

# Launch of TACMIL Health Project

## Report

August 30, 2008

### Welcome address by the COP

TACMIL Launch ceremony started with the recitation from Holy Quran by Mr. Wajahat Raza. Dr. Zafarullah Gill presented the welcome address. Dr. Gill highlighted the purpose and scope of TACMIL Health Project and briefly discussed its four components. He emphasized on the importance of developing sustainable linkages among different partners and stakeholders of the project. His speech was followed by presentations on project components by the component lead persons. This opening session was chaired by Ms. Katie McDonald of USAID, and was co-chaired by Mrs. Imtiaz Kamal (MAP), Dr. Rehan Hafeez (MNCH Program) and Mr. Shafqat Jawaid (MoPW). List of participants is attached (Annex 1)

## 1. Presentations on TACMIL components

### ***Component 1 - Institutional Capacity Building-Midwives/Nurses***

- Presenter: Dr. Patrice White
  - Component 1 intends to strengthen Pakistan Nursing Council (PNC), Midwifery Association of Pakistan (MAP), midwifery tutors and different cadres providing midwifery and MCH services.
  - PNC requires strengthening its examination, licensing, registration and accreditation systems.
  - MAP requires strengthening its capacity in advocacy and governance, and to increase its membership.
  - There is a need to develop career ladder structure and appropriate financial incentive package for midwives.
  - There is also a need to develop clinical and teaching/learning skills of midwifery tutors. Strong advocacy for their specialized training is needed.
  - TACMIL sponsored 14 MAP members for attending ICM in Glasgow this year, and their advocacy has helped added 42 new MAP members.
  - Challenges in strengthening midwifery program include: improvement in the general perception about midwives in the society, lack of recognition of midwives as skilled health workers, and also the lack of midwifery designation in public sector.

### ***Component 2 - Targeted Information system***

- Presenter: Ms. Umbreen Saleem
  - Component 2 focuses on improving health awareness among various stakeholders including the general public.
  - Strategies include institutional capacity building of public sector, particularly focusing on National Institution of Population Studies (NIPS), district health government, policy makers and journalists.
  - Major activities include development of fact sheets, policy and technical briefs, organization of policy seminars, research workshop, and development of curriculum and training of journalists, organization of constituent events for raising health awareness among the local communities, and conducting star campaign to foster a healthy competition among districts for improving district health performances.

### ***Component 3 - Grants Program***

- Presenter: Mr. Athar Aslam
  - Grants program focuses on inviting district-specific NGOs to propose innovative, replicable and sustainable models for rendering health care delivery system more efficient and effective with improved quality and accessibility.

- Program is confined to 20 districts of TACMIL, six each in NWFP, Balochistan and Sindh, and two in Punjab.
- Program is being delivered in two rounds. Round 1 is in progress. Solicitation, screening of proposals and the short-listing have been completed, and the pre-award assessment is underway.
- AASA consulting is providing technical support in screening and pre-award assessment processes.
- Grants program has several challenges ahead that include: how to sustain the proposed interventions; how to replicate the tested models in other parts of the country; and how materialize a meaningful public-private partnership between the district health government and the program implementing NGOs.

#### ***Component 4 - Strengthening Essential Drugs/Contraceptive Logistic System***

- Presenter: Mr. Ahmed Nadeem Mir
  - This component focuses on strengthening the drug and contraceptive logistic system in 20 districts of TACMIL, and at the provincial and federal levels.
  - LMI (USA) and UTi (Pakistan) are implementing partners.
  - A situation analysis has been carried out in the project areas (district, provincial and federal levels) using structured questionnaires to collect information regarding procurement, warehouse, distribution, IT, governance and financial system. Report will be ready by the end of September.
  - Component 4 works in harmony with MoH, MoPW, UNFPA, PAIMAN and FALAH.
  - Next steps include: development of curriculum on logistic management and software for logistic management information system, and the training of MoH and MoPW staff.

## **2. Comments by Chair and Co-Chairs**

### **a. Mrs. Imtiaz Kamal (Co-Chair)**

Mrs. Imtiaz Kamal referred 200 years old history of midwifery services in Sweden to emphasize the role and importance of midwives in reducing maternal and newborn mortality. She hoped that MAP and midwifery schools will receive the support they deserved, and will be able to play their expected roles.

