

# **Under Privileged Mother & Children**

## **First Quarter Report**

**2020**



*Together for a Better Future*

**A PROGRAM OF INTERNATIONAL  
HEALTH&SOCIAL GROUP (IHSG) NORWAY.**

**LOCAL PARTNER AL-MUNIR DEVELOPMENT FOUNDATION PAKISTAN  
(AMDF)**



*Together for a Better Future*

<b>1</b>	<b>General Program Information</b>	
<b>1.1</b>	Name of recipient organisation: (In Norway)	
<b>1.2</b>	Reporting year	
<b>1.3</b>	Name of program in Norwegian	
<b>1.4</b>	Name of program in English	
<b>1.5</b>	Country and/ or region	
<b>1.6</b>	Name of local partner: (In Pakistan)	
<b>1.7</b>	Financial support to the Program	
<b>1.8</b>	Own collected sum	
	Executive Summary	
<b>2</b>	<b>Midterm PROGRESS Report</b>	
<b>2.1</b>	Program overview	
<b>2.2</b>	Program's Goals	
<b>2.3</b>	Program Purpose	
<b>1</b>	<b>Improved access to maternal and psycho social health care services</b>	
<b>1.1</b>	Provide antenatal and postnatal check-up to poor pregnant/lactating women.	
<b>1.2</b>	Conduct deliveries at Hospital - Normal & C Section	
<b>1.3</b>	Facilitate laboratory investigation (Diagnosis)	
<b>1.4</b>	Provide vaccinations to the new born babies	
<b>1.5</b>	Conduct Free Medical Camps on maternal & psychiatric health	
<b>1.6</b>	Involve and motivate TBAs/LHWs to refer deliveries	
<b>1.7</b>	Provide free pick and drop ambulance services at the time of delivery and C/Section	
<b>1.8</b>	Develop linkages with other relevant institutions to improve better health services	
<b>2</b>	<b>Primary and maternal health &amp; hygiene education and sensitization</b>	
<b>2.1</b>	Organize awareness raising sessions/workshops/seminars on psycho social & MCH.	
<b>2.2</b>	Organize sports events for community network and health awareness	
<b>2.3</b>	Form & Strengthen Health Committees	
<b>2.4</b>	Develop & Distribute IEC material in local language (pictorial pamphlets etc).	
<b>3</b>	<b>Program Review, Planning, Monitoring, Reporting &amp; Coordination</b>	
<b>3.1</b>	Develop annual program progress report	
<b>3.3</b>	Manage International Coordination and Support	
<b>3.4</b>	Events of significant character (positive and/ or negative)	
<b>3.5</b>	Results (positive and/or negative) that were not a part of the original plans of the program	
<b>3.6</b>	Program Future Plan	
<b>3.7</b>	Lessons learnt	
<b>3.8</b>	Cooperation between IHSG and AMDF	
<b>4.3</b>	Gender impact of the program	

## **1. General Program Information**

### **1.1 Name of recipient organisation: (In Norway)**

International Health & Social Group (IHSG) Norway

### **1.2 Reporting year:**

2020

### **1.3 Name of program in Norwegian:**

**ID:** PAK-3036 PAK-L4/0033, “Under privileged women & children Healthcare Program of Mandi Baha-ud-Din”

### **1.4 Name of program in English:**

“Under privileged women & children Health care Program of Mandi Baha-ud-Din”

### **1.5 Country and/ or region:**

Pakistan/Punjab

### **1.6 Name of local partner: (In Pakistan)**

Al Munir Development Foundation (AMDF)

## EXECUTIVE SUMMARY

Underprivileged Mother & Children Health Care Development is a program of IHSG Norway and implemented by AMD Foundation Pakistan. The program aimed at the achievement of program outcome; *“Under privileged women & children in rural areas of Mandi Bahaud Din”*. AMD Foundation being a relatively small organization has only one program of RJH. Therefore the program was wholly pedestal led at “Riaz ul Jannat Hospital” formed and inaugurated during start of 2009. The targeted areas were the rural vicinities of one of the cities of Punjab-Pakistan i.e. Mandi Bahauddin around Chak 2, (Northern) at various levels with additional emphasis on psychosocial health. Some of the key findings of the impact assessment are presented as AMD Foundation successfully implemented health program in a holistic manner i.e. linking and integrating different component of this program especially supporting and filling the gaps in existing health facilities, organizing community, capacity building of different stakeholders, provision of PHC and MCH services, psychosocial counseling and health and hygiene promotion were some of the main success factors leading towards making this program more relevant and Appropriate for the target communities. The program interventions were designed keeping in view the critical health needs of the targeted communities. The program team effectively addressed the health needs of the targeted communities. AMD Foundation did form community based organized structures such as male and female Community Health Committees to ensure participation of communities in implementation and follow-up of program activities. At the household survey, almost 78% respondents confirmed the existence of committees In their respective villages at the time of program implementation. The program organized seminars and various other activities regarding health and hygiene promotion in the targeted areas. Besides that, the program also delivered hygiene sessions at community level to promote understanding and to encourage participants to adopt hygiene practices. Under the health services, the program formed referral mechanism for severe and Complicated cases from primary healthcare level to secondary and tertiary healthcare level. For this ambulance service was available during the program period 24/7 at RJH for patients with serious condition to refer it to secondary and tertiary level hospitals. 42% of the HH respondents knew about the referral mechanism established by the program.

