



PROGRAM REPORT

2017- 2019

Under Privileged Mother & Child Health Care Program Pakistan

Program of IHSG Norway implemented by AMD Foundation / Riaz ul Jannat Hospital
Punjab, Pakistan.

The report reveals general program progress for year (2017- 2019)



ID:	PAK-3036 PAK-L4/0033
Submitted By:	IHSG Norway
Location:	Total Pakistan
Grant Agreement Period:	One year Jan to Dec 31, 2019
Reporting Year/ Period:	January 2017 to December, 2019
Submission Date:	April, 2020.



Sr. #	Table of Contents	Page #
1	General Program Information	02
2	Description of Program Progress For 2019	03
2.1	Short description of the program target group(s) & Baseline	03
2.2	Program Development Goals	03
2.3	Summary of Important planned and carried out activities for 2019	04
2.4	Results & Planned Activities - Explanations & Justifications	04
3	Program Accounts	10
4	Achievements against Planned Results	10
4.1	Short description of the program target group and base- line	10
4.2	Program Development Goal & Program Goal (Outcome)	11
4.3	Summary of Important planned and carried out activities	11
4.4	Result Report 2019	11
-	Outcome Progress	11
-	Output 1 Progress - Curative Health Care Services	13
-	Output 2 Progress - Awareness, Education & Sensitization	15
4.5	Internal and/ or external factors	16
4.6	Results (positive and/or negative) that were not part of the program	16
4.7	Future Plan/Program Phasing Out	17
4.8	Lessons learnt	17
4.9	Cooperation between IHSG Norway & AMDF Pakistan	18
4.10	Program Evaluation	18
4.11	Additional Documentation	18

1. General Program Information:

Name of recipient organization: (In Norway) **IHSG Norway**
 Agreement Period: **One Year (2019)**
 Reporting year: **2019**
 Agreement Number: **PAK-3036 PAK-L4/0033**
 Name of program in Norwegian: **Underprivileged Mother & Child Health Care Program-Pakistan**
 Name of program in English: **Underprivileged Mother & Child Health Care Program-Pakistan**
 Country and region: **Chak 2, District Mandi Bahauddin Punjab Pakistan.**
 Name of local partner: (In Pakistan) **Al Munir Development Foundation Pakistan (AMDF)**

Financial support to the program from IHSG Norway & AMDF for program duration (2017- 2019):

LFA Ref	Budget Categories/ Budget Lines	Monthly Salary	Unit Cost	Months / Units	Total Amount PKR	Total Amount NOK-2019
1	Program Personnel Cost					
	Program Staff					
a1	Medical Officer/ Program Manager	1	50 000	12	600 000	50 400
a2	Gynecologist	1	60 000	12	720 000	60 480
a3	Admin/Finance Officer	1	15 000	12	180 000	15 120
a4	Social Mobilizer	1	8 000	12	96 000	8 064
A5	Receptionist	1	8 000	12	96 000	8 064
A6	LHV	2	12 000	12	288 000	24 192
A7	Midwife/Nurses	4	8 000	12	384 000	32 256
a08	X-ray Technician/ Dispenser/OTA	1	10 000	12	120 000	10 080
a09	Lab technician/ECG technician	1	12 000	12	144 000	12 096
A10	Medical Store Incharge	1	9 000	12	108 000	9 072
A11	Cleaner	1	9 000	12	108 000	9 072
a12	Security guard	2	10 000	12	240 000	20 160
a13	Driver	1	10 000	12	120 000	10 080
a14	Cook/ Office Attendant	1	9 000	12	108 000	9 072
A	Sub Total Program Personnel Cost				3312000	278208
2	Program Operating Cost					
b1	Office/ Equipment Repair & Maintenance Cost		15 000	12	180 000	15 840
b2	Utilities (electricity, gas, water, generator fuel)		25 000	12	300 000	26 400
b3	Communication Cost (Telephone, internet, Courier)		5 000	12	60 000	5 280
	Procurement of office equipment/ Laptop etc		50 000	1	50 000	2 000
b5	Printing, Stationary & Office Supplies (consumables items)		4 000	12	48 000	4 224
b6	Vehicles Operation (POL, Repair) / Domestic Travel		15 000	12	180 000	15 840
b7	Building Rent		145 000	12	1 740 000	153 120
b11	Bank Charges/Commission		10 000	1	10 000	880
b12	Annual Audit Fee		50 000	1	50 000	4 400
B	SubTotal Program Operating Cost				2 618 000	227 984
3	Program Activity Cost					

c1.1	Provide antenatal and postnatal check-up to poor women.	100	2000	200 000	16 000
c1.2	Conduct deliveries at Hospital - Normal & C Section	2 500	125	312 500	25 000
c1.3	Facilitate laboratory investigation (Diagnosis)	100	1000	100 000	8 000
c1.4	Provide vaccinations to the new born babies	40	125	5 000	400
c1.5	Conduct Free Medical Camps	10 000	6	60 000	4 800
c1.6	Involve and motivate TBAs/LHWs to refer deliveries	1 500	50	75 000	6 000
c1.7	Provide free pick and drop ambulance services at the time	500	200	100 000	8 000
c2.2	Organize awareness raising sessions/workshops/seminar	15 000	10	150 000	8 000
c2.3	Organize sports events for community network and health	8 000	3	24 000	1 920
c2.5	Build Capacities & follow up meetings with Health Committees	500	36	18 000	1 440
c3.2	Develop annual program progress report	100 000	1	100 000	4 000
c3.3	Manage International Coordination and Support	100 000	1	100 000	8 000
C	Sub-Total Program Activity Cost			1 2445 000	91 560
Total Financing Need		(A+B+C)			597752

Program Overview

International Health & Social Group (IHSG-Norway) with its implementing partner Al Munir Development Foundation (AMDF) established Riaz-ul-Jannat Hospital during 2009. AMD Foundation was founded back in 2009 with the intensive technical support of IHSG Norway. Riaz-ul-Jannat Hospital's infrastructure was purposefully built back in 2006-09 by a Diaspora family partially settled in UK having roots in the same village. Riaz-ul-Jannat Hospital (RJH) was handed over to AMD Foundation in 2009 for MCH program Mobilization. The program was inaugurated by Contemporary Ambassador of Norway around mid of 2009. In this way, AMD Foundation is a small scale organization having only one program being implemented at RJH. Therefore AMD Foundation and RJH share same management structure and premises.



