Building on USAID's investments in health service delivery to optimize Pakistan's COVID-19 Response

KEY ACHIEVEMENTS

- The IHSS-SD Activity's approach focused on national, provincial, and district priorities and has supported the development of policies, built the capacity of providers, and developed resilient health systems to provide quality MNCH services in an equitable manner.
- USAID and IHSS-SD's legacy support for strong data systems built provincial and district capacity to detect and monitor service delivery and trainings, introducing a culture of transparency and accountability in resource allocation.
- IHSS-SD leveraged HSS/GHSA service delivery activities and strong relationships with provincial departments of health to optimize the GOP's COVID-19/GHSA response.

EXECUTIVE SUMMARY

The USAID Integrated Health Systems Strengthening and Service Delivery (IHSS-SD) Activity supports three health system priorities: strengthening the health system at the federal level and in select provinces and districts; operationalizing the Global Health Security Agenda (GHSA) across Pakistan; and improving maternal, child, and newborn health (MNCH) service delivery and health outcomes in four districts of Khyber Pakhtunkhwa (KP). IHSS-SD leveraged the legacy of previous USAID funding to support the Ministry of National Health Services Regulations and Coordination's (MoNHSR&C) National Health Vision (NHV 2016-2025) and coordinate with provinces to achieve Pakistan's health sector strategic goals. These efforts have resulted in the establishment of the Health Planning System Strengthening Information Analysis Unit (HPSIU) and bolstered the Government of Pakistan's (GOP) 2015 commitment to the GHSA. In parallel, IHSS-SD worked with the government of KP, a region with a large displaced and rural population, to support the provincial priorities of improving access to and uptake of quality MNCH services.

IHSS-SD began its work to strengthen the capacity of KP's Provincial Government to provide quality MNCH services in 2019. IHSS-SD consulted with the KP provincial and district leadership to agree on the geographic scope of service delivery interventions. The initial agreement indicated that IHSS-SD's service delivery interventions would focus on

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four districts: Charsadda, Lakki Marwat, Swat, and Mohmand. However, security concerns have restricted the implementation of service delivery activities in Mohmand.

IHSS-SD focused its direct service delivery activities at the district level, but IHSS-SD's health system approach mandated that it work at all levels of the health system to ensure that interventions would be sustainable, provide quality services, and ultimately improve MNCH outcomes in KP. At the policy level, IHSS-SD revitalized the KP Department of Health (DOH) MNCH technical working group (TWG), which serves as a forum to build consensus on standardized clinical protocols for MNCH interventions. IHSS-SD leveraged local training institutions to build a cadre of qualified health managers and administrators and provided hands-on training to health care professionals on clinical care in alignment with global standards. The Activity facilitated the refurbishment of health care facilities in target districts and established three sick-newborn care units (SNCUs), three centers of excellence (COEs), and seven well-baby clinics. IHSS-SD trained 191 master trainers who in turn successfully trained 1,946 women medical officers, lady health visitors, and charge nurse on key MNCH best practices. IHSS-SD trained 242 Lady Health Worker (LHW) program trainers, and these trainers trained 3,404 LHWs through a cascaded approach. Community outreach efforts included community mobilization and information campaigns that reached almost 90,000 men and over 100,000 women with MNCH information. Almost 110,000 students received information on the importance of personal hygiene and handwashing in 525 government primary schools. Mobile health service units (MHSUs) were deployed to provide services in rural and underserved communities, reaching almost 14,000 people between November 2019 and December 2020 with family health interventions and referrals.

In March of 2020, the GOP implemented measures to reduce the transmission of COVID-19 in Pakistan. Restrictions on travel and gathering, as well as fears of contracting COVID-19, disrupted service delivery; however, IHSS-SD met its MNCH targets by September 2020. At this time, IHSS-SD also received a no-cost extension from USAID, and the focus on service delivery shifted to pandemic response. Several MNCH service delivery interventions (provider training and MHSU family health services) continued through December of 2020, and point of care quality improvement (POCQI) and supportive supervision for SNCUs and COEs continued through September 2022.

The COVID-19 pandemic shifted USAID funding and local priorities away from MNCH service interventions, but many of the COVID-19 response interventions used systems set up under service delivery activities.