AMD Foundation provided mother child health care services at primary level through RJH. During the HH interviews with women respondents especially mothers, it was revealed that 87% mothers from the targeted communities received antenatal/postnatal checkups during their last pregnancy. Most of them delivered their child at RJH by the qualified female gynecologist. AMD Foundation had established formal feedback (complaints and suggestion) mechanism and other accountability and program quality measures to provide feedback to the program team. Feedback mechanism was largely focused on the health services available at RJH for beneficiaries. Only 4% respondents knew about the complaint and response mechanism established at RJH level to address program targeted communities’ concerns and ensure accountability of the service provider. The findings of the assessment noted a positive impact of the program interventions over the lives of the beneficiaries. The program not only mobilized the target communities to access the available health care services through RJH but also provided specialized MCH treatment as well as medication against common diseases at primary level. This resulted in reduction of different diseases prevalence in the area. While interviewing the beneficiaries 78% respondents mentioned that the interventions have resulted in better MCH health of the respective community particularly women and children than before.

The program made positive impact to mother and child health environment in target villages. Based on the assessment of MCH services provided by AMD Foundation and interviews with women respondents during the evaluation study, it was found that the awareness raised was a key aspect under MCH program did result in overall

better health-seeking behaviors of women in targeted villages. 94% of the women respondents Acknowledged that the quality MCH services and health awareness on MCH and PHC has brought positive change in their life and health. Here it is important to mention that the established platform of RJH is key factor in sustaining program inputs like provision of full-fledged MCH care, psychosocial support, Operation Theatre, Labor Room, Hospitalization Services, lab investigations, pharmacy service, 24/7 ambulance services and referral services. Psychosocial support needs further strengthening for proper integration at PHC level through greater interaction with communities. The program should look into systematic plans and well trained staff on regular basis to facilitate communities through training and demonstration regarding psychosocial awareness and to support beneficiaries with mental health problems through proper case to case management and follow ups. Similarly community activists should also be provided through psychosocial capacity building opportunities through formal trainings.

## **2. First Quarter Progress Report 2020**

### **2.1 Program Overview:**

Pakistan is the sixth most populous nation in the world with a population of 165 million 3 of whom live below the poverty line. Life expectancy is 64 years. Pakistan's health indicators for women and children are among the worst in the world. An estimated 276 Pakistani women die for every 100,000 live births. More than 65% of women in Pakistan deliver their babies at home; less than 2 in 5 women deliver with skilled birth attendant (SBA). Only 22% of married women received professional postnatal care for the last birth within 24 hours. The Under 5 Mortality Rate (U5MR) is 94 deaths per 1,000 live births. The 2007 Pakistan Demographic and Health Survey shown little change in mortality over time. At 4 to 5 months of age, only 23% of infants are exclusively breastfed. Pakistan's total fertility rate (TFR) of 4.1 children born per woman (4.5 TFR in rural areas) is one of the highest in South Asia. The modern method contraceptive prevalence rate (CPR) has stagnated at around 22% for the past several years. Among women ages 20 to 24, 84% of births are spaced less than 3 years apart, contributing to the high number of maternal and infant deaths. Yet 50% of women with one child want to space the next birth 2 years or more. While access to and quality of health facilities in rural areas of District Mandi Bahau Din in Punjab Province of Pakistan varies widely, health services are generally inadequate to meet the needs of children, mothers and families. Limited awareness on mother child health care issues is also one of the factors contributing in poor maternal – child health. Standing facilities are under equipped and have high staff absenteeism. Community level maternal and child health care coverage through Lady Health Workers (LHWs) benefits only 26% of the population. Keeping above context in view, Riaz ul Jannat Hospital infrastructure was constructed/developed since 2006 to 2009 with own resources of a Diaspora family settled in UK and Norway at agriculture-based village of Chak 2 (Northern) near Mandi Bahauddin.

