

IMPLEMENTING PARTNER REPORT, Part 2 – Narrative Reporting

Title of the Project:	Improving health services by improving infrastructural facilities, provision of equipment for health staff at BHU
Partner Agreement No.:	0000000525
Implementer:	Organization for Community Services & Development (OCSD)
Reported by:	Irfan Alamgir Khan
Reporter title:	Executive Director
Operation:	PAK ABC
Budget Year:	2013
Period covered by the Report:	February 01, 2013 to July 31, 2013
Date Report Submitted:	20-08-2013
Pillar:	3-Reintegration
Cost centre(s):	33062 - Quetta

1. Operational Project context - changes

Indicate if there have been any changes in the general situation or context of direct relevance to the implementation of this project. *Maximum 4,000 characters as per FOCUS tabs*

Organization for community services and development (OCSD) started implementation of project adopting a participatory approach involving all the major stakeholders especially government line departments and the local communities of the refugee hosting areas. So this process ensured ownership of project interventions among key stakeholders resulting in improved systems of health services and building capacities of health staff at BHU. The effective and very good participation of targeted communities in awareness creation activities remain another succeeding factor for the successful completion of project. Ensuring rich involvement of all key stakeholders to create ownership, OCSD carried out following major jobs and tasks:

- ▮ Signed Memorandum of Understanding (MOU) with District Government.
- ▮ Signed of terms of partnership with DHO and PPHI during the initial phase of the project.
- ▮ Arranged trainings for Government Health Staff.
- ▮ Formed of Emergency Management Committee and facilitated their meetings.
- ▮ Involved stakeholders in soft as well as hard components of project as per approved project document.
- ▮ Formed of community health communities and facilitated their meetings.

OCSD started on ground implementation within first week of July 2012 and ensured the execution of activities on ground as per agreed timeline. OCSD developed good liaison with line department during the implementation of this successfully completed RAHA project following its schedule agreed with UNHCR. Activities completed under this project according to its agreed schedule, include the following:

- ▮ Hiring of project and their orientation
- ▮ Sharing of project with stakeholders and signing of MOUs and TOPs
- ▮ Bidding, selection and signing of agreements with vendors and suppliers for construction related work and procurement of equipment and supplies.
- ▮ Construction of Under Ground Water Tank
- ▮ Replacement of BHU main gate
- ▮ Installation of Curtain Grills on road side windows
- ▮ Supply and Installation of Solar Unit
- ▮ Provision of medical items proposed by HC UNHCR in their inspection report
- ▮ Construction of Labor Room Unit and Laboratory
- ▮ Trainings for Government health staffs
- ▮ Formation of stakeholders led BHU management committee and community health committees and facilitated their meetings.
- ▮ Capacity building of the members of BHU management committee and community health committees.
- ▮ Awareness creation among targeted populations using forums of community health committees.

- Monitoring of construction related work on ground on regular basis and reporting accordingly.
- Regular review of project progress and follow ups
- Generation of monthly progress reports and sharing with donor.

However White Washing of BHU building could not be completed within project schedule/work plan due to moisture in walls / cement plaster and will be completed when cement plaster will be dry and there will be no moisture in the building.

2. Changes in Population targeted by the Project

2.1 [Targeted Population group name]

- a) *Indicate changes which may have occurred in the population profile and how this may have affected the project. The Implementing Partner should explain differences between the actual number of beneficiaries and the planned number, if applicable.*

OCSO formed one HBU management committee having representation from government and targeted communities to ensure effective participation of stakeholders from government and targeted communities. This committee held four meetings during the project life. OCSO also formed ten Community Health Committees (CHCs) to create awareness among targeted populations on general health & hygiene issues and best practices. These CHCs arranged their regularly fortnight meetings on monthly basis during the project period.

As far as beneficiaries are concerned they are definitely BHU catchment population of Killa Abdullah benefitting from basic healthcare and MNCH services from this Government health facility. Additionally Government health staffs who participated in trainings, members of BHU management committee, members of community health committees and general community members who participated in awareness creation sessions also include in this list of direct beneficiaries of this project. Secondly, the overall community and families associated with direct beneficiaries are considered indirect beneficiaries of these government health facilities.

- a) *Provide demographic data pertaining to the population/s targeted by this project (one table for every Population Planning Group assisted under this project).*

Name of Population Planning Group:						
Age Group	Male		Female		Total	
	in numbers	in %	in numbers	in %	in numbers	in %
0-4	3109	9%	3109	9%	6219	18%
5-11	2418	7%	2418	7%	4837	14%
12-17	2764	8%	2764	8%	5528	16%
18-59	7601	22%	7946	23%	15547	45%
60 and >	1036	3%	1382	4%	2418	7%
Total:	16929	49%	17619	51%	34548	100%
Major Sites:		Saigai and all villages (adjacent + in catchment area) of UC				

3. Implementation Arrangements - changes

Describe any changes to implementation arrangements that have affected the completion of the agreed outputs.