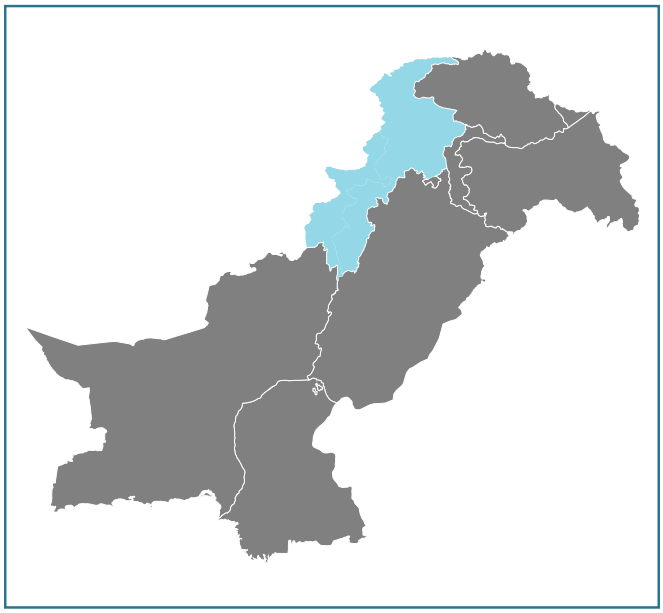
Faculty members of the DHQ Hospital Charsadda utilize the Center of Excellence for MNCH training.

IHSS-SD trained over 10,000 providers on infection prevention and control (IPC) and more than 1,000 ICU staff on managing serious COVID-19 patients needing ventilators. 46,000 LHWs received training on home-based care for COVID-19 cases, and MHSUs have delivered COVID-19 vaccines to over 129,000 women living in remote areas of KP. USAID's support for a health systems approach to improving service delivery helped create a resilient health system that is able to respond to the current and any future pandemics. IHSS-SD's support for direct MNCH service delivery has ended, but the legacy of USAID investments in MNCH service delivery in KP remains. People continue to receive services from trained providers in refurbished health facilities and systems are better designed to meet the populations health needs. As the world emerges from the COVID-19 pandemic, and Pakistan works to respond to the current historic flooding damage, the IHSS-SD Activity's MNCH service delivery interventions in KP have been institutionalized. Any future USAID investments in MNCH in KP will have a solid foundation to build upon.

BACKGROUND

Provincial Context and the Identification of Priority Service Delivery Interventions

People living in Pakistan's KP province have traditionally had poor access to health care and other services for many reasons including difficult terrain, conservative culture, restricted mobility of women, and poverty. In recent years, the province has experienced conflict and political instability, and it is home to over three million refugees fleeing the decades of conflict in Afghanistan. These factors have impeded the province's social and economic progress and compromised access to quality health care.



Map of Pakistan KP province.

IHSS-SD conducted a baseline assessment to determine what gaps could be addressed with support from USAID. The assessment covered 147 health facilities (10 Rural Health Centers [RHC] and 116 Basic Health Units [BHU]) in three target districts (Charsadda, Lakki Marwat, and Swat). The assessment for Mohmand was deferred due to security concerns. The technical team developed summary reports for all assessed RHCs and BHUs that included their health facility profiles.

Interventions Before the Pandemic

(October 2017-September 2020, original award period)

Upon award, IHSS-SD's systems approach included working at all levels of KP's health system to support the delivery of quality MNCH services in the target districts. IHSS-SD collaborated and coordinated closely with key government and local entities across all management tiers. This included developing and maintaining effective and collaborative relationships with the DOH, the MNCH TWG, and the Population Welfare Department (PWD) at provincial and district levels, as well as engaging district health committees and hospital senior management teams.

Development, Standardization, and Dissemination of Clinical Protocols

IHSS-SD worked to revitalize the DOH's MNCH TWG in KP. In close collaboration with the TWG, IHSS-SD reviewed and finalized the DOH's MNCH clinical protocols, with key input provided by leading private and public sector pediatricians and gynecologists. IHSS-SD disseminated the finalized protocols in all intervention district facilities.[1] Posters illustrating the clinical protocols were printed and prominently displayed as visual reference points in service provision areas, including delivery rooms in 138 facilities. These visible reminders of best practices are an essential tool for health care workers as they conduct their daily clinical activities. The DOH noted that their strategic placement supported the standardization, improvement, and quality of labor room services and MNCH practices. IHSS-SD's supportive supervision of labor rooms documented the placement of protocols and observed the correct management of emergency maternal and newborn cases.

