (December 2012 - December 2013).

BCC strategy

MSS is collaborating with the MCH Program Component 3: Health Communication, led by PSI/Greenstar, to roll out the MCH Program's approved BCC strategy. Details of initiatives planned are in the MCH Program partners section.

Client follow-up/referrals by FHEs (Output 2.5)

Between October - December 2013, FHEs followed up with 100 percent of tubal ligation clients (N=64) and users of long term family planning methods (N=6,486) after service provision. FHEs noted clients' satisfaction with intrauterine contraceptive device (IUCD) uptake. The project has noted the clients' preference of IUCDs to pills or injectables, as nonhormonal IUCD's are seen as being less of a hassle and having fewer side effects.

MCH Rohri Center (Output 2.4)

MSS organized internal meetings with FP/RH operations, finance, and procurement team members to plan the expansion of MSS's MCH Rohri Center in November 2013. The process of renovation and budgetary allocations were discussed in detail. It was decided that there will be two set ups in the same building (MCH existing and MCH expansion), with one central lab. Buildings have been shortlisted and the MSS team is discussing terms and conditions with owners. The contract (MCH expansion) and sub-contract (MCH existing) for rental agreement are being prepared in line with USAID Compliance. Further updates will be provided in subsequent quarters.



3 - Outreach Services – Performance and Progress

Intervention areas/number of camps (Outputs 3.1 and 3.2)

The five⁴ FP/RH outreach teams continued to provide quality, voluntary family planning services through **62 outreach camps** between October - December 2013.

Table 5: Outreach Services in October - December 2013

Region	No. of Camps
Karachi	11
Hyderabad	15
Sukkur	18
Multan	18
Total	62

Services provided/clients served by outreach (Outputs 3.1 and 3.2)

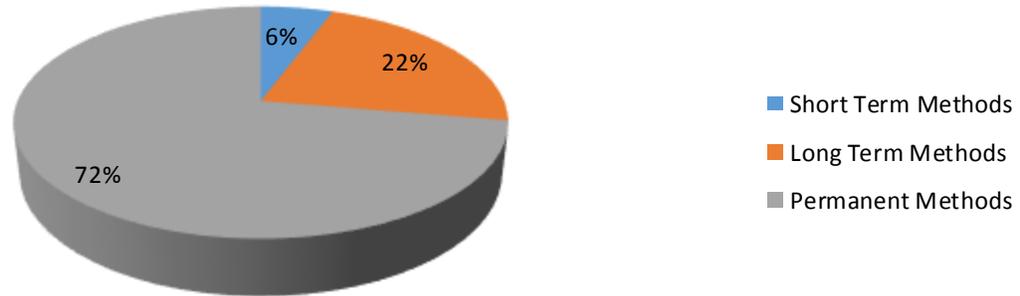
During this quarter, **outreach served more than 4,000 clients, generating 10,011 CYPs**. Using the MSI impact estimator, these services are estimated to have averted **5,053 unintended pregnancies and six maternal deaths**. Each outreach camp served around 65 clients. At a cost of approximately 35,000 rupees per camp, this is a cost-effective strategy for increasing CYPs.

Table 6: Outreach Services: Actual Service Figures vs. Estimated Projections: October - December 2013

Outreach Services	Estimated Service <i>Projections</i>	<i>Actual</i> Women Served	<i>Projected</i> CYPs	<i>Actual</i> CYPs
Short Term Family Planning Methods	2,346	2,702	523	566
Long Term Family Planning Methods	1,712	690	6,499	2,206
Permanent Family Planning Methods	2,625	724	26,250	7,240
Antenatal and postnatal Check-up	-	16	-	-
Total	6,683	4,132	33,272	10,011

⁴ With the closure of Dera Ghazi Khan office, the number of outreach teams was reduced to five from six.

**Figure 2: Outreach CYPs
(method-wise breakup)**



Method uptake trends were similar to those in the previous quarter (July - September 2013). Permanent methods (tubal ligation) accounted for more than 70 percent of the CYPs. As observed last year, short-term method uptake was slightly higher than projections in this quarter as well, reflecting the current national trend of greater use of short-term methods, such as condoms.

The uptake of family planning services from October - December 2013 was lower than previous quarters, due to the following reasons:

- Prior to signing of MOU with Population Welfare Department (PWD) Punjab⁵, the Dera Ghazi Khan office was closed and the Rahim Yar Khan team faced challenges in securing permission to arrange outreach camps at public health facilities. With the MOU in place and growing collaboration with PWD Punjab, performance is expected to pick up in the second quarter of the year.
- PWD Sindh and Punjab released a policy stating that government employees could not be hired by any private concern/civil society for service provision. None of the MSS outreach doctors were trained/certified by PWD for tubal ligation services. Coupled with the chronic paucity of doctors certified by the government in private practice, service provision in this quarter was negatively impacted. Five outreach doctors have been trained in October and November 2013, while more⁶ will be trained in the next quarter (see Medical Trainings/Refreshers).
- All regions faced security threats during the Islamic month of Muharram. There were delays in camp preparation and holding camps in the city; more than twenty camps were cancelled due to these threats and the new policy discussed above.