IHSG intensively supported a small-scale local organization AMD Foundation to take charge of its only program Riaz ul Jannat Hospital and selected it as a local partner. Therefore IHSG-Norway with its implementing partner AMD Foundation started its operations at Riaz-Ul-Jannat Hospital during start of 2009, which is functioning effectively and efficiently and forms the base for the implementation of “*Underprivileged Mother Child Health Care Program*” at Chak No. 2 (Northern) of District Mandi Bahauddin (Punjab) in Pakistan. Since then the program was operationalized with the intensive assistance of IHSG Norway having financial aid from Norad. Right from inception, the main purpose Of the program had been to provide quality MCH health care services and education/awareness to poor communities in the targeted area.

## 2.2 Over All Goal.

Better Wellbeing of poor & deprived rural communities of Punjab Pakistan on sustainable basis.

## 2.3 Program Purpose :

“Under privileged women & children Health care Program in rural areas of Mandi Bahauddin

### Outcome Indicators:

By the end of Program:

- A. Reduced IMR & MMR by 10 % in the program region catering to population of 50,000 women, men & children in relation to baseline.
- B. Decreased incidence of reproductive diseases by 10% of the base year in targeted areas of District Mandi Bahaud Din.
- C. 25 % of the targeted 7,000 families have improved their living condition by practicing and adopting hygienic and healthy lifestyle by the end of 2020.

### Output 1

Improved access to maternal and psycho social health care services for poor and deprived women, men & children.

### Output 1 Indicators:

- 1a. 30 % of pregnant women being benefited by antenatal and postnatal services annually from targeted 7,000 families in the targeted region through Riaz ul Jannat Hospital established under the auspices of AMD Foundation in the targeted areas.
- 1b. 99% mothers had safe deliveries at Riaz ul Jannat Hospital attended by qualified gynecologist in by the end of the program in the catchment area.
- 1c. 90% neonates born at Riaz ul Jannat Hospital received early care by trained staff under WHO guidelines and received vaccination during the program in the catchment area in collaboration with District Health Department.
- 1d. 10% extreme poor families out of the targeted 7,000 families received free treatment and free medicines annually from Riaz ul Jannat Hospital.
- 1e. 200 psychiatric patients received treatment by qualified psychiatrist annually during the program period.
- 1f. 1500 Hepatitis, TB, HB and Malaria patients diagnosed through lab tests conducted at Riaz ul Jannat Hospital.

### Output 2

Targeted poor communities are reached with appropriate primary and maternal health & hygiene education and sensitization to support better hygiene practice.

### Output 2 Indicators:

- 2a. Communities are organized to form 20 women and 20 Men health Groups (having at least 10 members in each group) at the village/area level in 20 villages of selected Union Councils having awareness on primary hygiene & health care particularly Mother & Child health care principals.
- 2b. 20% of the targeted 50, 000 population directly participated in program capacity building, awareness & sensitization activities per annually.



2c. By the end of the program 20 traditional birth attendants from program area are referring delivery patients to various hospitals in Mandi Baha ud Din.