Improving Patient Referral Systems

IHSS-SD worked closely with the DOH to strengthen the patient referral systems. IHSS-SD teams reviewed existing referral mechanisms with the DOH District Technical Support Team to identify and address its needs. The reviews identified communication gaps between facility and community-based service providers, erratic documentation, a lack of feedback mechanisms, and delays in referrals as challenges that prevented streamlined referrals. To reinforce the importance of timely client-referral, IHSS-SD provided training on client referral mechanisms, and the medical superintendents of tertiary care hospitals notified their women medical officers to prioritize care for referred patients. To ensure compliance, district health officers issued relevant notifications to district health facility senior managers. Facilities in turn prioritized referred clients and ensured the maintenance of referral feedback records. IHSS-SD also provided 11 state-of-the-art and fully equipped ambulances to facilitate the referral of emergency cases.

1 Protocols developed and disseminated: Management of Postpartum Hemorrhage [PPH]; Management of Eclampsia/Pre-eclampsia; Manual Removal of Placenta; Management of Shock; Helping Babies Survive; Infection Prevention and Control; Integrated Management of Newborn and Childhood Illness (IMNCI); Infant and Young Child Feeding [IYCF]; Postpartum Family Planning and FP Compliance

Establishment and Operationalization of Centers of Excellence (COE) to Support Best Practices

IHSS-SD established and operationalized four Centers of Excellence in KP, which are located in the Charsadda District Headquarters Hospital, the Lakki Marwat District Headquarters Hospital, the Saidu Group Teaching Hospital (SGTH), and the Molvi Ameer Shah Hospital in Peshawar. IHSS-SD supported the installation of equipment; development of the clinical SOPs on MNCH, integrated management of childhood illness (IMNCI), and infant and young child feeding (IYCF); and assembly of workstations related to all training packages. The COE are used for MNCH-focused capacity building training and workshops for health care providers and operate under the aegis of the DOH KP.

A young mother and her baby visiting the well baby clinic at the THQ hospital in Matta Swat for the baby's check-up.

Refurbishing Facilities

IHSS-SD refurbished and updated critical hospital areas (accident and emergency rooms, labor rooms, gynecology and pediatric wards, and operation theaters) in seven hospitals. The Activity established WBCs in seven hospitals and three sick newborn care units. The Activity provided a package of 83 essential MNCH commodities to each of the 172 health facilities in districts Charsadda, Lakki Marwat, Swat, and Mohmand.

Capacity Building for MNCH Health Care Providers

Capacity building and training of health care personnel is the hallmark of the IHSS-SD Activity. Working to strengthen the public sector health system requires upgrading the knowledge base and skill set of health care providers, health managers, and community-based health workers. IHSS-SD trained more than 4,800 health care providers (facility and community-based) on various MNCH health interventions.[2] The Activity introduced a comprehensive MNCH training package, which was offered to health care staff in Charsadda, Lakki Marwat, Swat, and Mohmand. Annex 1 provides details on the MNCH training IHSS-SD provided.

Operationalizing the Training Information Management Systems in KP

HSS-SD operationalized the Training Information Management System (TIMS) in KP, which was developed with the support of USAID under the Mother and Child Survival Program (MCSP) in Balochistan, Punjab, and Sindh provinces. IHSS-SD designed the management information system, including an integrated dashboard, to consolidate the DOH's capacity building investments in an electronic record keeping system. This system encourages data-driven decisions to manage resources more efficiently. The IHSS-SD team held a series of meetings in Peshawar (the provincial capital) with the Director General of Health Service (DGHS), Additional Director of General Health Service (ADGHS), and the Director General of the Provincial Health Services Academy (DG PHSA) to demonstrate TIMS' capabilities. TIMS is now owned and managed by the District Health Information System (DHIS) and M&E cell within the directorate general of health services.