⁵ See MOU details in Partnerships – Public Sector section.

⁶ Details of the training, such as number of participants, are currently being finalized.

Quality assurance reports

The QA doctors and MSI consultants Dr. Rukhsana, Dr. Ishtiaq, and Dr. Noor visited the selected outreach site, Kandiaro (in the Khairpur district, Sukkur Region), for the annual QTA (described in the Suraj Quality Assurance section). MSI will submit its report in the next quarter, January - March 2014.

Insights and observations

When conducting mohalla meetings and door-to-door visits, MSS field teams have noted that a majority of women have incomplete information about modern contraceptive methods. Most of the information they receive is based on word-of-mouth in the community, leading to misconceptions. For example, some clients are under the impression that all family planning methods are surgical and can lead to death. With this challenge, FHEs are working to provide complete information about the entire range of family planning methods available under the FP/RH project and dissuading fears related to quality and side effect management.

Outreach BCC

BCC strategy

As aforementioned, details of planned behavior change communications strategies are given in the MCH Program partners section.

BCC activities in the field carried out by FHEs (Outputs 3.3 and 3.5)

During this quarter, outreach FHEs conducted **419 mohalla meetings**, in which **more than 5,600** married women of reproductive age (MWRAs) participated. Similarly, they conducted meetings with external stakeholders, details of which are given in the table below.

Table 7: FHEs Activities and Meetings for Outreach Referrals: October - December 2013

Month/ 2013	Mohalla meetings	Meetings with LHWs and LHS	Meetings with PWD field workers	Meetings with stakeholders (teachers, religious leaders, and public representatives)
Oct.	95	66	11	14
Nov.	108	83	23	53
Dec.	216	102	14	49
Total	419	251	48	116

Client follow-up/referrals (Output 3.4)

The referral and client follow-up mechanisms put in place in the previous year were followed by teams and FHEs to reach out to more underserved women and increase client satisfaction. Outreach teams followed up with 100 percent of tubal ligation clients, with 85 percent follow-ups conducted by FHEs. Teams followed up with more than 1,500 clients (40 percent) during this quarter (all services)



(L) Coordination with community members; (R) A mohalla meeting in progress

Insights and observations

With their year of experience in the field, the FHEs have shared how ongoing counseling, receptivity to questions and continuous follow-ups, and one-on-one interactions, not only with the potential clients but also with their family members, helps create awareness and demand for family planning. Explaining the full range of short- and long-term methods and their benefits helps in building trust, while follow-ups after service provision increase client satisfaction.

The mohalla meetings turn into support groups where women feel comfortable talking about their personal reproductive health issues with FHEs and their peers, i.e. other women who have already availed family planning services via the FP/RH project. The MCH Program partner MCHIP has also introduced support groups at the community level in Year 2. During coordination meetings, MSS will discuss the results of this intervention to determine how to best garner support for FP/RH issues.

Meetings with external stakeholders, such as LHWs, have helped the latter see the FHEs and the referral system as a complement to their work.

4 – Helpline*⁷

Calls received (Output 2.7)

MCH Program partners have not yet initiated promotion of the helpline number in their intervention areas. The following calls were received on the Helpline during this quarter from MSS intervention districts/communities:

Table 8: Calls received between October - December 2013

Calls Handled	Overall Number	FP/RH-specific calls
Information provided	2357	8
Referred to service facility	695	1
Referred for side effect management	110	1
Side effect management	386	-
Client feedback recorded and processed	20	-
Others	531	-
Total number of calls	4,099	10

Helpline trainings and quality assurance

The MCH One-Helpline is being strengthened through the involvement of the MCH Program partners, specifically MCHIP/Jhpiego and PSI/Greenstar. MSS held a series of meetings and email exchanges with partners during this quarter to review Helpline objectives, geographical intervention, service communication channels, the range of services provided, the plan for Helpline number dissemination, project-specific Helpline data recording needs, Helpline targets/milestones, and M&E needs.