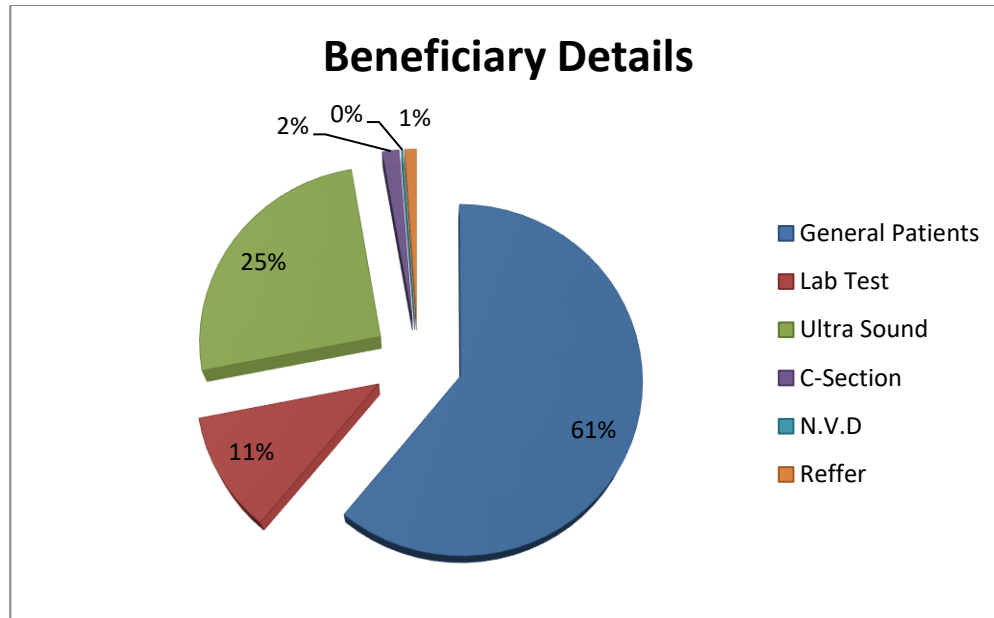
*Together for a Better future*



LFM#	ACTIVITIES	UNIT	Total Target till March 2020	Achieved Results till March 2020	Remarks/ evidence
1.1	Provide antenatal and postnatal check-up to poor pregnant/lactating women.	Patients	625	1153	1153 Patients were provided antenatal and postnatal check-up to poor pregnant/lactating on the expense of AMD Foundation. Evidence monthly registered data reports.
1.2	Conduct deliveries at Hospital - Normal & C- Section	Patients	44	34	34 Patients have been facilitated NVD & C-Section on the expense of AMD Foundation. Evidence followed up monthly registered data reports. Due to Covid-19 we could not meet the given target.
1.3	Facilitate laboratory investigation (Diagnosis)	Tests	400	208	208 patients have been facilitated Laboratory Investigation on the expense of AMD Foundation. Evidence followed up monthly registered data reports. Due to Covid-19 we could not meet the given target.
1.4	Provide vaccinations to the new born babies	Neonates	44	32	AMDF also provided vaccinations to the new-born babies. Due to Covid-19 we could not meet the given target.

1.5	Conduct Free Medical Camps on maternal & psychiatric health	Camps	4	0	Due to Covid-19 we could not meet the given target.
1.6	Involve and motivate TBAs/LHWs to refer deliveries	Delivery pts.	25	20	This progress specifically relates to the referrals made by the motivated TBAs/LHWs to make referrals for Riaz Ul Jannat Hospital. LHWs were also trained to do a normal delivery at their own base. Therefore the total numbers of safe deliveries are even more.
1.7	Provide free pick and drop ambulance services at the time of delivery and C/Section	Trips	50	78	Patients & Doctors were provided free pick & drop ambulance services on the expense of AMDF.
1	Develop linkages with other relevant institutions to improve better health services	Meetings	3	8	AMDF have achieved the target by holding meetings with different District Government Departments as well as with some private institutions.
2.1	Organize awareness raising session/workshops/seminars on psycho social & MHC	Events	3	4	AMDF have organized numbers of awareness raising sessions, seminars, and social events.
2.2	Organize sports events for community network and health awareness	Events	1	0	Due to Covid-19 we could not organized any sports event.

2.3	<b>Strengthen health committees in the catchment area</b>	<b>Meetings</b>	<b>05</b>	<b>03</b>	Only 3 meetings were organized with health committees in the catchment area to strengthen their capacity and confidence building.
2.4	<b>Develop &amp; Distribute IEC material in local language (pictorial pamphlets etc.).</b>	<b>IEC Material</b>	<b>Lumpsum</b>	<b>Lumpsum</b>	Advertisement through pamphlets, cable, and Fm radio on Monthly Basis
3.1	<b>Develop annual program progress report</b>	<b>Report Writing</b>	<b>01</b>	<b>01</b>	This is the main and major part of the organization because the performance of program shows on Program progress report. It will be conducted at the end of year 2020. Midterm report will be also provided.
3.2	<b>Manage International Coordination and Support</b>	<b>Visits</b>	<b>01</b>	<b>01</b>	International partners have made 1 monitoring visits by program director to enhance the organizational capacity building of local partner in 2020:

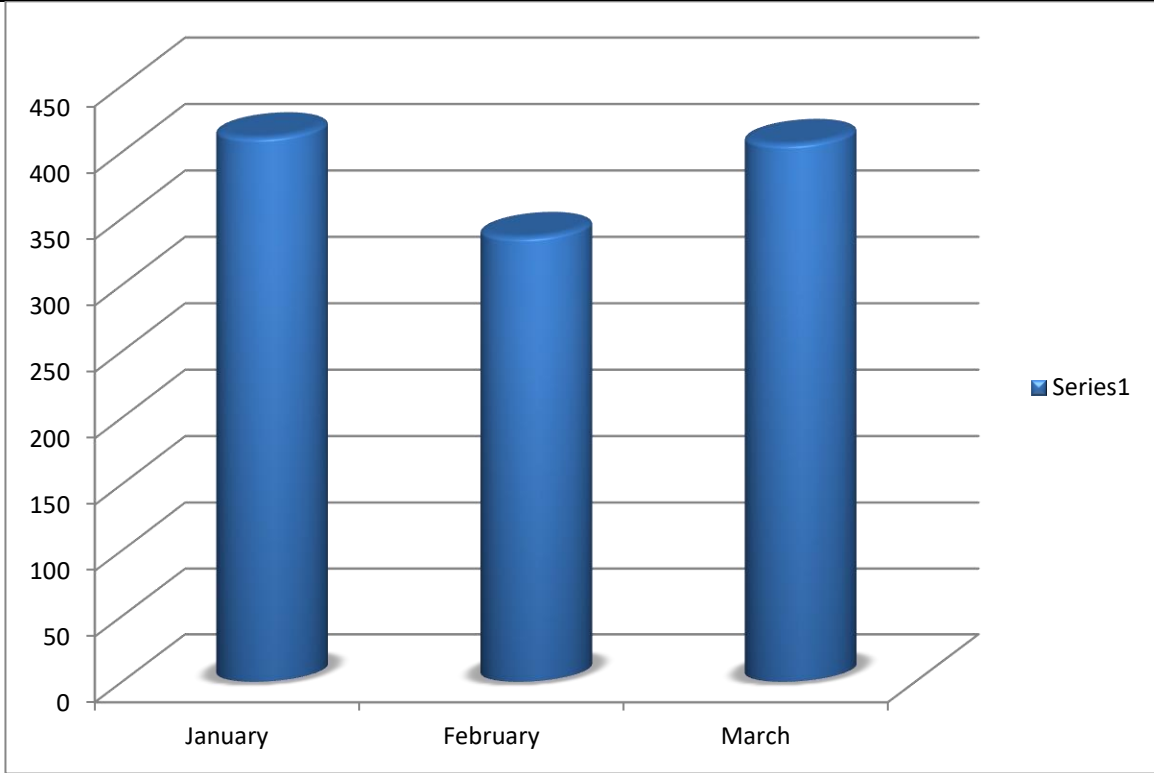


<b>General Patients</b>	<b>1153</b>
<b>Lab Tests</b>	<b>208</b>
<b>Ultrasounds</b>	<b>480</b>
<b>C.Sections</b>	<b>29</b>
<b>N.V.Ds</b>	<b>3</b>
<b>Refferals</b>	<b>20</b>

### Month wise Beneficiary analysis from Jan to March

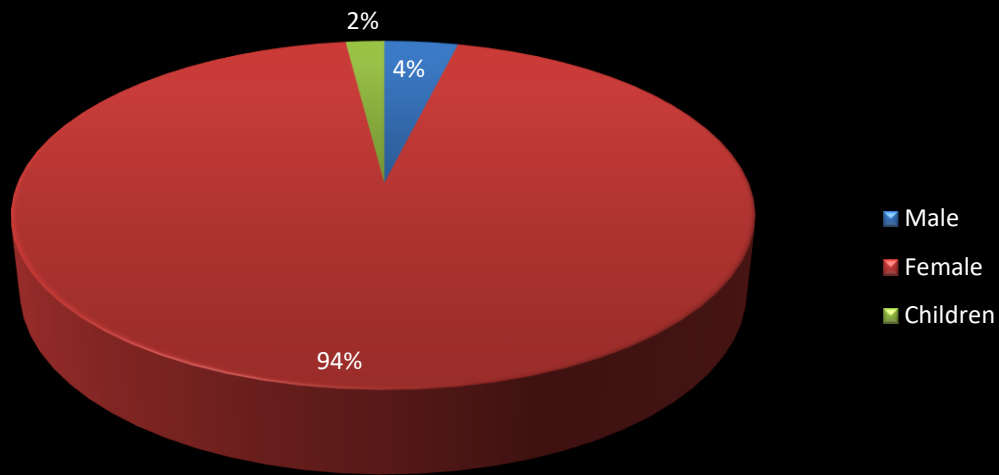
<b>January</b>	<b>411</b>	<b>February</b>	<b>336</b>	<b>March</b>	<b>408</b>
----------------	------------	-----------------	------------	--------------	------------

*Together for a Better future*



*Together for a Better future*

## Beneficiaries in Percentage



The given analysis is evident of effective services delivered by the program keeping gender perspective as a strong consideration. Pertinent details are given under the following titles;

Table 1: Number of patients during last three month of 2020

	January 2020	February 2020	March 2020		
			M/C	F	Total
<b>Total OPD</b>	411	336	22	384	406
<b>Lab Test</b>	90	42	4	72	76
<b>Hospitalization</b>	12	10	-	12	12
<b>Ultrasound</b>	167	129	-	184	184
<b>C-Section</b>	11	8	-	10	10
<b>N.V.D</b>		1	-	2	2
<b>Short stay</b>	9	8	-	14	14
<b>D&amp;C</b>	1	1	-		
<b>Emergency</b>	4		-		
<b>Nebulization</b>	4			1	1
<b>Dressing</b>	3	4		12	12
<b>Ambulance Services</b>	3	3		1	1
<b>Grand total</b>	<b>715</b>	<b>542</b>	<b>26</b>	<b>692</b>	<b>718</b>