RJH is functioning effectively and efficiently and forms the base for the implementation of "Under privileged Mother & Children Health Care Program" in Chak 2 (Northern), Mandi Bahauddin, Punjab-Pakistan. As a result, the program provides specialized MCH curative health facilities to the local targeted communities through state of the art hospital facility having professional doctor / gynecologist, paramedical / field staff, diagnostic lab, Operation Theatre, Labor Room, Hospitalization wards, pharmacy and ambulance services. Free medical camps in the rural vicinities and through primary health care events, psycho social counseling support and promotion of sports events is also part of the program strategy. Awareness raising, education and sensitization focused at primary/ mother child health care and hygiene to the targeted deprived people is also important part of the program preventive measures strategy.

2. Description of Program Progress for Calendar Year 2017- 2019

Description of program target group(s) and the *baseline* for the target group at the start of the program:

AMD Foundation with support of IHSG Norway is implementing health care program based at RJH, Chak 2 (Northern) in district Mandi Bahauddin, Punjab Pakistan, since 2009. Reference to the baseline conducted at the start of the program, It was analysed that this program would cater for population of more than 25,000 women, men and children from 25 villages in the neighboring periphery of 3 UCs. The proposed program devised multidimensional outreach strategy as far as the program curative and preventive health care services are concerned.

The main target group of the program was women, men and children, who live below the poverty line and cannot access the quality health care services. However, the main focus of the program was to address the maternal health care issues of the poor women from the remote vicinities by providing them specialized health care services pertinent to mother child health care, antenatal and postnatal care, delivery services etc. **Due to limited resources and poor socio-economic circumstances of patients suffering from MCH related problems, these patients were hardly able to get quality treatment from the available government and private sector services.**

Pregnant women / lactating mothers, young females, children and neonates were aimed to be direct beneficiaries of the program. The intervention wise exact number of direct beneficiaries is given in indicators. In addition the program will provide awareness to women and men from the target community on primary / mother child health care and hygiene.

Program Development Goals

The **Development Goal** of the program is, **“Better Well-being of poor & deprived rural communities of Punjab Pakistan on sustainable basis”**

The program aimed to contribute to relevant MDGs 4 & 5 directly, reducing the maternal mortality ratio (MMR) by three quarters between 2015 to 2023, and achieving universal access to reproductive health by 2023. The program also focused to contribute to MDG 3 through addressing gender issues at the grass roots level.

Program Goals/ Outcome

The planned program outcome was, **“Improved Health status of under privileged women & children in rural areas of Mandi Bahauddin.”**

Summary of the Most Important Planned and Carried out Activities.

The given table portrays the summary of the foremost activities planned for the year 2017- 2019. Target Vs. achievement are illustrated following;

LFM #	Activities		Unit	Targets					
				2017		2018		2019	
				Planned	Achieved	Planned	Achieved	Planned	Achieved
Baseline	BA-1.1	Select target villages and Conduct Baseline Assessment.	Baseline						
	BA-1.2	Organize Program Orientation Workshop for all staff members.	Workshop						
Output 1	Improved access to maternal and psycho social health care services.								
1.1	Provide antenatal and postnatal check-up to poor pregnant/lactating women.		Checkups	2500	9134	2000	8365	2250	6070
1.2	Conduct deliveries at Hospital - Normal & C Section		Deliveries	175	309	100	243	150	190
1.3	Facilitate laboratory investigation (Diagnosis)		Tests	1400	1448	750	1513	1200	1490
1.4	Provide vaccinations to the new born babies		Neonates	175	309	100	243	150	190
1.5	Conduct Free Medical Camps on maternal & psychiatric health		Medical Camps	18	40	12	20	8	1
1.6	Involve and motivate TBAs/LHWs to refer deliveries		Referrals	100	75	50	65	74	55
1.7	Provide free pick and drop ambulance services at the time of delivery and C/Section		Trips	200	215	200	210	200	106
1.8	Develop linkages with other relevant institutions to improve better health services		Meetings	12	13	10	10	6	6
Output 2	Primary and maternal health & hygiene education and sensitization.								
2.1	Disseminate MCH & PHC messages locally through cable network.		Months	12	12	12	12	12	12
2.2	Organize awareness raising sessions/workshops/seminars on psycho social & MCH.		Events	10	5	2	2	6	6
2.3	Organize sports events for community network and health awareness		Events	3	3	2	2	2	2
2.4	Form & Strengthen Health Committees		Health Committee	20	15	20	15	10	10
2.5	Build Capacities & follow up meetings with Health Committees & TBAs/LHVs		Meetings	36	30	36	30	36	36
2.6	Develop & Distribute IEC material in local language (pictorial pamphlets etc.).		IEC Material	Lump sum	Done	Lump sum	Done	Lump sum	Done

Results & Planned Activities - Explanations & Justifications**BA-1.1 Baseline**

The baseline study was conducted during the start of 2016 in targeted villages of 3 UCs of district Mandi Bahauddin, Punjab Pakistan. Almost 25 villages were selected as a result of the formal baseline study. Baseline Report was shared with Norad correspondent by end of 2016 and the summarized findings of the same are referred under heading 4.1 of this report as well

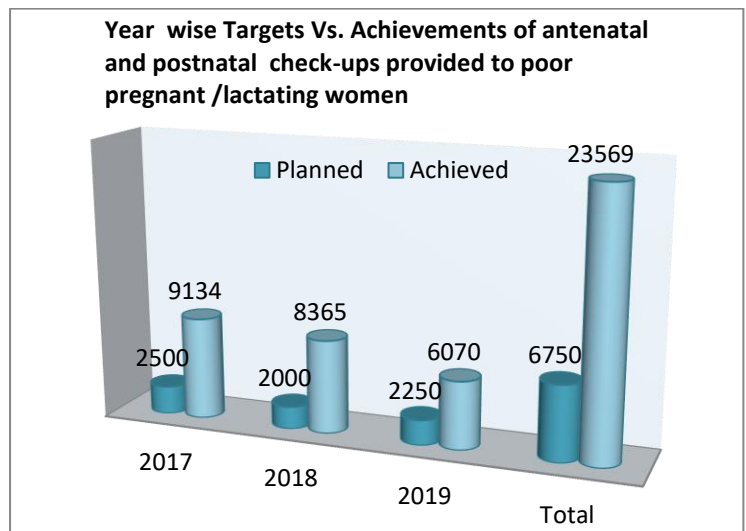
BA-1.2 -Organize Program Orientation Workshop for all staff members

Staff orientation workshop was also arranged and all medical, paramedic cum field staff was oriented about the objectives of the organization and program. Detailed program implementation strategy and standard operating procedures were also shared as a part of this orientation end of 2017. Annual planning and distribution of the targets as per program work break down was also done in this workshop.