This resulted in the following outcomes:

- Helpline objectives will be synergized amongst all partners
- Call agents will be trained on five priority topics:
 - 1) exclusive breastfeeding/early initiation of breastfeeding;
 - 2) antenatal/postnatal care (including danger signs);
 - 3) prevention of postpartum hemorrhage;
 - 4) emergency handling at delivery; and
 - 5) postpartum family planning
- MCHIP/Jhpiego will train call agents, tentatively scheduled for January 2014

MSS provided the following helpline information on MCHIP's request for agent assessment:

- Helpline background
- Number of staff
- Agent occupancy rate
- Working hours
- Qualification and work experience
- Terms of reference for agents
- Training material
- Quality assurance and evaluation sheets
- CRM front end data recording
- Excel reports
- Type of information captured
- Feedback mechanism

A Helpline M&E sub-group has been formed within the MCH Program M&E working group to develop Helpline M&E indicators and a Helpline log frame. The sub-group members include Dr. Ahmed Siddiqui from

⁷ *SIFPO funded

MSS, Arshad Mehmood from JSI, and Dr. Sohail Agha from MCHIP. The Helpline M&E and log frame will be shared with the larger M&E group in their next meeting, scheduled for January 15, 2014. Each partner will add activities for each output:

- Data recording indicators, finalized by partners, will be incorporated by MSS in the Helpline MIS within three weeks of finalization
- Promotion of Helpline: PSI/Greenstar offered to support the branding of Helpline for promotional initiatives, such as developing a logo/jingle to be used by all partners; MCH partners will collectively develop the Helpline promotion strategy
- MSS Helpline agents' current knowledge and skill assessment was conducted by MCHIP on November 25 and 26, 2013; based on this, MCHIP will prepare to train Helpline agents on maternal and child health

Insights and observations

Retaining doctors for the call center has been a challenge in the past because this is not viewed as a 'career' for them. However, by providing the incentive of additional trainings and experience on the provision of family planning and reproductive and maternal health (neither of which are the focus of many practicing general practitioners), the Helpline has been successful in overcoming this challenge.

With the telecommunications boom in Pakistan, the helpline is increasingly receiving calls from mobile phones. However, these calls are not toll-free. To make calls more affordable, MSS, together with MCH Program partners, will engage with telecommunication companies to explore the possibility of making the calls toll-free.



Mechanism for tracing FP/RH-specific calls

MSS traces calls through centers and clinics from districts, tehsils, and union councils. The data are taken for statistical and quality assurance purposes. This is further reinforced by the monthly customer relationship management audit.

When a call is received, an agent records:

- Primary call reason
- Secondary call reason
- Phone number used to call the helpline
- Duration of call and whether call was terminated by client or agent
- Alternative phone number, specifically for call-back/feedback purposes
- Customer name
- Customer status (first time or repeat caller)
- Province
- City
- Clinic location and type (project-funded or non-project-funded)
- Marital status
- Gender
- Age
- Referral source (print media, PT strip, doctor)

5 - Partnerships

In order to achieve its objectives, the MSS relies heavily on partnerships with the government, MCH Program partners, civil society, and NGOs. This section discusses progress made with each partner to reach project goals.

Public Sector (Output 4.1)

Sindh

MSS has made great progress with PWD Sindh, specifically concerning tubal ligation training for MSS doctors and paramedics, which were successfully conducted by PWD during the last two quarters. MSS and PWD Sindh discussed the way forward and the progress on trainings in a meeting on October 24, 2013. MSS has now focused its efforts on relationship building with the Department of Health (DOH) in Sindh. During USAID's visit to the Jacobabad district of Sindh in November, MSS along with HSS/JSI attended the first meeting of the District Health and Population Management Team, chaired by DG Health. The discussion focused on the existing situation, areas of collaboration, tasks and responsibilities, and other issues related to the health sector. On November 30, 2013, PSI/Greenstar, MCHIP/Jhpiego, and MSS held a meeting with DG Health Sindh office representatives, Dr. Wali Leghari, Communication Officer, and Dr. Abdul Khaliq Domki, of the Health Education department to discuss BCC activities. Dr. Talib Lashari, Director of Technical Services FP/RH, and one of the focal persons for liaison with Sindh government, represented MSS at this meeting. It was decided that BCC messages prepared by PSI/Greenstar will be shared with DG Health for approval. Dr. Mohsina Bilgrami, Chief of Party, also attended USAID's quarterly coordination meeting with DG Health on December 11 where she presented a brief overview of the FP/RH Component, followed by details of interventions and scale up in Sindh planned for Year 2. The meeting was useful in gaining insight into the DOH's outlook on FP/RH.



Jonathan Ross, Health Office Director, Joan Dodman, Health Advisor and Shabir Chandio, Health Officer, USAID, with FP/RH team members at first meeting of the District Health and Population Management Team

From January 2014, MSS will engage regularly with the DOH to establish a better coordination mechanism. Biweekly meetings will be held to discuss areas requiring collaborative effort and facilitation by the DOH. A policy roundtable is planned in the next quarter to define referral mechanisms and support of the LHW and MNCH Program toward the FP/RH service delivery model.