### **b. Dr. Rehan Hafeez (Co-Chair)**

Dr. Rehan thanked TACMIL for inviting him and hoped that the project will be able to achieve its goals and objectives within the stipulated time period. He realized the importance of TACMIL in strengthening health systems through specific interventions, and hoped for some visible changes.

### **c. Ms. Katie McDonald (Chairperson)**

Ms. McDonald appreciated the efforts of TACMIL team and hoped that although 2 years were not enough, TACMIL would demonstrate replicable changes in the health system in Pakistan. Commenting on the title TACMIL (means accomplishment in Urdu); she hoped that project would be able to achieve its targets. She reiterated that TACMIL was an important investment of US government for strengthening the health care delivery system in Pakistan.

## Small Groups Work on Component-specific Questions

### 1. Introduction

Small group work started after the general plenary session just after the tea break. Four groups were formed in relation to four components of TACMIL Health Project. Each group discussed three questions prepared for component-specific areas (Annex 2). The project component lead persons facilitated group discussion on these questions. 45 minutes were allocated for each group. On average, nine persons per group participated (Annex 3). At the end of group discussions, each group presented its recommendation in plenary. Ms. Nighat Durrani, the Registrar of PNC chaired the session, while Mr. William Conn and Mr. Shafqat Jawaid co-chaired. Finally, Dr. Zafarullah Gill, the COP of TACMIL Health Project delivered vote of thanks.

### 2. Group Recommendations

#### ***Group 1 (Institutional Capacity Building-Midwives/Nurses)***

- Dr. Nabeel Akram presented following group comments/recommendations:
  - Promote and highlight the importance and the role of midwives in reducing maternal and newborn mortality.
  - Specify roles of female cadres available in the public health sector (i.e., which cadres come under the category of paramedics). Group suggested meeting Deputy Director General Health as the initial step.
  - Explore language which can be used to describe professional midwives. Confusion exists about the term 'midwife/dai' in Urdu because it means the same as TBA.
  - Create public awareness on the role and importance of midwives using media and already available advocacy tools including films etc.
  - Perform a study to determine what percentage of RN/RMs are actually practicing midwifery
  - Reach out to gynecologists and obstetricians and advocate for professional midwifery through professional bodies such as PMDC, FIGO, SOGOP etc
  - Develop a specialized cadre of midwifery tutors to strengthen midwifery schools.
  - Advocate with staff within the MoH and MoPW the value of professional midwives.
  - Explore and identify mechanisms for workforce planning in Pakistan re: delivery of midwifery care

#### ***Group 2 (Targeted Information System)***

- Mr. Qamar-ul-Islam Siddiqui presented following group comments/recommendations:
  - There is a need to identify and devise mechanisms for enhancing the validity and credibility of available data in the health sector, including the routinely collected data through health management information system.
  - Policy makers, senior managers and bureaucrats are required to be involved in health planning and advocacy activities to make these efforts effective and meaningful.
  - Mixed Media Approach should be adopted to involve variety of dissemination channels for health advocacy.

#### ***Group 3 (Grants Program)***

- Mr. Athar Aslam presented following group comments/recommendations:
  - Grants program provides an excellent opportunity to local NGOs for presenting innovative ideas in order to improve the health care delivery system.
  - Sustainability of such efforts requires building good relationship with district government and the local communities.
  - A formal MOU will help ensure participation and the required cooperation by the district government.
  - Strategies for monitoring grants activities should be identified jointly with grantees through a participatory approach using any appropriate planning tool such as Logical Framework Analysis tool.

- Initial inception meetings with grantees are crucial and would identify strategies and mechanisms for monitoring and sustaining the proposed interventions.

**Group 4 (Strengthening Essential Drugs/Contraceptive Logistic System)**

- Suphyan Siddiqui presented group comment/recommendations:
  - Drug Logistic System in the pub sector requires “Engineering” rather than overhauling by developing its capacity to implement the overall drug logistic cycle from procurement to supply to the end user.
  - Various inputs are required to strengthen the current drug logistic system through training, improving information system and introducing automated inventory management.
  - Government needs to be advocated for integrating logistics systems of different vertical programs.
  - A standardized curriculum is required for training and capacity building of MoH and MoPW staff.