Institutionalizing and Supporting Investments in Supported Facilities

IHSS-SD implemented a Point of Care Quality Improvement (POCQI) and Supportive Supervision (SS) mechanism as a comprehensive approach to Quality Improvement (QI) and to optimize provider training. IHSS-SD introduced the POCQI approach to senior DOH staff and monitoring/supervisory staff through a three-day capacity building workshop. The workshop covered effective supportive supervision and quality

2 Training Packages: Pregnancy, Childbirth, Postpartum, and Newborn Care (PCPNC); Management of Complications during Pregnancy and Childbirth (MCPC); Integrated Management of Childhood and Newborn Illness (IMNCI); Helping Baby Survive (HBS) & Use of Chlorhexidine; Infant and Young Child Feeding (IYCF) & Growth Monitoring; Postpartum Family Planning (PPFP)/ Family Planning Compliance; Infection Prevention and Control; Training of Lady Health Workers on MNCH; Training of Community Midwives on MNCH; Case definitions and management guidelines

improvement approaches, including on-the-job coaching and mentoring. Following the workshop, IHSS-SD district teams, in collaboration with the medical superintendents of selected hospitals, began implementation of the Quality Improvement Strategy. Action plans based on the four-step POCQI model were quickly developed and implemented.[3]

Under the supervision of the hospital medical superintendents, mechanisms are now in place to ensure smooth coordination between the IHSS-SD district team and the QI teams. This has led to a better understanding and smoother operationalization of the POCQI activities. Scheduled, regular meetings are also conducted under the supervision of the medical superintendents during which any outstanding issues are aired and any relevant identified actions taken. IHSS-SD support for POCQI and supportive supervision continued until September 2022.

Reaching the Last Mile: Mobile Health Service Units

Due to KP's terrain and rural population, many people do not have easy access to health facilities. To address this, IHSS-SD operationalized and deployed three MHSUs to provide a package of health services. (Box 1). To generate demand for these services, IHSS-SD worked with community notables (local bodies, elected representatives, social workers, or teachers) and community resource persons (CRPs) to inform target communities about the MHSU services, mobilize the population to seek health care services, and provide logistic support in organizing the camps. In parallel, IHSS-SD ensured that the medical services provided by MHSUs were of high quality and that each MHSU had the human resources and medical commodities and supplies needed.

The first MHSU camp took place on November 28, 2019 in district Swat at RHC Chuprial. The camps were suspended between March and July 2020 because of the COVID-19 pandemic. Once the suspension was lifted, 58 medical camps were conducted in Lakki, Charsadda, and Swat July-September 2020. Through these camps, 13,517 patients (10,426 females) were registered and received medical consultations, and 10,706 (8,230 females) participated in the awareness sessions on hygiene and handwashing.

Capacity Development of Community-Based Providers

IHSS-SD trained 150 community-based midwives (CMWs) to improve service delivery at the community level. CMWs were trained on pregnancy, childbirth, postpartum, and newborn care (PCPNC); lactation and growth monitoring; postpartum family planning (PPFP); chlorhexidine for cord care; and the CMW management information system.

Community-based lady health workers (LHWs) are the first contact with the health system for many women and children living in villages and peri-urban areas. The IHSS-SD Activity trained LHWs working in the target districts and refreshed their knowledge on MNCH, PPFP, nutrition and infectious diseases. As of September 30, 2020, IHSS-SD trained 242 master trainers who then trained 96% of the target number of LHWs (3,062 of 3,200).

Community Outreach

A total of 1,680 community resource persons (CRPs), identified through community, village, and local support organizations and trained on MNCH, conducted outreach for women of reproductive age through awareness sessions and referrals to nearest health facilities for the uptake of services related to MNCH, birth spacing, and infectious diseases. Of the total CRPs, 980 were deployed in Swat, 420 in Charsadda, and 280 in Lakki Marwat.

IHSS-SD provided orientation for 225 community notables from the four districts who were willing to voluntarily participate in IHSS-SD activities. Community notables encouraged community participation in social mobilization activities and the identification of health-

Box 1. MHSU PACKAGES OF SERVICES

- First level care for common ailments especially maternal, newborn and childhood
- Ante-natal and post-natal check up
- Early recognition and referral of cases with danger signs and complications
- Counseling on maternal nutrition, breast feeding and birth spacing
- Detect and refer common communicable illnesses (Tuberculosis, Typhoid, Measles, Rubella, Hepatitis, Malaria & Dengue, HIV/AIDS etc.)
- Diagnose and refer and non-communicable diseases (Hypertension)

3 Four Steps of POCQI: 1) Identification of any gaps and/or obstacles in meeting quality standards, and drafting of Aim Statement; 2) Analysis of the obstacles, and measurement of quality of care; 3) Development and piloting of SOPs; and 4) Sustaining and continually improving quality through Supportive Supervision at facility and community level.

related local challenges. They played an active role in social mobilization, organizing the MHSU camps, and supporting data collection on issues related to health care facilities and services.