Punjab

In Punjab, Dr. Shafqat Ijaz, Chief Operations Director at MSS and focal person for PWD Punjab, held productive meetings with the PWD on October 14 and November 26, 2013. PWD Punjab recognized that MSS works with different donors and requested greater transparency and sharing of information of MSS activities in the province. A request to sign an MOU was shared with the Secretary of PWD Punjab, Altaf Ezid Khan, on November 27, 2013. MSS signed the MOU on December 27, 2013, agreeing to collaborate with PWD Punjab and to smooth operations in the province (see Annex III: MOU Signing Letter).



MOUs

Highlights of the MOU with PWD Punjab

MSS Responsibilities

- **Protocols:** MSS will follow the PWD Punjab protocols for the provision of family planning services. No PWD staff/officers will be used or hired by MSS for services delivery in outreach camps. All of the SSF providers in Punjab where vasectomy services will be provided are to be finalized in consultation with PWD.
- **Information sharing:** MSS will share family planning service provision progress in Punjab on a monthly basis: complete list of social franchises in Punjab; briefs of all new projects in Punjab before implementation; quarterly contraceptives requirement requests; and requests for registration of its Behtar Zindagi Centers (BZCs) as Reproductive Health Services (RHS B) centers.
- **Planning:** MSS will prepare vasectomy monthly plans for the quarter, in collaboration with district population welfare officers, and submit these quarterly plans to PWD at the provincial level.
- **Training:** MSS may submit requests to PWD for the training of MSS service providers in tubal ligation, IUCD and implant insertion, infection prevention, family planning counselling, and other topics. MSS will bear the cost of these trainings, including the cost of trainers/facilitators and training facilities. A separate MOU on trainings was signed with specifications on costs and payments.
- **Events and activities:** MSS may request participation of the PWD Secretary and focal person at MSS's best practices dissemination events at the provincial and national levels, and advocacy-related regional, national, and international forums. MSS can plan and undertake collaborative behavior change and advocacy activities at the provincial and district levels. The organization may actively participate in family planning awareness activities at the district and provincial levels, arranged by PWD Punjab.
- **Support:** MSS may share its training and quality assurance manuals and protocols with PWD Punjab to seek and incorporate the feedback. MSS may request support. MSS may request PWD Punjab to nominate its focal person to participate in the MSS medial advisory team meetings. MSS will request of PWD Punjab that PWD staff participate in training or any other activity related to family planning.

Outreach camps

All outreach camps are held in public health facilities. For this reason, MSS plans to refurbish 200 of these facilities over the course of this project, with refurbishment of 100 planned for Year 2 (during Q3 and Q4).

NGO partnerships (Outputs 4.2 and 4.3)

Under the Cooperative Agreement, MSS through the Health and Nutrition Development Society (HANDS), will pilot an NGO provider network of at least 10 facilities supported by LHWs to diffuse the lessons learned from the SSF model to the NGO and public sectors. MSS will lead and implement this in partnership with HANDS, CSM, and MSI to provide a dynamic blend of expertise. MSS conducted initial assessments in Year 1 to understand technical and institutional capacity building needs. In October 2013, MSS initiated meetings with HANDS and CSM to discuss this partnership. They discussed the specific roles and deliverables of each organization, along with scope of work and service quality matters. MSS signed sub-awards with both HANDS

and CSM on December 30, 2013. MSS has submitted work plans of the sub-awardees to USAID for approval (see Annex VIII: Sub-award Agreement with HANDS and Annex IX: Sub-award Agreement with CSM).



Dr. Mohsina Bilgrami, Chief of Party FP/RH signing sub-awards with HANDS (R) and CSM (L) on December 30, 2013

MCH program partners (Output 4.6)

This quarter saw a lot of activity in terms of consultation meetings with MCH Program partners to outline Year 2 plans for scaling up and collaboration. It was decided that MSS will review JSI/HSS and MCHIP/Jhpiego intervention sites while making the final selection for its own FP/RH intervention sites to ensure optimum synergies among MCH Program partners.

The quarterly **MCH Program Partners' Meeting** was convened at the JSI office in Islamabad on December 4, 2013. Dr. Mohsina Bilgrami, Chief of Party FP/RH, presented on FP/RH operations performance from September - November 2013 and gave a synopsis of the decisions taken at consultative meetings for Year 2 work planning.

Details of specific consultative meetings with partners and their outcomes are discussed below.