**3. Comments by Chair and Co-Chairs**

**a. William Conn (Co-Chair)**

Mr. William Conn of USAID thanked everybody for participating in the launch despite the weekend. He appreciated TACMIL Health team for their efforts for dealing with four distinct components which are like individual projects. He emphasized the need for good coordination and collaboration among all partners and stakeholders, and reminded everyone to consider this opportunity as a process of further learning.

**b. Mr. Shafqat Jawaid (Co-Chair)**

Mr. Shafqat realized TACMIL as a crucial project that faces multiple challenges. He expressed the MoPW to fully cooperate in implementing the project.

**c. Ms. Nighat Durrani (Chairperson)**

The Chair of the session thanked TACMIL and congratulated the entire team for making headway. She submitted that since areas of work are common, both TACMIL and NMCH should complement each other. She emphasized that midwives should be further empowered for taking independent decisions, and a 4-year BSc program should be initiated to improve their status. She finally reiterated the full cooperation by PNC for TACMIL.

## Annex 1

### List of Participants

Sr.	Name & Designation	Program/Org/Department
1	Dr. Salman Cheema	National HMIS Cell
2	Dr. Imran Majeed	National HMIS Cell
3	Dr. Shareef Ahmad Khan, National Program manager	Prime Minister's Program for Prevention and Control of Hepatitis
4	Dr. Hassan Abbas Zahir	National AIDS Control Program
5	Dr. Rehan A. Hafiz	National Program Manager MNCH
6	Qamarul islam Siddiqui	Dy. Director, Health Education/DCC Specialist,
7	Mrs. Imtiaz Kamal, President	Midwifery Association of Pakistan
8	Ms. Nighat Durrani, Registrar	Pakistan Nursing Counsel –PNC
9	Dr. Naseer Nizamani	Family Health International
10	Ms. Eersa Sami Ahuja, Project Director	Internews
11	Mr. Riaz Hussain, Director	AASA Consulting
12	Dr. Nabeel Akram, Country Representative	JHPIEGO
13	Mr. Mahbub Ahmad	Independent
14	Dr. Haleema Azmat	Shifa International
15	Dr. Zafarullah Gill	TACMIL Health Project
16	Dr. S.M Israr	TACMIL Health Project
17	Dr. Patrice White	TACMIL Health Project
18	Clara Pasha	TACMIL Health Project
19	Umbreen Salim	TACMIL Health Project
20	Ahmed Nadeem Mir	TACMIL Health Project
21	Muhammad Ather Aslam	TACMIL Health Project
22	Muhammad Riaz	TACMIL Health Project
23	Wajahat Raza Khan	TACMIL Health Project
24	Hajira Naqvi	TACMIL Health Project
25	Jameel Hussain	TACMIL Health Project

26	Zeeshan Qadir	TACMIL Health Project
27	Ayesha Irshad	TACMIL Health Project
28	Nuzhat Hameed	TACMIL Health Project
29	Asim Ali	TACMIL Health Project
30	Qaiser Nazir	TACMIL Health Project
31	Yousaf Younis	TACMIL Health Project
32	Akhtar Ali	TACMIL Health Project
33	Umer Hayat	TACMIL Health Project
34	Mr. Tauseef Ahmad	Independent
35	Mr. Mehboob Sultan, Director	National Institute of Population Studies
36	Mubashar Ali	National Institute of Population Studies
37	Fateh-ud-Den	National Institute of Population Studies
38	Stella Nazir	
39	Dr. Inayat Thaver, CEO	Mastashaar Consllting. Firm
40	Dr. Shafqat Jawaid, Sr. Director	Population Welfare Department
41	Dr. Shahida Azfar, COP	FALAH Project
42	Mr. William Conn, CTO	USAID
43	Susan Thollaug	USAID
44	Katie McDonald	USAID
45	Sigurd Hanson, COP	Safe Water Project
46	Javed Shaukat	Safe Water Project
47	Makhmoor Hussain, GM Operations	UTi Pakistan
48	Suphyan Siddiqui	UTi Pakistan
49	Bruce Rasmussen	Chief of Party, PRIDE
50	Mr. Iqbal Azam	Department of Community Health Sciences, Aga Khan University
51	Dr. Zaiba A. Sathar	Country Director Population Council
52	Dr. Abdul Bari	DTW

## **Annex 2**

### **Questions for Group Discussions**

#### **Group 1 (Component 1)**

- What do you think is the importance of midwives among other female health care providers, in reducing maternal and newborn mortality?
- What can be done to help recognize the role and importance of midwives in public and private sectors?
- What strategies are required to develop a competent cadre of midwives for meeting the human resource needs in the country?