*Propose if any changes have to be made during implementation. **Maximum 4,000 characters as per FOCUS tabs***

As per submitted project document the implementation arrangements were persistent and every pillar of process diagram carried out effectively during the project implementation. Almost all desired results and outcomes were achieved at the end of the project.

Overall OCSO followed participatory approach of involving all relevant stakeholders in delivering its services to targeted communities to ensure the ownership of initiatives by communities themselves and thus sustainability of interventions. The consultation with and participation of communities particularly the women & children was focused throughout implementation of this completed project. This arrangement ensured the right of communities to participate in decision making processes affecting their lives. Below are the brief details of how stakeholders were involved and what implementation arrangements were adopted to execute the project implementation plan.

Stakeholders Involvement:

OCSO formed BHU management committee (MC) for the targeted health facility. The sitting in-charge of this BHU took the role as permanent member of this MC and other members from community side were nominated by community health committees (CHCs) through a democratic process from both refugee and host communities. Four meetings of this health

management committee were conducted ensuring maximum attendance of its members to discuss health problems, operational issues, sorting out solutions and deciding action points to be carried out. This BHU management committee worked in close coordination with district administration ensuring smooth and successful implementation of the project. Further details are annexed at the end.

The project formed 10 community health committees at Mohallah level in catchment area of project. The members of these CHCs were elected through a democratic process. These community health forums remained very useful in creating awareness among targeted communities on basic health & hygiene issues and good practices. These community health committees not only ensured the community participation but also coordinated and cooperated with all other stakeholders such as government line departments and PPHI. Further CHCs specification and operational details are annexed at the end of the report.

Staff Recruitment Arrangements:

The project team was selected following standard hiring procedure of the organization in a transparent fashion. All positions were announced internally as well as externally to have applications against each position. Then tests and interviews were conducted following long listing of applicants by HR and short listing by relevant program authorities. The final joining calls were issued to successful candidates selected by interview panel members and approval from competent authority. Separate files for all project staffs are maintained along with their credentials.

Procurement Arrangements:

All procurements were done in compliance with organizational standards operating procedures. Below are the brief steps followed during procurements under this project:

- Published and advertised tenders in Newspapers for the transparent selection of vendors and suppliers.
- Opened bids/tenders Bidding Committee in presence of external stakeholders i.e. UNHCR supply chain officials and Engineer and signing of both technical and financial offers by all members of Bidding Committee.
- Evaluation of bids through well-defined mechanism in compliance with UNHCR procurement policy guidelines. Issued regret letters along with 2% call deposit to disqualified bidders.
- Issued Work Order and signed agreements (service contract received from supply chain UNHCR) with selected vendors and suppliers for construction work and procurement of equipment and supplies.

It is also worth mentioning that OCSD completed the following listed tasks and activities with consent of UNHCR and government health department in addition to agreed project document:

- Purchased and installed complete solar unit at labour room.
- Constructed underground water tank.
- Replaced BHU old broken main gate with new one.
- Installed 10 curtain grills at road side windows of BHU building.
- Procured and handed over additional health items to BHU proposed by BHU management committee in consent with UNHCR.
- Minors repairs done in existing BHU building.
- Installation of sign boards.

4. Related Inputs and Projects:

*Provide details of changes in the availability of resources (financial, in kind and staffing) from non-UNHCR sources that have affected/contributed to project implementation **Maximum 4,000 characters as per FOCUS tabs***

OCSD had contributed for RAHA Health project with financial as well as in kind and staffing inputs as per approved budget sheet. The total financial support from OCSD for the project as follows:

- Office Rent 50% contribution from OCSD.
- Utilities and communication heads 50% contribution from OCSD.
- Staffing: 50% salaries of OCSD Executive Director and Admin & Accounts Officer were contributed OCSD.

5. Overall impact of the Project

*a) Summarize the impact of the project on the situation of the targeted population, considering UNHCR commitment to Age, Gender, Diversity Mainstreaming. **Maximum 4,000 characters as per FOCUS tabs***

The implementation of the project had brought a very positive impact in the lives of both host communities as well as Afghan refugees. As it was revealed during the assessment phase of the project that targeted area was deprived of basic healthcare services particularly the lacking of maternity services to the pregnant women of the areas. The targeted populations were

constrained to travel 60-70 Kilometres rented transportation arrangements to approach THQ Chama. The communities sometimes witnessed deaths of their beloved during travelling.