MSS and MCHIP/Jhpiego (Output 1.3)

MSS held several meetings with MCHIP/Jhpiego from October to December 2013 during which avenues of coordination and referral mechanisms between MSS and MCHIP/Jhpiego service models were discussed in detail. MSS and MCHIP teams explored the similarities and differences between Suraj A, Suraj B, and MCHIP-operated maternal, newborn, and child health (MNCH) centers. They discussed how MNCH centers can refer family planning cases to Suraj A and permanent method clients to Suraj B and outreach teams. MSS Suraj A and outreach teams can make referrals for safe deliveries to MCHIP-related MNCH facilities. It was mutually agreed that MSS and MCHIP/Jhpiego will roll out the referral mechanism and link the two models by the end of the second quarter of Year 2 in the new intervention areas where both partners work.

The two MCH Program partners also discussed certification and quality audit mechanisms. MSS received a copy of MCHIP/Jhpiego's Quality of Care survey tools and shared feedback on incorporating the family planning addendum into the tools. They are working together toward aligning the quality assurance tools of MSS and MCHIP/Jhpiego.

Voucher pricing and distribution were shared at coordination meetings. Since both MCHIP/Jhpiego and MSS have voucher distribution programs and similar intervention areas, it was decided that they would align the price range and make them compatible.

MSS and JSI/HSS

MSS held a work planning meeting with JSI/HSS on October 11, 2013, to discuss the identification and refurbishment of 100 public health facilities. The two partners have planned joint meetings with the government to discuss refurbishment.

MSS also participated in the first meeting of the district health and population management team in Jacobabad, chaired by DG Health, along with JSI/HSS and USAID (details in Public Sector section).

MSS and PSI/Greenstar

MSS is in consultation with PSI/Greenstar to implement the BCC strategy finalized in August 2013. MSS received the 'Early initiation of breastfeeding' posters from PSI/Greenstar on November 6, 2013. The FP/RH BCC team distributed the 600 mounted posters, in Urdu, Sindhi and English, to the FP/RH regional, district and project offices; SSF clinics and other public health facilities. These posters are based on the first ad campaign that was run on TV and radio on the subject.

A brief on short and long term needs of the FP/RH Project was shared with PSI/Greenstar (see Annex VII: BCC Needs of FP/RH). Copies of all existing IEC materials available from MSS were also provided to PSI/Greenstar.

An MSS team attended the BCC working group meeting on December 11, 2013, in Karachi, with representatives of all components present. Saira Arshad, Dr. Shabnum Sarfraz, and Dr. Talib Lashari were present on behalf of MSS.

It was decided that MSS, MCHIP, and PSI/Greenstar will pilot a new IPC approach in Thatta and Tando Allahyar in 2014. Further meetings will be held with the government of Sindh and MCH Program partners to discuss the pilot (including details of districts).

The BCC working group plans to further explore the MCH Program's brand identity. MSS is awaiting a copy of the BCC strategy draft and details of master trainer trainings to be conducted in early 2014, prior to the pilot testing of IEC Materials. The FP/RH BCC team is compiling a list of master trainers for trainings on IEC material to be conducted by PSI/Greenstar.

Working Groups

An M&E working group meeting was held on November 20, 2013. MSS took the lead in discussing:

- An mHealth Strategy for the MCH Program (more details below under *Innovations*)
- A unified Helpline for the MCH Program (details under *Helpline*)
- Research by MCH Program partners: to fulfill the need for evidence-generation between MCH Program partners, MSS shared details of the client exit survey and invited all partners to share any evidence that they feel may be generated from this study for their program needs

Innovations

mHealth Strategy for MCH

MSS has been developing the mHealth strategy for the USAID MCH program. The exercise was based on the premise that there should be alignment between the different mHealth interventions planned and synergies should be built to maximize resources and remove overlaps. To achieve these objectives, MSS organized meetings with mHealth focal persons from each component to kick start the development of the strategy document that ensures the design and development of proposed mHealth interventions are based on evidence and best practices.

The strategic document developed provides a roadmap for mHealth implementation throughout the MCH Program, including: 1) frameworks to facilitate integration of planned interventions and achieve better health outcomes along the RMNCH continuum of care, 2) discussion of the current landscape, available evidence, and barriers at the rapidly evolving intersection of mobile phones and healthcare, and 3) a way forward to strategically adopt, advance, and scale up mHealth through best practices throughout the MCH Program. The strategic document is pending approval from USAID.

Geographic Information Systems (GIS)

MSS will be providing the geo-coordinate data of facilities for different projects in the Thatta and Dadu districts. The scope of data collection was expanded considering the provision of a holistic picture in the GIS pilot. Once the service provision is initiated under the FP/RH Component, relevant GIS data will be collected for those facilities as well. Data collection will be completed before January 31, 2014.