#### **Group 2 (Component 2)**

- What should be done to institutionalize effective mechanisms for Advocacy and BCC in government health sector?
- What do you think are appropriate and effective strategies for disseminating health related information to the local communities?
- How to promote the culture of “use of information in decision making by health care managers” in public sector?

#### **Group 3 (Component 3)**

- What is required to render a grants program effective that could demonstrate replicable and sustainable health care models?
- There is a big functional gap between government and private sectors. What could be done to promote public-private partnership in a grants program?
- What could be the strategies for monitoring a grants program effectively?

#### **Group 4 (Component 4)**

- “Drug and contraceptive logistic systems in MoH and MoPW need overhauling” what do you think about this?
- What can be done to improve drug and contraceptive logistic systems in MoH and MoPW?
- How drug logistic systems of different vertical programs can be integrated for more effective use of resources?

## Annex 3

### List of Participants for Small Group Work

#### Group 1 (Institutional Capacity Building-Midwives/Nurses)

1. Mrs. Imtiaz Kamal President, MAP
2. Mrs. Nighat Durrani, Registrar, PNC
3. Mrs. Stella Ayub Nursing Advisor, MoH
4. Mrs. Clara Pasha Technical Advisor, Midwifery, TACMIL
5. Dr. Patrice White Senior Nursing/Midwifery Advisor, TACMIL
6. Dr. Nabeel Akram Country Representative, JHPIEGO (FALA)
7. Dr. Shafqat Jawaid Senior Director, MoPW
8. Mr. Iqbal Azam Assistant Professor, CHS-AKU
9. Dr. Abdul Bari Director Health program, Districts that Work Project
10. Ms. Katie MacDonald USAID

#### Group 2 (Targeted Information system)

1. Umbreen Salim Communications Advisor
2. Ms. Eersa Sami Ahuja Project Director, Internews
3. Ms. Ayesha Irshad Operations Manager, TACMIL
4. Mr. Jawaid Shaukat Director, M & E, Safe Drinking Water Project
5. Mr. Mehboob Sultan Director, National Institute of Population Studies(NIPS)
6. Mr. Mubashir Ali Principal Investigator, Pakistan Demographic and Health Survey
7. Mr. Faateh uddin Programmer, NIPS
8. Mr. Qamar ul Islam Siddiqui Communication Officer, Malaria Control Program, MoH
9. Nuzhat Hameed Documentation Officer, TACMIL

#### Group 3 (Grants Program)

1. Mr. Jameel Hussain Director F&A, TACMIL
2. Mr. Zeeshan Qadir Aziz Manager F&A, TACMIL
3. Mr. Riaz Hussain Director, AASA Consulting
4. Dr. Inayat Thavar CEO, Mustashaar Consulting Firm
5. Dr. Tauseef Independent Consultant
6. Mr. Umar Hayat F&A Assistant, Peshawar Office, TACMIL
7. Ms. Susan Thallog USAID
8. M. Ather Aslam Grants Manager, TACMIL

#### Group 4 (Strengthening Essential Drugs/Contraceptive Logistic System)

1. William Conn CTO for TACMIL
2. Makhmoor Hussain GM Operations UTi Karachi.
3. Suphyan Siddiqui Project Manager for TACMIL Health from UTi Karachi.
4. Akhter Ali PC NWFP.
5. Yousaf Younis PC Balochistan.
6. Wajahat Raza Logistics Officer, TACMIL Health Project
7. Hajra Naqvi Program Assistant, TACMIL Health Project.
8. Nuzhat Hameed Front Office Documentation Assistant
9. Muhammed Riaz M&E Officer, TACMIL Health Project
10. Ahmed Nadeem Mir Senior Logistics Advisor, TACMIL Health Project