Provide antenatal and postnatal check-up to poor pregnant/lactating women

Riaz-UI-Jannat hospital has been providing antenatal and postnatal check-ups to poor pregnant / lactating women on regular basis during three year of program period 2017-19. Check-ups were being provided through qualified gynecologists and on duty doctors/ paramedic staff members. These medical check-ups were provided to prevent women and children from different medical complications and diseases during antenatal and post-natal stages. The quality of antenatal/ postnatal OPD had remained the hall mark of RJH.

Reference to the preceding table containing summary of the most important planned and carried out activities and the analysis illustrated vividly depicts enormous over the achievements of the targets during the year of program implementation. The consolidated bar in the given analysis shows the consolidated over achievement of the set targets. Here it is important to mention that the excellent quality the services on subsidized charges mobilizes more poor and deprived people than anticipation of the program management. It is also noteworthy that 90% of these numbers were women from the deprived rural backgrounds. This number expected to even further increase in the years come.

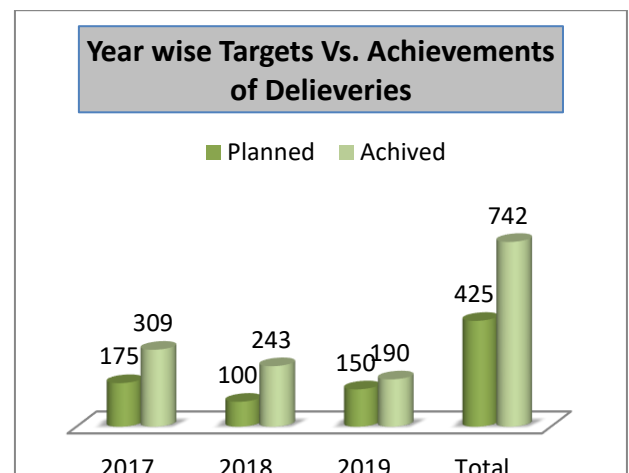


Conduct deliveries at Hospital - Normal & C

RJH had been facilitating large number of women with excellent quality NVD & C-section facility 24/7. Qualified and experienced lady gynecologists had been present during the daytime to facilitate Outdoor Patients as well as hospitalized patients and deliveries. The same gynecologists are on call in case of any emergency during the night hours. However, the qualified paramedical staff along with support staff (including Guard and ambulance driver) are 24/7 present within the hospital premises to facilitate the normal patients as well as

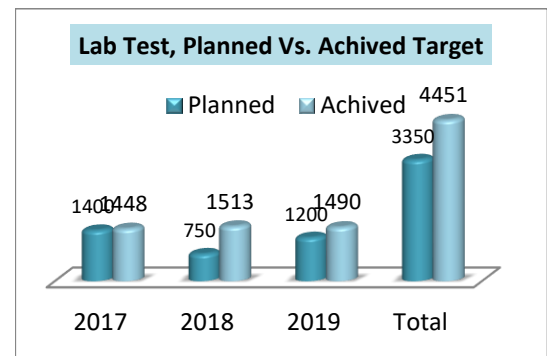
Emergency cases. Despite huge achievement of targets, there had been not a single mortality recorded at RJH.

Here it is important to mention that RJH has continuous cooperation and coordination with Government District Head Quarter Hospital and Government District Health Office. Resultantly the human resource and other equipment are shared on need basis. Besides deliveries a number of other surgeries have also been successfully done at RJH in coordination with Government Hospitals.



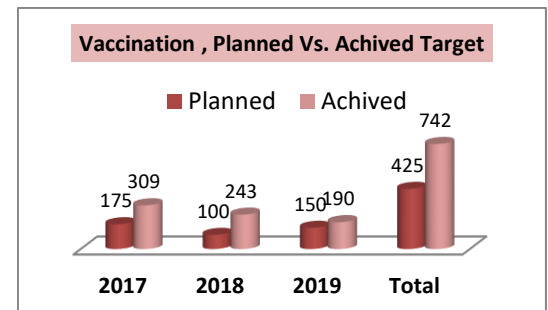
Facilitate laboratory investigation (Diagnosis):

RJH also provided the necessary lab investigations to women and their neonates for diagnosis of complicated health problems as a part of MCH service. Pregnancy Test, Hepatitis B & C, TB, HB, HIV, ALT, CBC, Malaria, Typhoid and many other important lab tests were conducted in lab test on minimal / subsidized rates. This helped the gynecologists to diagnose more appropriately, who ensured proper care and quality services to the patients. Corresponding with the preceding activities Lab Tests were also much over achieved in relation to the set targets as depicted in the given graph.



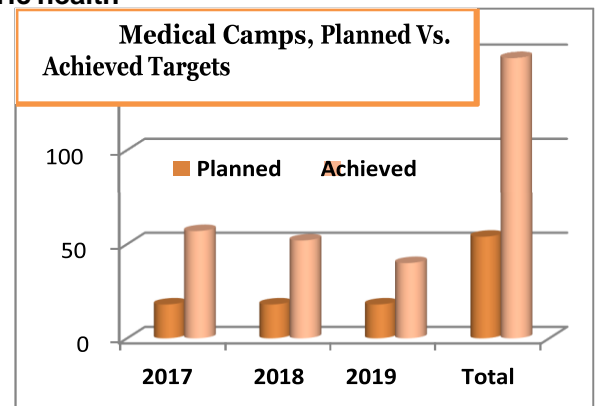
Provide vaccinations to the new born babies

AMDF also provided vaccinations to the new born babies and also referred number of cases to the District Head Quarter Hospital Mandi Bahauddin for free vaccination from the government sources. This helped them to prevent from very serious diseases like malaria, polio, chickenpox, parasites infections etc. Like other activities Vaccination targets have also been far over achieved across all three years of program implementation. Coordination with the Government District Head Quarter Hospital played vital role in facilitating the RJH referred patients for free vaccination.