### **1.1 Provide antenatal and postnatal check-up to poor pregnant/lactating women:**

AMD Foundation provided variety of health support and assistance at primary level through already established RJH with an aim to fill the gap in existing primary health care system in targeted area. The services by AMD Foundation included OPD services, Mother Child Healthcare services, deliveries, hospitalization, psychosocial counseling, rapid diagnostic tests, provision of medicines through pharmacy, referrals of severe cases through ambulance to secondary and tertiary level health facilities. RJH is the core structure for providing primary health care services. In the targeted area, the RJH was functional before the program interventions (2015-17) as 86% of the KIIs respondents were aware about the existence of the RJH and its services in their respective area before the current phase of program. The interventions resulted in various positive up gradations inside RJH, which were acknowledged by targeted communities during the survey. These changes were seen by the community in term of availability of clean drinking water through installed water filtration plant, separate consultation rooms for male and female patients, overall cleanliness of the health facilities, provision of quality OPD, laboratory tests, referrals of emergency cases through ambulance services on nominal charges and positive change in behavior of RJH staff. However, some of these interventions like deliveries, hospitalization, laboratory tests and referrals of emergency cases were on subsidized charges in comparison to other private facilities available in the city of Mandi Bhauddin

### **1.2 Conduct deliveries at Hospital - Normal & C Section**

Riaz-Ul-Jannat hospital has been conducted Normal Deliveries & C-Section. From January 2020 till 31<sup>st</sup> March 2020 **3 NVD and 29 C-Section** were done in hospital. This number is increasing every month gradually.

### **1.3 Facilitate laboratory investigation (Diagnosis)**

The AMD Foundation staff provided rapid diagnostic tests through laboratory for diagnosis and treatment of Patients at RJH, 70% of the KII respondents mentioned that the program has excellent laboratory services at RJH. The respondents mentioned that the program provided tests for pregnancy, urine RE, blood sugar, malaria diagnosis, Hepatitis B & C and others. During the FGDs and Beneficiary interview survey, it was mentioned that these tests were available during the day time.

### **1.4 Provide vaccinations to the new born babies**

AMDF also provided vaccinations to the new born babies, and also refers to the District Head Quarter Hospital, Children Hospital Mandi Bahauddin.

### **1.5 Conduct Free Medical Camps on maternal & psychiatric health**

AMDF in Collaboration with IHSG and other partners managed to organize free medical camps every Month end within Riaz-Ul- Jannat hospital and also on different rural territories of catchment area. Camps were arranged under the supervision of our own qualified doctors, visiting consultants, paramedic staff and voluntaries. Free medical check-ups and free medicines have been provided to improve maternal and psychosocial health of poor and deprived women and children. Given analysis further shows some detail on the statistics related to these camps.

### **1.6 Involve and motivate TBAs/LHWs to refer deliveries**



AMDF have organized meetings with TBAs/LHWs on regular basis. The 60% deliveries progress specifically made through referrals made by the trained TBAs and LHWs. Total number of referral made are 20 till March 2020.

**1.7 Provide free pick and drop ambulance services at the time of delivery and C/Section**

AMDF is providing free community ambulance service at the time of delivery and C/Section for patients within the specified distance in the catchment area. Community ambulance service had been available 24 hours on call for the proposed patients to carry them to hospital and same time pick and drop facilities to the duty doctors. Provide Ambulance services to more than **100** patients of different areas.

**1.8 Develop linkages with other relevant institutions to improve better health**

**Human & Institutional Development**

AMDF has established and reinforced linkages with other relevant institutions on regular basis with the same objective to improve better health facilities for the target group. Regular coordination and correspondence with the District Health Department was maintained throughout the year. Simultaneously close coordination with likeminded Organizations working on the common issues were also ensured.

**2.1 Organize awareness raising sessions/workshops/seminars on psychosocial & MCH.**

AMDF have organized numbers of awareness rising sessions, workshop and seminars for women and general public. Health awareness campaign has been a key tool utilized by AMDF in the community to raise awareness among men and women equipping them with basic knowledge regarding health and hygiene.

These sessions also build public awareness regarding MCH and precautionary measures to prevent the fatal diseases and help mothers follow a healthy diet in the pre natal and post natal phase. Moreover, some special sessions had been delivered to cater for the psycho-social health of the community especially with the women. AMDF have train health volunteers and lady health workers to render their valuable services for the benefit of the community as well as young mothers.