USAID visit to northern Sindh – November 25-27, 2013

A USAID team, comprising Jonathan Ross, Health Office Director; Joan Dodman, Health Advisor; and Shabir Chandio, Health Officer, visited MSS Suraj A and Bin Mirpur Buriro and Thul, Jacobabad, and the MCH Rohri Center. MSS received positive feedback about the visit from Jonathan Ross:

"Thank you and your staff for making Shabir's, Joan's and my trip to northern Sindh such a success. I know that a huge effort went into organizing the trip itself and your/your staff's participation. It provided me the opportunity I needed to learn firsthand about your successes, meet some of the remarkable people working for your organizations in Sindh, interact with the women you are providing invaluable services to, speak with government officials and private sector partners who overwhelmingly were very positive about your collaboration with them, and to learn of the challenges you're facing in some very difficult environments. Please let all your staff know how much we appreciated all the work for the trip – plus all the remarkable work they are doing on a daily basis – its much appreciated and isn't going unnoticed."

6 - Monitoring and Evaluation

Client-based management information system (Output 5.1)

Updates on the client-based management information system to capture data on service delivery numbers, stock registers, finances, and client profiles will be provided in subsequent quarters.

Social franchising management information system (Output 5.2)

Data from the Poverty Scorecard used in social franchise, as well as FHEs and Suraj providers' diaries is being entered to develop a management information system for analytical reporting on USAID indicators, M&E purposes, and for cross-validation. Regional staff in Karachi and Multan have completed data entry for January - November 2013, and they are now aggregating the data for December 2013. In Sukkur, entries through April 2013 have been compiled, while the remainder is currently being entered.

Annual client exit interview survey 2013 (Output 5.4)*⁸

Client satisfaction assessments allow MSS to interact with clients to evaluate its program. Their experiences and level of satisfaction with MSS services are an essential aspect of evaluating and upgrading service provision. Exit interviews are considered an important component of quality of care. MSS conducts these across all service delivery channels with the aim of collecting information about clients' characteristics and different aspects of quality of care, as well as to measure client satisfaction to understand whether services are meeting clients' expectations. The specific objectives of the exit interview survey are to:

- document the socio-demographic profile of the clients and investigate whether services are reaching the poor and underserved population groups;
- measure clients' overall level of satisfaction with various aspects of the services and whether services meet client expectations;
- investigate if the clients are offered appropriate choices of FP methods and receive methods of their choice; and
- assess the effectiveness of marketing/BCC activities and to determine best possible means of communication with the clients.

This year, the survey is being implemented across all 50 SSF facilities and 25 selected outreach camps in 11 district of Sindh and three districts of the Punjab province. The standard tool, developed by MSI, was adapted in light of programmatic needs and the Quick Investigation of Quality (QIQ) tool developed by MEASURE Evaluation.

Prior to commencement, MSS presented the tool and planned activity was presented at the most recent MCH Program M&E working group meeting to solicit feedback. MSS hired an external consultant for the implementation of this activity through a competitive bidding process led by procurement in adherence to USAID guidelines.

A total of 1,200 family planning clients will be interviewed. The data collection is expected to be completed during the third week of February, followed by data entry, analysis, and report writing. The MSS research,

⁸ *SIFPO Funded

monitoring, and evaluation team rigorously monitored the data collection to ensure quality and the reliability of data. MSS will finalize the report by the end of April, 2014.

The results from the exit interview survey will be used to compute baseline and projection values for a number of key indicators described in the M&E plan. MSS will disseminate the results to key stakeholders to ensure utilization for strategic decision making to improve service delivery.



7 - Support Functions

Procurement*⁹

The MSS procurement department facilitates the regular supply of contraceptives to service providers through the stock of commodities procured via MCH Program partner JSI | DELIVER.

The MSS procurement department facilitates the regular supply of contraceptives to service providers through the stock of commodities procured from JSI | DELIVER, an MCH Program partner. MSS foresees a possible shortage of Implanon in the next quarter. As a contingency measure, Implanon stock from other MSS projects can be dispatched to the regional centers. A request for additional Implanon is being initiated to replenish the stores.

Table 9: Contraceptive Stocks Summary October - December 2013

	Condoms	Copper-T	Implanon	Injection	Oral Pills
Approved quantities through DELIVER until March 2014	8,148,600	171,883	2,000	395,046	614,453
Consumed: October - December 2013	84,407	6,282	592	3,133	7,645

Of the eight Toyota Hiace vehicles procured by MSS for outreach services in Year 1, six were moved into operation on November 26, 2013, after fabrication and installation of safety and security equipment. The remaining two vehicles will be handed over to two new outreach teams in Sindh once they are in place.