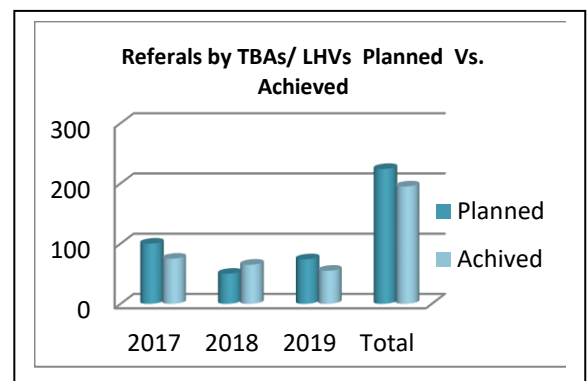
Conduct Free Medical Camps on Maternal & Psychiatric health

Free medical camps on maternal, general & psychiatric health care were organized almost every Sunday by the Riaz UI Jannat Hospital and free medicines have also been provided to the patients during 2017-19. These Medical Camps were organized at times within Riaz-UI-Jannat hospital and also on different rural territories of catchment area on need basis. Most of the camps have been 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. Resultantly far more number of medical camps were organized than planned as depicted in the year wise planned Vs. achieved targets of the medical camps.



Involve and motivate TBAs/LHWs to refer deliveries

TBAs/LHWs were trained and mobilized to make referrals to Riaz-UI-Jannat Hospital for safe deliveries. The same TBAs were linked with Community Health Committees to ensure that communities are regularly followed up by the local TBAs for safe deliveries at hospital by the qualified medical and paramedic professionals. RJH frequently organized meetings with TBAs/LHWs. 60% deliveries at RJH were specifically made through referrals by the trained TBAs and LHWs. Like most of other activities, the consolidated referrals have also been over achieved during the program period.



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

Patients were provided free pick & drop ambulance services. RJH provided 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 24/7 on call for the poor patients to carry them to hospital and same time pick and drop service to the duty doctors is also provided. Ambulance service also complimented the overall work of RJH, which otherwise wouldn't have been possible and reasonably achieved the set target during the three years of program implementation.

Develop linkages with other relevant institutions to improve better health services

Right from inception of the program, AMDF has established and reinforced linkages with all relevant stakeholders on regular basis with the objective of institutional development and improved service delivery to our target group. Head of IHSG Norway's two visits to RJH annually played key role in developing the institutional linkages and in engaging all relevant stakeholders for the benefit of the program implementation. Regular coordination and correspondence with District Health Department and Government District Head quarter Hospital had been maintained throughout the program implementation. This played crucial role in the extra ordinary achievement of the set targets during the program period. AMDF had been holding regular meetings with different District Government Departments as well as with some private institutions. Meetings with Commission Deputy Commissioner, Assistant Commission District Health Officer, Head of the Govt. DHQ Hospital, District Welfare Officer, Executive District Officer Finance etc had been carried o consistently.



The facilities being provided to the people of Mandi Bahauddin by Government and non-governmental organizations and to enhance strengthen linkages and join forces with local Government and district health department to provide better facilities to local community. Most of these meetings were either arranged at district secretariat in DCO office or at RJH premises. Simultaneously close coordination with likeminded organizations like NCA, SAPP Sungi Development Foundation, IDRAAK etc working on the common issues was all ensured. Consistent coordination with Norwegian Embassy has been the hallmark to this program. RJH was inaugurated by the contemporary Norwegian Ambassador back in 2009 and since then almost all of the Norwegian Ambassadors have been to RJH almost every year or two.



Disseminate MCH & PHC messages locally through cable network

Advertisement through bill boards, banners, pamphlets, leaflets and hospital video add on local cable TV, FM and mobile broadcasting has been made on regular basis throughout the program period of 2019. These means had been utilized to promote MCH & PHC in the targeted areas. These messages on one hand have been meaningful in educating and sensitizing the communities on standard health and hygiene practices and on other hand this promotion played important role in informing about the MCH curative facilities available at RJH. Therefore this activity had remained quite useful and paid in terms of extraordinary inflow of the MCH patients at RJH.

Organize awareness raising sessions/workshops/seminars on psycho social & MCH

AMDF have organized numbers of awareness raising sessions, workshop and seminars for women and the general public. A 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. Various awareness raising sessions, seminars, workshops and other social events had been organized as planned during the program period. Collective sessions with the members of the women health committees had been conducted focusing on MCH and psycho social issues. These



sessions have also built 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 has train health volunteers and lady health workers to render their valuable services for the benefit of the community as well as young mothers. 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 new born children to grow and thrive to their full potential later on in their life.

International Women Day had been regularly celebrated on 8th March every year at RJH engaging all partner communities and stakeholders. Independence Day Ceremony of Pakistan at 14th of August and Quaid-e-Azam Day / Christmas on 25th of December had also been special days in terms of collective celebrations at

RJH and combined sessions on various social issues pertinent to the theme of the program had been delivered by AMD management along with external resource persons from like-minded NGOs as well as from Govt. Line departments. Seminars on International women's day were organized on 8th of March in Riaz Ul Jannat Hospital by AMDF Pakistan in collaboration with IHSG Norway. Most of these centralized events had been organized by AMD Foundation with the



presence and intensive support and guidance of the Head of IHSG-Norway.

The purposes of these seminars were to enhance awareness about Women's health and their rights. This effort has also contributed to raise awareness among women, men are also being sensitized on women's rights so that they could know that, no system can run without a good health, education and mind satisfaction. Therefore, women have to take responsibility of their wellbeing and necessary health education

Chairman of AMDF represent organization to attend the Kashmir Day rally with local government worker in Islamabad on 14 August 2019.



Organize sports events for community network and health awareness

AMDF has organized several sports events during 2018. The main objective of these events was to strengthen community network and dissemination of health awareness. These events were organized by the Men Community Health committee on ground with the support and management of RJH. In these event most of the times local popular sports like Kabaddi, Football events were organized. Keeping in consideration high level of the rural communities interest and presence of maximum audience presence gave program a platform to convey its health awareness related messages more conveniently on one hand and on the other hand these sports events are in themselves a promotion of healthy living style. The healthy trend promoted by the program through the promotion of sports event in the program



catchment area was also found to be effective experience. It remained instrumental in promoting healthy living habits among the youth and general masses.