Key milestone for this program is that the prevalence of all infectious diseases like TB, Hepatitis B & C, malaria, and cholera are reduced significantly in 20 demonstration villages where 60% men and women are aware about prevention and control of these diseases. All tuberculosis patients had been receiving treatment with support of our organization and government agencies, in these demonstration villages in past years.

These events also provided more public awareness regarding MCH and precautionary measures to prevent the other fatal diseases and help mothers follow a healthy diet in the pre natal and post natal phase which would ensure the newborn children to grow and thrive to their full potential later on in their life.

*Together for a Better Future*



### **EVENTS:**

#### **Celebration of International Women Day**

Seminars on International women day were organized on 8th of March in Riaz Ul Jannat Hospital by AMDF Pakistan in collaboration with IHSG Norway. The purposes of these seminars were to enhance awareness about Women health and their rights. This effort has also contributed to raise awareness among women, men are also been sensitized on women`s rights and no system can run without a good health, education and mind satisfaction. Women have to take responsibility of their wellbeing and necessary health education.

#### **2.2 Organize sports events for community network and health awareness**

Al Munir Development Foundation has organized various sports event. Football tournament, Volley Ball tournament and Kabaddi tournament are few worth mentioning. An active sports committee comprising of local volunteers were organizing these events under the umbrella of AMD Foundation. 5 participating from different games were given prizes and future task by the head of the organization to strengthen the sport activities locally and promote healthy living style among the youth.

#### **2.3 Form & Strengthen Health Committees:**

The important component for the health program interventions was to organize communities for active participation and implementation and to reach the most deserving and needy. According to program progress report, AMD Foundation reported formed 24 Community Health Committees during 2015 however during the latter two years of 2016-18, they could only sustain with 15 of them (1 male committee and 14female committees). During the KIIs, only 60% of the respondents were aware about the existence of CHCs. The leading role of committees is to manage health activities at community level. With the consent of available community members committees were formed. 54% HHs respondents were aware about the roles and responsibility of the CHCs. It was revealed by committee members during the FGDs that CHCs were only engaged in organizing health and hygiene awareness sessions and referral of the patients to hospital.

#### **3.1 Develop annual program progress report**

This is the main and major part of the organization because the performance of program shows on Program progress report. This will be held at the end of this year 2020.

### 3.2 Manage International Coordination and Support

Twice a year international partner have been visiting the implementation partners and have had a prime importance and following objectives were achieved through these visits:

Monitoring and evaluation of the MCH- program and checked overall performance made by local partner (AMDF).

Annual external evaluation being conducted in present of international partners and to foresee further potential for development in the AMDF's catchment area.

Numbers of planed meetings were conducted with the district administration and representatives of the local government to look into options of future collaboration in the area of health and health education.



*Together for a Better Future*





### **Human Resource availabilities in 2020:**

- 1 Program Coordinator
- 1 Finance & Admin Officer
- 1 Women Medical Officers
- 4 Consultants on call
- 2 Lady Health Visitor
- 1 Lab Technician
- 1 Pharmacists
- 4 Paramedical Staff
- 1 Security Guard
- 1 Ambulance Driver
- 1 Gardner
- 2 cleaning Personal
- 2 Meatiness Personal
- 20 Volunteers

### **3.3 Events of significant character (positive and/ or negative)**

#### **Outside the program**

Though Pakistan faced drastic natural catastrophe of Floods the program area in Pakistan had less flood impact due to the geographic location. In the month of May with the sport of Al Ghani welfare trust which is located in Jhelum. We put a water filtration plant in Riaz Ul Jannat Hospital. There were no significant unexpected events; accept security threats at night? There is only one night watchman on duty at night and we may have to have 2 watchmen at night.

### **3.4 Results (positive and/or negative) that were not a part of the original plans**

The road between city and villages of catchment area of the hospital was very rough, mud-spattered and broken. It was very difficult for patients and general public to travel to the hospital. AMDF BOD held a meeting with local district government to construct the road on priority basis to facilitate for the community. Now the road work has been accomplished and neighboring communities are enjoying better access to hospital services. Our petrol cost and vehicles main tines cost had been reduced.

With regards to the Hospital, it was observed that the mobility of the women has been relatively improved in the program catchment areas. Initially it was observed that, most of the women visited the hospital in the company of their men but gradually it was analyzed that women independently started visiting hospital. This depicted slight social change with regards to gender roles.

The healthy trend promoted by the program through promotion of sports event in the program catchment area was also found to be effective experience. It remained instrumental in promoting healthy living hobbies among the youth and general messes.