Internal audit

The Internal Audit team reports directly to the MSS Board and makes routine internal audit visits. The findings help ensure compliance and quality. During October - December 2013, the FP/RH financial audit team visited the Multan region (Rahimyar Khan and Rajanpur) in Punjab. For the audit, the team randomly selected an SSF facility in Rahim Yar Khan and Rajanpur. The team validated services provided and met clients. When clients were unavailable, the internal audits team instructed the operations team to investigate and provide a report. The audit recommended that the FP/RH operations team increase their validation visits to further strengthen the system.

Project management

Recruitment

The FP/RH human resources department recruited eight managerial staff and 12 field staff members during this quarter, details of which are given in the table below.

⁹ *SIFPO Funded

MSS hired Dr. Shabnum Sarfraz on November 4, 2013, for the key position of Senior Technical Advisor. She reports directly to Chief of Party, Dr. Mohsina Bilgrami and is responsible for:

- coordinating technical assistance from MSI, ensuring the wealth of knowledge provided by the MSI global partnership's body of FP/RH technical and clinical knowledge is diffused throughout Pakistan
- strengthening the clinical and technical aspects of service delivery, with a special focus on monitoring and evaluation systems to optimize program efficiency and effectiveness
- contributing toward the shaping of FP/RH's strategic direction, including adopting international best practices for MSS systems

Table 10: Hiring at Project, Regional and District Offices from October - December 2013

Regions	Management	Supervisors / FHEs
Project Office	08	-
Karachi	-	02
Hyderabad	-	01
Multan	01	02
Sukkur	-	06
Total	09	11

Quarterly Progress Review Conference

The FP/RH operations team organized a Quarterly Progress Review Conference from October 2 - 4, 2013, in Karachi. Fifty-six participants from regional teams attended this conference to review the performance of the previous quarter (July - September 2013) and set objectives and projections for the next quarter (October - December 2013). This quarterly performance review provided an opportunity for regional teams to interact with each other and project teams, and motivates them to achieve FP/RH project goals.



Regional team members sharing their concerns during the Quarterly Progress Review Conference – October 2013

Vaccine Logistics Management Information System (vLMIS)

The procurement department benefited from training on vLMIS between December 17 - 20, 2013, conducted by JSI | Deliver in Karachi. MSS participants included Farooq Shaikh, Assistant Manager Supply Chain FP/RH; Zeeshan Aazmi, Procurement Executive FP/RH; and Shoukat Ayub, Senior Manager Procurement & Logistics from the RHF Project. This was a TOT on LMIS, cold chain asset management, and vaccines inventory management. This course covered asset management and full utilization and reporting of polio type vaccines. The techniques learned in this training will improve the storage and inventory of medicines and injections at the MSS warehouse.

*MSI Innovation Training*¹⁰*

Nineteen MSS staff from different departments attended MSI's training, 'Innovations: How to build and develop ideas,' held in Karachi from December 9 - 11, 2013. Trainers Nick Corby, Paula Alexander, and Charlotte Walker from the MSI innovations and best practice team facilitated this training, with the primary aim being to develop the skills, techniques, and behaviors required by team members to be innovative. The MSI team conducted a similar, half-day training 12 for additional FP/RH staff members, with one representative attending from each department. The HR team will conduct step-down training on innovation of staff members in groups, based on the level of innovation required in their departments/roles.



Charlotte Walker with FP/RH staff members after successfully completing Innovation Training

*MSI Technical Assistance*¹¹*

During this quarter MSI provided MSS with technical assistance in the fields of IT, procurement, and security to strengthen its systems.

¹⁰ *SIFPO Funded

¹¹ *SIFPO Funded

IT Strategy Review

MSI restructured its IT function and capabilities over the last year to better provide strategic solution and service support to its global partners. Bob Rendall, Global IT Director, and Andrew Lane, Head of IT Business Solutions, MSI, visited the MSS offices in Karachi from December 17 - 20, 2013 with the following objectives:

1. understand the current IT landscape, IT provision and services;
2. understand the major MSS program priorities for which IT strategic support may be required;
3. review and consider opportunities for strategic IT investment in support of program objectives;
4. review the level of IT support required by MSS;
5. review and identify how MSS and MSI can most effectively work together on developing and implementing an agreed IT strategy and vision;
6. review and advise on the IT recommendations from the November, 2013, audit; and
7. review and advise on data security following the recent security audit undertaken by Dan Williamson in November/December 2013.

The MSI consultants noted how the IT organization structure at MSS has evolved over time and that the IT provision needs to deliver the infrastructure and systems required to support the expansion of the MSS program over the next 1-2 years. MSI IT will provide ongoing support to MSS IT leadership in different areas, including process and management support, systems and technology strategy, supplier negotiations, contract reviews, etc.