Form & Strengthen Health Committees

To ensure the community participation and to reach the maximum number of beneficiaries, AMDF formed 24 women health committees during the inception year of 2015 but could only sustain with 15 Community Health Committees during the latter two years of the program. 14 women and 1 men Health committees were mobilized during 2018. Each committee had at least 10 members. More than 150 local women & men were mobilized and organized to form these committees. AMD Field staff had

been working and organizing the local communities with the support of Medical Officer and other paramedic staff. Enhancement of the awareness and information of targeted communities, especially women and children about MCH, basic hygiene principals and preventive healthcare practices was keenly focused through this particular initiative. Side by side this social



mobilization created forums for local people to utilize local resources to benefit themselves aiming to improve their living standard.

Build Capacities & follow up meetings with Health Committees & TBAs/LHV

Regular meetings with Community Health Committees had been organized by the program staff during the program period. Awareness raising sessions had also been periodically delivered to the women through these committees. These committees played fundamental role in organizing all field activities, medical camps, seminars and sessions and also in linking the deprived communities with RJH for improved quality MCH curative services.

The TBAs and LHWs were also capacitated through trainings, and their enhanced capacities were utilized to raise community awareness on mother child health care. They were also actively engaged in awareness raising sessions to women groups at the community level. TBAs being the resident of same vicinity were in best position to continuously extend counselling and guidance to the local rural women during day to day interaction.

**Develop & Distribute IEC Materials in local language (pictorial pamphlets etc.).**

During 2018 of the program implementation; IEC material was developed and printed on basic health & hygiene related issues and practices and was distributed at village and household level during various program interventions like Health Committee Meeting, Medical Camps, Awareness Raising Sessions, different Campaigns, and Seminars etc. Considering the low literacy rate in the selected area, partially pictorial pamphlets were introduced along with written material in the local language; which were quite effective in the context to targeted rural communities.

3. Program Accounts for 2019

Program Financial Statement is attached with this report separately.

4. Achievements against Planned Results 2019

Short description of the program target group and base- line for the group at the start of the program.

The baseline study is carried out in targeted villages of 3 UCs of district Mandi Bahaudin, Punjab Pakistan in 2015. On the whole, 221 respondents were interviewed in the targeted UCs. Detailed questionnaires were used to collect the primary data. For qualitative and quantitative analysis short interviews with district administration office and district health office were also held. The total population of the targeted UCs is around 72,011. The average HH size of the survey respondents is calculated as 6.5. Around 75% of the respondents were literate.

Understanding access to public health facilities is important for policy, planning and intervention purposes. The most accessible health facility revealed during the survey is civil and private hospitals. Main reason for not accessing quality health services is poverty in the targeted communities.

Hygiene awareness in the area was seen high and mostly people were aware of disease and hygiene relation. 96% respondents clean their mouth daily. Hand washing practice is quite general among the communities with 96% reported using soap after use of toilet. However, communities were not fully aware regarding proper treatment of solid waste disposal. 93% population disposes solid waste to open depot at communal level.

Disease awareness is essential for communities for prevention and control of common diseases in respective communities. Vector borne species at household level were reported. The species include flies, mosquitoes and various insects. Children may be exposed very much to these vector borne species. 61% respondents were not aware of major symptoms of malaria. 54% population are not aware about the spread of TB.

29% women had pregnancy during the past one year. Family trends for accessing traditional birth attendants was seen, 10% pregnant women visit TBAs for maternal health treatment. 82% pregnant women visited civil and private hospitals. 52% pregnant women visited health facilities in 1st trimester after pregnancy. 23% women revealed about occurrence of complication during pregnancy.

42% mothers shared that they started breast feeding to their new born after 1 hour. 72% lactating mothers stopped breast feeding to their children at the age of 2 years.

Nutritional supplies are necessary for pregnant and lactating mothers to avoid the weakness and risk of malnutrition. 53% mothers knew about calories in different kind of foods. 87% mothers did not know about the symptoms of iron deficiency.

12% households reported about the mentally ill person inside the family. Different type of mental illnesses recorded as 33% depression, 17% anxiety, 7% drug addiction, 20% psychosis, 10% epilepsy and 13% eating disorder. 60% respondents do not treat persons with mental illness due to limited information regarding treatment, accessibility to mental health facilities and stigma.

Program Development Goal & Program Goal (Outcome)

The **Development Goal** of the program is, **“Better Well-being of poor & deprived rural communities of Punjab Pakistan on sustainable basis”**

Program Goals/ Outcome

The planned program outcome was, **“Improved Health status of under privileged women & children in rural areas of Mandi Bahaud Din.”**

Summary of the most important planned and carried out activities

Already given under section 2 of Report.

Result Report

The Results progress given in this section of the report mainly caters to the output and somewhat at outcome level leading to the overall goal of the program. This is mainly because 2017 & 2018 were the initial two years of the program agreement and logically program implementation on the agreed workplan and progress on outputs can be expected. However, during 2019 the outcome level results have started to become visible and are expected to be more pronounced in the years to come.

PROGRAM OUTCOME: “Improved Health status of under privileged women & children in rural areas of Mandi Bahaud Din.”

Following discussion elaborates the program results achievement in connection to the agreed indicators.