Constant support by IHSG- Norway to Pakistan Development Network Norway and also in Pakistan had remained the hallmark of extraordinary contribution made by IHSG-Norway. IHSG not only has rendered its professionals to work for general Diaspora Development in Norway as well as in Pakistan but also has given meeting place and other resources when needed. The current Administration Leader of IHSG-Norway has also been elected as the chairperson of Pakistan Development Network Norway and as Board member of Norwegian Diaspora Network as well.

### **3.6 Lessons learnt**

- I. The stakeholders such as district health office and other line departments were involved right from planning stage of the program. Moreover, in order to have greater impact and sustainability, targeted community must be involved in planning, monitoring and quality assurance of AMD Foundation through proper documentation.
- II. There is a great need to coordinate with stake holders to exploit resources at their end. Though some of the program inputs like provision of MCH services, normal deliveries /C-Sections, lab investigations, referral services, psychosocial support delivered via RJHs will sustain after program life. In this regard there is a need to pursue the resources with donor agencies for their sustainable supplies at least till the RJH's operations are fully self-sustainable.
- III. Though AMD Foundation has attempted to established accountability and feedback/suggestion and or complaint handling mechanism for beneficiaries at RJHs level to ensure accountability and program quality. In order to increase the visibility and usefulness of complaints and feedback mechanisms both at health facility and

community level; it is recommended to develop a more formal written “complaints redressal / handling mechanism” with training, capable of timely recording and resolving grievances and complaints received from community members and or other stakeholders. The system should also ensure receiving and giving feedback efficiently, so that it gets enhanced community trust and confidence.

IV. Psychosocial support should need further strengthening for proper integration at PHC level through greater interaction with communities. The program should look into systematic plans and well trained regular staff to facilitate communities through training and demonstration regarding psychosocial awareness and to support beneficiaries with mental health problems through proper cases management and follow ups. Similarly community activists should also be provided capacity building opportunities through formal trainings.

V. There is a need for further capacity building of the health committees especially in the area of roles and responsibilities, leadership and management skills, awareness raisin and referrals for different services.

### **3.7 Cooperation between IHSG and AMDF**

IHSG was established in 1994 in Norway to work on social, cultural and psychological issues prevailing among the multinational communities in Norway. Beyond transfer of money, IHSG’s constantly supported Pakistani Partner through the deputation of IHSG’s coordinator to Riaz Ul Jannat hospital program for a couple of months and through regular correspondence through telephone and e-mails. Other board members of IHSG have also been visiting AMDF regularly for supporting and monitoring the on-going program operations.

This support was initially focused on the hiring of program management and paramedic staff. Technical training courses were organized for paramedic staff and installation of quality equipment’s was monitored by IHSG delegates.

The local management staffs were guided in developing program strategy for the delivery of gender sensitive and quality hospital services. AMDF’s management was sensitized by IHSG about the development of strong and sustainable linkages with local community partners, local government and government health department; and resultantly reasonable priority were focused to these areas.

As AMDF was a relatively emerging organization and in contrast, IHSG having greater knowledge and experience in establishing an organization, setting up its system, policies, procedures and culture; so IHSG has immensely contributed in guiding AMDF registration and linkages with the government sector and in initiating its systems, policies and culture of the organization.

Human Resource Policy, finance policy, Gender incorporation in program strategy and Human Resource policy i.e. encouraging women during staff induction, Zero tolerance against sexual harassment etc. are the few of the glimpses that were added values by IHSG to this program. In a nut shell, IHSG greatly extended its support for the establishment and sustainability of AMDF

in Pakistan to make it consistently and self dependently deliver quality health services to the poor and deprived women.

#### **4.2 Gender impact of the program**

As indicated above, the role of the hospital in relation to women is significant with the guidance of IHSG. Al Munir Development Foundation (AMDF) the implementing partner in Pakistan has also emphatically supported and encouraged to persuade and promote women to take greater responsibility in the management of the hospital. Currently, more than 90% of the program staff members are women and consequently more than 82% of the program beneficiaries are women. This reflects the focus of IHSG and AMDF on involving and empowering women to reduce gender parity at the grass root level.

Gender mainstreaming is one of the core cross cutting theme of IHSG and AMDF, which is manifested during 2014 in this program and will be more emphatically focused in the years to come. The chairperson of the AMDF board has been a women and even AMDF board has reasonable representation of women in it.

The gradual increase in the number of women visiting the hospital does not only show that mobility and access of women has enhanced. In one way it has raised the awareness and empowered target women to actively participate in the community health program their feedback being really valued.

Keeping gender perspective in view, the lower castes living in the target communities, like brick makers in kilns, chattels readers, barbers and sweepers are treated equally in a very friendly environment and are given free medical treatment, despite their ultra-poor status in the community.

**Signature: Tayyab Munir Choudri**

**Coordinator, IHSG (Norway)**