However after successful completion of this project with the support of targeted populations, they are free of all above mentioned difficulties and they feel much relieved. They have easy access to all basic healthcare and MNCH services from this completed BHU and they are benefitting from this in routine without facing any difficulty as they are managing operations themselves. They have opportunity to suggest or report any difficulty to BHU management committee and suggest corrective measures. The targeted populations are much thankful to UNHCR for generous funding to this project to address their health related needs and for ensuring their participation in completion of project.

*b) Summarize lessons learned and recommendations for the future. (This section must be filled in the last project report or when deemed important) **Maximum 4,000 characters as per FOCUS tabs***

Lesson Learnt/ Recommendations:

OCS D team during the implementation of this project learned that DRR component in construction related work should be focussed at designing stage and must be incorporated in implementation plan even with extra resources. The capacity building of targeted communities on DRR should also be focussed in delivery of such project considering the rapid climate changes in the region and Pakistan overall as disaster prone country.

7. Actual Progress Achieved towards Planned Results

[PPG name]

[Goal name]

[Rights Group name]

Objective: [Objective name]		
Problem description:	With the increasing Refugees population in District Killa Abdullah, resource sharing and arising conflicts has led to a sense of deprivation for the hosting communities. Moreover catering their needs of health, education, water and sanitation etc. has put a huge pressure on the local government budgets which cannot cover it. The Targeted Union Council of District Killa Abdullah i.e UC Saigai with its total local population of 34548 ¹ , of which 16929 are male and 17619 are female and 20-25% of this population is comprised of refugees in need of special attention. Without proper and appropriate health facilities, opportunities and better health services, sustainable development is impossible as the refugee & host population will continue to suffer with the above mentioned problems if not addressed timely. Raising awareness on good practices of basic health & hygiene among targeted refugee and host communities, creating ownership of project interventions among communities ensuring their lively participation at each step and improving systems of health services and equipping health facilities to address the needs of communities, can bring positive changes in the lives of populations and resultantly improving their living standards	
Intended impact:	This comprehensive intervention will provide basic health services to both the host and refugee communities for the most deprived union council of District Killa Abdullahi.e UC Saigai Tehsil Gulistan, it will also bring positive change in the lives of targeted population. In the proposed project as it is aiming to provide a package of integrated interventions at BHU UC Saigai Tehsil Gulistan District Killa Abdullah for the mutual benefits of refugee and host communities. Improved living standards of targeted Afghan refugee and hosting communities through joint efforts in a peaceful co-existence environment in coordination and support from government departments. Lives of people in refugee affected areas are rehabilitated and hosting communities are supported for improving their current standards of living.	
Actual impact:	This successfully completed project brought a very encouraging positive impact in the lives of targeted populations as now they are free of all difficulties they were facing due to complicated health problems because of non-availability of basic healthcare services in their area and now they feel much relieved. They have easy access to all basic healthcare and MNCH services from this completed BHU and they are benefitting from this in routine without facing any difficulty as they are managing operations themselves. The project had directly contributed in improving their living standards through their improved health conditions. This indirectly improved their livelihoods because of reasonable cut in their health related expense. So project resulted in contributing peaceful co-existence of both host and refugees communities as the both ends feel much relieved. The communities have opportunity to suggest or report any difficulty to BHU management committee and suggest corrective measures. The targeted populations are much thankful to UNHCR for generous funding to this project to address their health related needs and for ensuring their participation in completion of project.	
Impact Indicator(s)	Data capture level	Actual (_ or _/_)
Extent PoC have access to primary health care	Saigai, Killa Abdullah	[Value, no text]

¹ Estimated for 2011 by using growth rate and population statistics of 1998 census
IOM/055-FOM/056/2011