Outcome Indicators:**A. Reduced IMR & MMR by 10 % in the program region catering to population of 50,000 women, men & children in relation to baseline.**

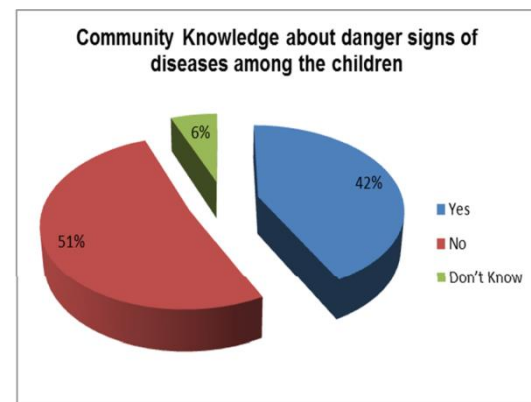
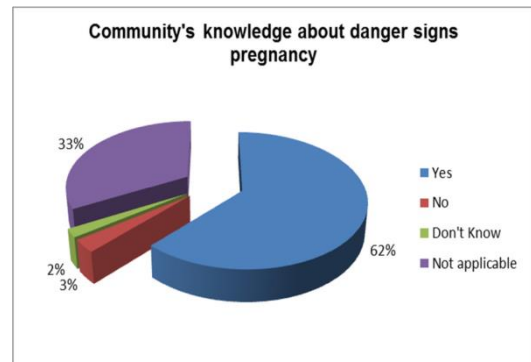
Reference is made to 25,000 beneficiaries, to be benefitted through direct program interventions over the period of year (2019) as mentioned in the approved program document. In relation program intervention, “1.1-Provide antenatal and postnatal check-up to poor pregnant/lactating women”, 6,072 women were to be benefitted during the program period. This number of women beneficiaries from single program intervention is even more than the total number of planned program beneficiaries. This factor is perceived to have played vital role in decreasing IMR & MMR ratio. Another program activity is also referred here, “1.2- Conduct deliveries at Hospital - Normal & C Section”, where planned consolidated target for three year was 425 deliveries; against which 742 deliveries were facilitated by the program during 2017-19. Here, we can draw conclusion that more number of OPD consultations lead to more number of deliveries at RJH and there wasn't a single case of Infant mortality or mother mortality

in these 742 deliveries. Therefore, this had been the result of quality MCH care service delivery combined with MCH related awareness and education by RJH, which is gradually shifting the targeted communities and their mindset from un safe means of deliveries from traditional birth attendants (TBAs) at home to the safe way of professionally qualified gynecologist at a well-equipped hospital. Therefore, the difference in the pre-program situation and post-program situation is very vividly visible.

B. Decreased incidence of reproductive diseases by 10% of the base year in targeted areas of District Mandi Bahauddin.

Quoting from program end evaluation study, *“During the KII survey it was noted that most of the women respondents were well aware about the benefits of ANC checkups and mentioned it monitor fetus growth, prevent health problems for mother and children, prevent complication during pregnancy and make mothers opt for postnatal care as well. Similarly, women respondents were also aware about the importance of postnatal care and skilled delivery as most of them mentioned that it monitors and maintain mother and newborn health and prevent health problems of both. Moreover, 62% women respondents of the KII survey were aware of the danger signs during pregnancy.”* Again quoting from the Program end evaluation report, *“42% of the respondents during KII visits mentioned that they also received awareness sessions regarding danger signs of diseases among the children.”* *“42% of the respondents during KII visits mentioned that they also received awareness sessions regarding danger signs of diseases among the children.”*

Enhanced knowledge had greater impact of better care leading to less complications and less reproductive diseases, which ultimately led to minimum IMR & MMR at RJH.

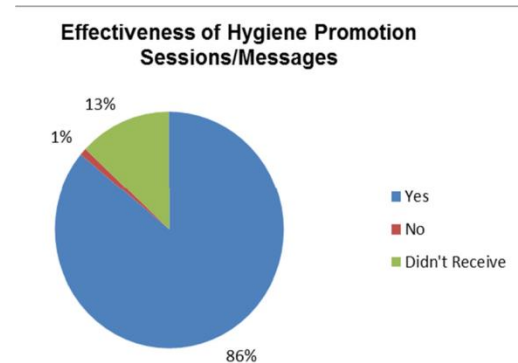


C. 25 % of the targeted 7,000 families have improved their living condition by practicing and adopting hygienic and healthy lifestyle by the end of 2017.

Prevention is better than cure, the program had been equally focused at preventive health measures as a part of overall strategy. Quoting from program end evaluation study, *“The assessment team during HH interviews found that 86% of the respondents in the target villages attended hygiene sessions conducted by the program team. Upon asking about which hygiene messages they are applying in daily life, 58% mentioned they wash their hands at critical timings. Furthermore, when asked about the effectiveness of hygiene promotion sessions, 86%*

respondents mentioned it was effective because it helped in mainly improving their personal hygiene and maintain cleanliness at household and community level.

During the KIIs, 61% of the respondents mentioned that they will continue health related practices that they learnt during the program period.



Basic hygiene practices were not worst as indicated by the baseline study, however the program contributed good share in further improving the hygiene behaviors of the targeted communities and in this connection much more than planned targets were benefitted through various hygiene promotion program activities. The evaluation study also endorses the same facts that the better hygiene practices are generally adopted by bulk of the program beneficiaries.

Currently, more than 90% of the program staff members are women and consequently more than 90 % of the program beneficiaries are women. This reflects the focus of IHSG and AMDF are keen in involving and empowering women to reduce gender parity at the grass root level. The gradual increase in the number of women visiting the hospital does not only show that mobility and access of women has enhanced. This has raised the awareness and empowerment of the target women to actively participate in the community health program. 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, based on their ultra-poor socio economic status in the community.

Output 1	Improved access to maternal and psychosocial health care services for poor and deprived women, men & children.
-----------------	---

Output 1 Indicators:

1a. 30 % of pregnant women being benefitted 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.

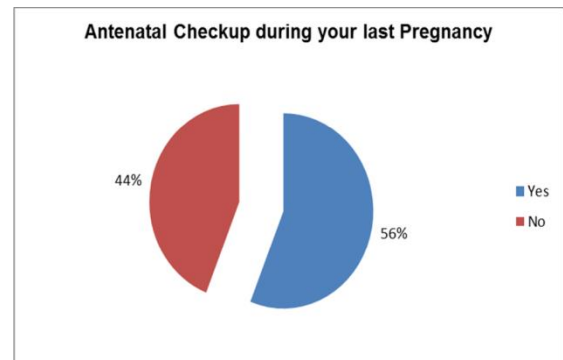
Much more than the planned target indicated in the given indicator were benefitted by the antenatal and postnatal services delivered by RJH during the program period.