Procurement Review to ensure compliance with USAID and MSI standards

Abdullah Adams, Regional Procurement & Logistics Advisor, MSI, visited MSS from November 11 - 22, 2013. During his trip, he undertook the following:

- analysis of current procurement processes to ensure that they are in line with MSI and USAID procurement rules and regulations;
- identification of gaps and non-compliance risk areas, suggesting areas to improve upon and the provision of standard tools to assist with this;
- mini-audit by sampling transactions (goods and services) and a review of whether MSS and USAID procurement procedures are followed from start to finish;
- development of a checklist of document requirements to enable the program to perform a self-audit; and
- advice on contract development for preferred suppliers.

Abdullah Adams helped build procurement staff knowledge in all of these areas. In his feedback after the visit, he noted that the procurement processes are well defined and detailed in the MSS-Pakistan Supply Chain Manual and Standards, and compliance should continue as observed.

MSS Security Workshop

Dan Williamson, Security Advisor at MSI, conducted three security workshops, two in Karachi and one in Islamabad, for 53 MSS team members from November 27 - December 6, 2013. Participants included senior management and regional team members. Major topics covered in the workshops included MSI's global security framework, country and regional threat levels, security and service delivery levels, contingency planning, risk assessment and mitigations and I-ACT incident response. More than 90 percent of the participants rated the training as good or very good. They recommended inclusion of topics such as first aid,

road accidents, natural disasters, and personal security in future security trainings. (More details in Annex IV: Trainings Sessions Matrix).



Dan Williamson, Security Advisor at MSI, with MSS and FP/RH participants

HC3 workshop for strengthening health communication

Thirty-four senior and middle management staff participated in a five-day assessment workshop, October 28 - November 1, organized by the Health Communication Capacity Collaborative (HC3). HC3 is a five-year, USAID-funded project led by the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHUCCP), in partnership with Management Sciences for Health (MSH) and NetHope. This was an assessment workshop HC3 had requested prior to establishing a partnership with MSS. During the workshop, participants pre-tested the Social and Behavior Change Communication (SBCC) tools and the Organizational Sustainability Tool (OST). Leanne Wolf, Program Officer, JHUCCP, and Sylvia Vriesendorp, Global Technical Lead for Leadership, Center for Leadership and Management, MSH, facilitated the workshop. The workshop provided an excellent opportunity for team members to evaluate and assess the existing processes and systems at MSS while analyzing areas such as leadership, mission and vision, values, gender awareness, information management, staff performance, and internal coordination.

 *Story from the field**Empowered and healthier, thanks to healthy birth spacing*

One of nine children, Bushra Sajjad never had the opportunity to attend school, and she was married off at just 14 years old. Now 25, Bushra has conceived five times. She suffered three miscarriages, and her two, successful, full-term pregnancies were both difficult. Bushra did not know about family planning, and wasn't aware of any short or long term methods of contraception.

Dr. Aneela Jameel runs a USAID-funded Suraj-B center called Saim Clinic, which has served more than 700 clients on family planning since becoming a part of the MSS Suraj social franchise network in January 2013. Saim Clinic is in Bushra's town, Mangrotha. Situated about five kilometers from the city of Taunsa and 95 kilometers from the district of Dera Ghazi Khan in Punjab, Mangrotha has a population of more than 25,000 people and a high, unmet need for family planning awareness and services.

In August of 2013, Shazia Perveen, a field health educator and strong proponent of family planning who works with Dr. Jameel, visited Bushra at her house. Part of Shazia's job with Saim Clinic is to visit local women, dispelling myths about family planning and informing them about options. Shazia met with Bushra, who was still ill from pregnancy complications, and told her about family planning methods, explaining that contraceptive use would allow Bushra to space her pregnancies further apart, allowing for much-needed postpartum recuperation.

Initially, Bushra's husband was skeptical, fearing side effects and the impact on having more children in the future. With Bushra's health worsening, Shazia spoke to Bushra's husband and father-in-law. They agreed to try short term methods. This was unsuccessful, with the couple only intermittently using condoms. Bushra became pregnant again and suffered another miscarriage. Shazia returned, spoke to the family once more, and Bushra decided to try Implanon. Thanks to the Saim Clinic's support and services, Bushra's health is improving and she more control over when/if she will have more children.

When Shazia paid the couple a follow up visit, a healthier Bushra shared:

"It has been difficult for me to cope with miscarriages, but my health is improving now. You and Dr. Aneela have been really kind to me. It has taken us time to understand the concept of healthy spacing due to illiteracy. But thank you for guiding me and my family constantly and giving us access to free services. We will be using contraceptives from now on to keep a check on my health and family size."

Her father-in-law agreed, *"I have realized that adopting family planning and choosing the right modern contraceptive method is key to my son's and his family's wellbeing. This is a good program, and Shazia's counseling has helped my daughter-in-law avail free and quality services."*