Output:	Report on the progress achieved:		
<ul style="list-style-type: none"> Access to primary health care services provided or supported State of the art labour room is constructed in BHU A clinical laboratory is constructed in BHU Boundary wall of BHU is repaired The capacities of health staff is built to enhance their treatment skills All necessary medical equipment within project scope will be provided to BHU BHU Management Committee is formed at BHU level Community Health Committees are formed in catchment area Awareness sessions on health, hygiene and Maternal & Neonatal Child Health (MNCH) delivered among communities 	<ul style="list-style-type: none"> The targeted catchment populations of BHU Saigai have easy access to basic healthcare services following completion of this project. The project had constructed a Labour Room for female patients. This labor room is fully equipped with relevant equipment. The project had constructed a clinical laboratory as well in this BHU Saigai where basic and necessary tests are done. All the basic and necessary laboratory equipment is provided in that laboratory. The boundary wall of this BHU is repaired under supervision of all key stakeholders. The capacities of Government health staff been built under this project through successfully delivered trainings resulting in increased level of satisfaction of patients through improved job performance of trained staffs. The all medical equipment, instruments and furniture been provided as per project document to make ensure better health services provision. One BHU Management Committee (MC) been formed for the adopted health facility. This committee has its members both sides of government health staff and community members as well. This committee held its two meetings during project. This BHU management committee is working in close coordination with district administration for the smooth delivery of services from this health facility. All six targeted Community Health Committee (CHC) had been formed at Mohallah level in catchment area of this successfully completed project proving very good base to organize communities and create awareness on basic health & hygiene issues and good practices. 		
Performance Indicator(s)	Site	Target	Actual progress (_ or _/_)
<ul style="list-style-type: none"> Access of PoC to national/Government primary health care facilities ensured Fully equipped labour room is operational Deliveries are conducted at the labour room by skilled staff Female patients are being admitted at BHU Basic laboratory services are available for patients Boundary Wall of BHU is repaired Services of skilled staff are available to communities at BHU Improved services available because of equipment at BHU level Meetings being held by BHU Management 	Saigai, Killa Abdullah	<ul style="list-style-type: none"> 01 functional labor room Labor Room is available for female patients 01 fully functional laboratory Repaired boundary wall of BHU Health staff is trained through trainings Medical equipment is provided to BHU 04 Monthly meetings conducted 08 fortnightly meetings organized 20 sessions delivered among females 200 females participated in health 	<ul style="list-style-type: none"> Completed and functional Is made available Equipped Laboratory is operational. BHU Boundary wall been repaired. Trainings arranged and effective participation ensured, (detail is annexed). Equipment been provided (detail is annexed). 04 monthly meeting facilitated. 08 fortnightly meetings of

<ul style="list-style-type: none"> Committee MCs and issues are being resolved Regular fortnightly meetings are being organized by Community Health Committees Communities have updated knowledge on basic health & hygiene Community has participated in the health sessions. 		awareness sessions	<ul style="list-style-type: none"> CHCs been held (detail is annexed). More than 200 females participated in awareness sessions (detail is annexed).
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Activities	Site (Optional)	Start date	End date	Status
Signing of MOU with district health department	Killa Abdullah	01 February, 2013	28 February, 2013	Completed
Selection of contractor for construction of labour room	Killa Abdullah	01 February, 2013	28 February, 2013	Completed
Start of work on labour room	Killa Abdullah	01 February, 2013	28 February, 2013	Completed
Monitoring, Evaluation and Reporting	Killa Abdullah	01 March, 2013	31 July, 2013	Completed
Purchasing and delivery of materials for Labour Room	Killa Abdullah	01 February, 2013	28 February, 2013	Completed
Completion of labour room construction	Killa Abdullah	1 st February, 2013	31 July, 2013	Completed
Award of contract to successful vendor and construction of clinical laboratory	Killa Abdullah	15 June, 2013	31 July, 2013	Completed
Purchasing and delivery of equipment for laboratory	Killa Abdullah	01 February, 2013	28 February, 2013	Completed
Quality inspection by Field Engineer	Killa Abdullah	15 June, 2013	31 July, 2013	Completed
Completion of Clinical Laboratory construction work	Killa Abdullah	01 March, 2013	31 July, 2013	Completed
Training for health staff on Ultrasonography, feedback of trainees, training report	Killa Abdullah	01 March, 2013	31 July, 2013	Completed
Training for health staff on Obs Emergencies Management, feedback of trainees, training report	Killa Abdullah	01 June, 2013	30 June, 2013	Completed
Selection of suppliers for purchasing of equipment	Killa Abdullah	01 July, 2013	31 July, 2013	Completed
Issuance of purchase order to successful bidder	Killa Abdullah	01 May, 2013	31 May, 2013	Completed
Delivery of equipment	Killa Abdullah	01 May, 2013	31 May, 2013	Completed
Regular meetings by BHU Management Committee	Killa Abdullah	01 March, 2013	30 April, 2013	Completed
Regular fortnightly meetings by CHCs	Killa Abdullah	01 March, 2013	30 April, 2013	Completed

6. References and annexes attached. (Attached)

Provide reference to any supporting documents. This information will be retained outside of Focus.

[TEXT HERE]

Name of UNHCR Reviewing Officer: _____

Signature of UNHCR: _____

Date: _____