Quoting from the program end evaluation study, *“94% of the KII respondents acknowledged the availability of very good quality of infrastructure, equipment and qualified medical and paramedic staff available for MCH related services. Similarly 96% of KII respondents mentioned that the gynecologists and paramedical staff are available in RJH during the day time.*

The survey team also assessed the level of perception of the community women for seeking antenatal care and its benefits. During the HHs interviews, women respondents were asked when to seek for antenatal care: soon after conception (37%); various times before delivery (36%); once before delivery (13%); at the time of

delivery (6%); in the mid of conception and delivery (3%); and in case of complication (3%). When asked about who encouraged them to seek the antenatal, delivery and postnatal care, 43% respondents mentioned female relatives and 31% mentioned LHW.

During the KII survey with women respondents especially mothers, it was revealed that 56% mothers received antenatal checkups during their last pregnancy. Most of them received antenatal checkups from female gynecologist, LHWs and LHVVs.



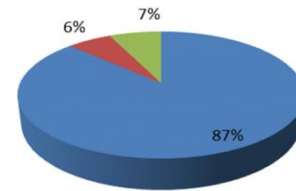
This is also evident from the program data that the planned sum of OPD for three years of 2017-19 was 6750 and the patients treated at RJH during the same period was 27,446.

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.

100% of the mothers undergoing delivery procedure had safe deliveries at RJH. Quoting from Program end evaluation study, *“86% of the respondents mentioned that the Female medical officer / Gynecologist were normally available in case of emergency.”*

According to the RJH and program data, the intervention resulted in the reasonable rise of the number of patients and proper treatment and management for different disease were facilitated during the program period. 87% of the KII respondents mentioned, they were satisfied regarding the OPD function in RJHs.

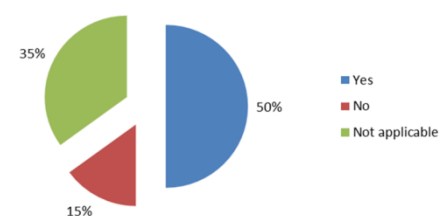
Satisfaction with OPD/ Delivery/ Hospitalization services at RJH



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.

100% neonates born at Riaz ul Jannat Hospital received early care by professional, trained and experienced gynecologist and paramedic staff. Referring to the program end evaluation study, 50% mothers during HHs interviews received TT vaccination as a part of antenatal care during the pregnancy, while for 35% it wasn't applicable and 15% avoided it.

TT vaccination



1d. 10% extreme poor families out of the targeted 7,000 families received free treatment and free medicines annually from Riaz ul Jannat Hospital.

More than the planned number of extreme poor families received free consultation and free medication from the platform of RJH during the course of program period. Even other families from the poor rural backgrounds received almost free consultation from the qualified doctors, paying only very meager amount of consultation fee. The diagnoses lab charges, hospitalization, delivery / C Section and medication charges were much subsidized for all patients in comparison to other private sector hospitals.

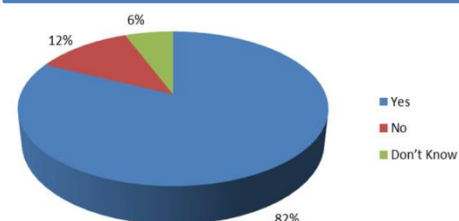
1e. 200 psychiatric patients received treatment by qualified psychiatrist annually during the program period.

More than 200 psychiatric patients were facilitated by RJH during program period of three years. These patients were mostly facilitated during the visit of IHSG-Norway coordinator to Pakistan. Quoting Program End Evaluation Study, *“These services were delivered at RJH to the targeted communities. The services included individual counseling, psychosocial awareness and referral of severe cases to psychiatrist or next level health system. Among the total HHs interviewed, 3% received individual counseling sessions.”*

1f. 1500 Hepatitis, TB, HB and Malaria patients diagnosed through lab tests conducted at Riaz ul Jannat Hospital.

The program planned around 3,350 patients to be facilitated with lab diagnoses service; however 4,451 patients were facilitated with the service actually during program period. The facility included, Pregnancy Test, Hepatitis B & C, TB, HB, HIV, ALT, CBC, Malaria,

Satisfaction with RJH Lab Test and Pharmacy



Typhoid and many other important lab tests were conducted in RJH lab. Catering to the level of satisfaction of these patients, the Program End Evaluation Study says, *“82% of the KII respondents raised their satisfaction over the provision of medicines and laboratory services on subsidized rates at RJH.”*

Output 2	Targeted poor communities are reached with appropriate primary and maternal health & hygiene education and sensitization to support better hygiene practice.
-----------------	---

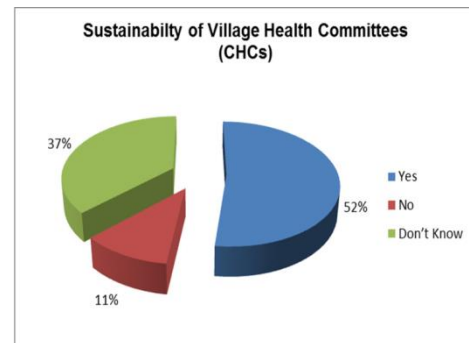
Output 2 Indicators:

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.

As social mobilization is the foundation for any developmental initiative, therefore AMD foundation ensured community participation and engaged them to own the program and all its interventions through community mobilization & organization activities. The community was taken on board in multiple planning and implementation stages, like selection of most needy beneficiaries for free treatments, conducting medical camps, organizing seminars and sports events etc. 15 Health Committees (1 male committee and 14 female committees) were mobilized during program period; which engaged more than 150 women and men.

Referring to Program End Evaluation Study, *“During the KIIs, only 60% of the respondents were aware about the existence of CHCs. 54% HHs respondents were aware about the roles and responsibility of the CHCs.”*

“But there was willingness of community that these committees shall function in future as 52% of the respondents during HHs survey considered that health committees will continues its work even after end of the program.”

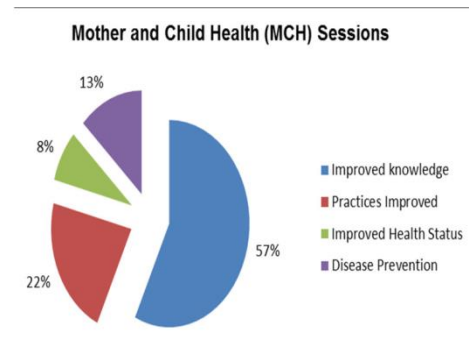


2b. 20% of the targeted 50, 000 population directly participated in program capacity building, awareness & sensitization activities per annually.