The CRPs and female social mobilizers from all four districts reached 114,242 female and 87,621 male beneficiaries through awareness sessions. These sessions cover six themes in the MNCH toolkit: introduction and health rights, pregnant women health and nutrition, birth spacing, hygiene and handwashing, child health and nutrition, and infectious diseases. Social mobilization, demand creation, and awareness sessions mobilized patients to attend MHSU camps for the uptake of basic health services.

Service Interruption in 2020 Due to the Outbreak of COVID-19

The first case of COVID-19-19 in Pakistan was detected on February 26, 2020, and the MoNHSR&C declared a health emergency on March 2, 2020. The GOP imposed a lockdown to close all schools, offices, malls, restaurants, and public places on March 25, 2020. The Government of KP province also issued directives for the closure of outpatient departments and elective surgical services in tertiary care hospitals, district headquarters hospitals, and private clinics throughout the province as of April 1, 2020. MHSU camps were put on hold from March to July of 2020. These shut downs resulted in a sharp decline in the number of women accessing routine maternal health services.

Despite the COVID-19 lockdowns, IHSS-SD was able to meet all of its targets, and over 548,053 women and children received MNCH services in facilities that IHSS-SD upgraded, equipped, and provided training. Over three million people accessed services in facilities supported by IHSS-SD's POCQI program.

LEVERAGING IHSS-SD MNCH INVESTMENTS TO OPTIMIZE THE COVID-19 RESPONSE IN KP

Most of IHSS-SD's MNCH service delivery activities ended in December 2020 and were adapted to support COVID-19 response. Family health MHSU camps and community health awareness sessions ceased in December 2020, and the last MNCH training (sick newborn care training) took place in March 2022. Community awareness sessions have shifted from providing MNCH information to providing information about COVID-19. 15,204 LHWs in KP have been trained to provide information on COVID-19 and home-based care for mild illnesses. Training for facility-based staff shifted from core MNCH interventions to focus on COVID-19 treatment protocols and the use of ventilators for severe illness. MHSUs have provided

A baby is being treated in the sick newborn care unit at the DHQ hospital in Lakki Marwat.

over 129,000 vaccinations to rural populations. In parallel, IHSS-SD has ensured MNCH investments in KP's COE and SNUs have been maintained through continuous POCQI intervention and supportive supervision. POCQI teams have been notified and are using standard supportive supervision guidelines.

THE WAY FORWARD

IHSS-SD's MNCH interventions have been adopted by the KP DOH. The DOH now has the capacity to manage and monitor MNCH services; there are cadres of facility- and community-based providers who have been trained and deployed; facilities have been upgraded and stocked to provide quality health services; POCQI teams are active; supportive supervision guidelines have been standardized; and monitoring and supervision information systems are robust. IHSS-SD's systems approach to implementation has allowed the legacy of USAID's MNCH investments in KP to be optimized to support Pakistan's response to the COVID-19 pandemic.

Although the COVID-19 pandemic interrupted MNCH service provision in Pakistan and diverted funding and resources away from MNCH service delivery, IHSS optimized USAID service delivery investments to support pandemic response. As the world emerges from the COVID-19 pandemic, IHSS-SD has left a legacy of USAID's investments in MNCH service delivery that have been institutionalized and supported the development of a resilient health system that can respond to COVID-19, and other future challenges.

10,706 (8,230 females) participated in the awareness sessions on hygiene and handwashing.

114,242 female and **87,621** male beneficiaries reached through awareness sessions provided by CRPs and female social mobilizers.

Over **548,053** women and children received MNCH services in facilities that IHSS-SD upgraded, equipped, and provided training.

13,517 patients (10,426 women and girls) registered and received medical consultations.

4,700 health care providers (facility and community-based) trained on MNCH health interventions.

Over **3 million** people accessed services in facilities supported by IHSS-SD's POCQI program.

ANNEX 1: NUMBER OF PROVIDERS TRAINED BY IHSS-SD IN KP

1.2.2d. Number of people trained in basic health services to deliver minimum health services delivery package by gender through USG support

Number of Participants in different trainings: One person may have taken more than one trainings

S. #	NAME OF TRAINING	ACHIEVEMENTS																					Achieved Till To Date	LOP Targets	% Achieved	Cumulative 2019-2020		
		Q3 (Apr-Jun 2019)			Q4 (July-Sep 2019)			Q1 (Oct-Dec 2019)			Q2 (Jan-March 2020)			Q3 (Apr-Jun 2020)			Q3 (Jul-Sep 2020)			Cumulative 2020						M	F	Total
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total						
1	Training of Service Providers on PCPNC	0	10	10	0	118	118	0	101	101	0	51	51	0	29	29	0	152	152	0	333	333	451	290	156%	0	461	461
2	Training of Service Providers on MCPC	0	0	0	0	0	0	0	27	27	0	74	74	0	0	0	0	13	13	0	114	114	114	126	90%	0	114	114
3	Training of Service Providers- HBS and CHX	0	0	0	0	0	0	14	5	19	0	0	0	0	0	0	40	57	97	54	62	116	116	132	88%	54	62	116
4	Training of Service Providers - PPFP and FP Compliance	0	0	0	0	23	23	0	106	106	0	0	0	0	0	0	0	0	0	0	106	106	129	130	99%	0	129	129
5	Training of service providers on infectious diseases	0	0	0	0	0	0	125	21	146	94	63	157	72	28	100	0	0	0	291	112	403	403	435	93%	291	112	403
6	Training of LHWs/CMW on MNCH, PPFP, Nutrition, Infectious diseases	8	7	15	94	133	227	0	899	899	0	1612	1612	0	195	195	0	456	456	0	3162	3162	3389	2780	122%	102	3302	3404
7	A whole-site, team-based training of all staff based on infection prevention													239	26	265	304	107	411	543	133	676	676	500	135%	543	133	676
Jhpiego Total Participants trained		**8**	**17**	**25**	**94**	**274**	**368**	**139**	**1159**	**1298**	**94**	**1800**	**1894**	**311**	**267**	**589**	**344**	**785**	**1129**	**888**	**4022**	**4910**	**5278**	**4393**	**120%**	**990**	**4313**	**5303**
1	Training of service providers on IMNCI guidelines	10	0	10	25	4	29	39	15	54	26	18	44	0	0	0	45	27	72	110	60	170	199	229	87%	145	64	209
2	Training of Community based Health Providers trained (LHWs, LHSs &CMWs) on C-IMNCI							0	200	200	0	1807	1807	0	263	263	0	246	246	0	2270	2516	2516	2780	91%	0	2270	2516
3	Training of Health Care providers trained in Sick Newborn Care Unit (SNCU) including doctors and nurses							23	23	46	0	0	0	0	0	0	0	0	0	23	23	46	46	48	96%	23	23	46
4	Training of Health Care providers (doctors, health managers, lady health visitors, nurses, and medical technicians) in Infant and Young Child Feeding (IYCF)							30	50	80	23	56	79	6	16	22	0	0	0	59	122	181	181	292	62%	59	122	181
JSI Total Participants trained		**10**	**0**	**10**	**25**	**4**	**29**	**92**	**288**	**380**	**49**	**1881**	**1930**	**6**	**279**	**285**	**45**	**273**	**318**	**192**	**2475**	**2913**	**2942**	**3349**	**88%**	**227**	**2479**	**2952**
Grand Total JSI + Jhpiego		**18**	**17**	**35**	**119**	**278**	**397**	**231**	**1447**	**1678**	**143**	**3681**	**3824**	**317**	**546**	**874**	**389**	**1058**	**1447**	**1080**	**6497**	**7823**	**8220**	**7742**	**106%**	**1217**	**6792**	**8255**
No. of individuals trained in multiple trainings		**18**	**17**	**35**	**119**	**278**	**397**	**147**	**1022**	**1169**	**85**	**1703**	**1788**	**257**	**166**	**423**	**311**	**602**	**913**	**800**	**3493**	**4293**	**4690**	**3280**	**143%**	**937**	**3788**	**4725**