AMD Foundation organized various awareness rising sessions as a part of Village committee meetings and also collectively at RJH during 2015-17. Various high profile seminars/ events were also organized during the program period. Cable TV Ad, dissemination of IEC material, community based health and hygiene campaign were contributing factors to the above indicator.

The program built the capacity of the health staff and professionals (Nurses, LHWs, medical technicians etc.) for providing quality health treatment at RJH. In this regard, AMD Foundation conducted on job trainings on various work routines by medical officer and by Head of IHSG Norway during his two visits to Pakistan on annual basis. Program End Evaluation Study also refers that, *“During the KIIs with RJH’s staff; these trainings were highly appreciated and mentioned it effectively enhanced the knowledge and skills of the health staff.”*

“During the HHs survey, 54% female respondents mentioned they received awareness sessions on mother child health from the program.”



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.

TBAs/LHWs were trained and mobilized to make referrals to Riaz-UI-Jannat Hospital for safe deliveries. The same TBAs were linked with Community Health Committees to ensure that communities are regularly followed up by the local TBAs for safe deliveries at hospital by the qualified medical and paramedic professionals. RJH frequently organized meetings with TBAs/LHWs. 60% deliveries at RJH were specifically made through referrals by the trained TBAs and LHWs.

After the inception of RJH, over the period of time 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.

Internal and/ or external factors that have affected the program in any significant way

Though Pakistan faced drastic natural catastrophe of Floods nearby the program area during the program period, but the program areas had lesser flood impact due to the geographic location. There were no significant unexpected events; except security threats at night. There is only one- night watchman on duty at night and we may need to improve the security in future, keeping prevalent situation on the area.

Produced results (positive and/ or negative) that were not a part of the original plans of the program?

Hosting of a very unique seminar by AMD Foundation Pakistan along with few other organizations on raising awareness against forced marriages during 2019 was a pride moment for AMD Foundation. This seminar on forced marriages was held in Lahore. The Governor of Punjab, Ch Mohammed Sarwar headed the seminar. This unique imitative had excellent response from relevant communities from both the sides and it had huge impact in terms of awareness raising in Kharian and in Oslo pertinent to Pakistani Diaspora communities.



The road between city and villages of the catchment area of the RJH was very rough, mud- spattered and broken. AMDF Board held a meeting with local district government to pursued them to construct the road on priority basis to facilitate the communities to have better access to RJH. Now the road work has been accomplished and neighboring communities are enjoying better access to hospital services.

Constant support by IHSG- Norway to Pakistan Development Network Norway and also in Pakistan had remained the hall mark 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 the Norwegian Diaspora Network as well.

Water filtration plant for provision of clean drinking water was installed in Riaz-UI-Jannat Hospital. Quality standard drinking water was provided to the near community and patients. This addition was carried by Al-Munir Development Foundation and Al-Ghani Welfare Trust in collaboration.

If relevant: How was the program phased out and how are the effects of the program continued.

Based on the experience of establishing Riaz UI Jannat Hospital program in Pakistan; it is analyzed that parallel with the curative services through the hospital; preventive mode is also needed by the poor and unaware communities. The unsafe and unhygienic conditions that the poor target communities are living in; need AMDF focus. So it has been planned that a comprehensive program will need to be launched in the future to support poor communities on primary health care issues with an enhanced and specific focus on awareness, mobilization and capacity building of the target communities to better their health and hygiene conditions.

After the completion of the current three-year phase of the program, it has also been planned to extend the hospital to a paramedic training institute. As Mandi Bahauddin is one of the relatively poor district in the vicinity and there is not even a single paramedic training institute in the entire district. A Paramedic Training Institute on one hand would complement the operations of the hospital and on the other hand it would be an effective source for giving skills to the poor and destitute girls of the district. These poor young girls once trained would not only be improving their livelihood, but would also be handy in delivering quality health services in different parts of Pakistan.

Keeping in consideration more than 50% resource generation locally, it is anticipated that RJH is gradually going to be self-sustainable. Therefore, IHSG Norway, has applied for three years' new program to NORAD, which would be 30% catering to the operation of the ongoing RJH program and rest of the 70% are proposed for the new initiative discussed above.

Lesson Learnt & Experiences

There were some very important lessons learnt during the course of the Program, which are stated as follows:

- Institutional development is the key to sustainability of any organization. Therefore, both AMDF and IHSG Norway have to focus primarily on the development of institutional systems, policies and procedures for a smooth and sustainable functioning of AMD Foundation.
- Semi commercial aspect of the Riaz UI Jannat program for resource mobilization has to be strengthened to make the program self-sustainable on long term bases.
- Well qualified and well experienced staff has to be hired for proper program management.
- Community engagement and mobilization / organization at the grass root level is key to program success.
- Prevalent power shortfall in Pakistan, particularly in this rural vicinity created challenging situation to continue constant operations of the hospital, which needed installation of the alternate sources of electricity generation (UPS, Power Generator etc.), which reasonable enhanced operating cost of the overall planned budget. This led us to understand that the arrangement for permanent installation of the cost effective alternate power source is important.
- The new AMDF Board needs to have members having a professional background from the social health and development sector and also institutional development capacities.
- We have also learnt that RJH needs to have a professional regular staff to handle psychiatric illnesses.

Cooperation between IHSG Norway and AMDF Pakistan

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 every year and monitored and guiding through regular correspondence through telephone and e-mails. Other board members of IHSG have also been visiting AMDF 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 also monitored by IHSG delegates.

The local management staff was guided in developing program strategy for the delivery of gender sensitivity 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.

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 Norway to this program. In a nutshell, IHSG greatly extended its support for the establishment and sustainability of AMDF in Pakistan and to make it consistently delivers quality health services to the poor and deprived women.

Evaluations and/ or program reviews were carried out during the contract period

This report caters to the 2017-19 (three year) progress of the program; the program Year end evaluation was planned and was executed during last quarter of 2018. The Program End Evaluation Report attached with this report as annexure for your consideration.

Additional documentation is given in the following Attachments:

1. AMD Foundation Financial Report for 2019
2. AMDF Audit Report 2019
3. IHSG Audit Report 2019

Signature: **Tayyab Munir Choudri**
(Head of IHSG Norway)

Dated: April 27, 2020