

Flood Emergency Response Pakistan (UNFPA-MNCH)

*OPERATIONAL PLAN
HUMANITARIAN SUPPORT TEAM*

December 2010

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Humanitarian Support Team

Introduction

National **MNCH** has established a program to assist the flood-affected districts in combating high levels of maternal mortality and to improve the reproductive health status of people.

The Humanitarian Support Team (**HST**) is providing additional Human Resource to selected Health Facilities in the flood affected districts as to provide 24/7 RH services to the affected population.

Mission

“The overarching program goal is to improve accessibility of quality MNCH services through development and implementation of an integrated and sustainable MNCH program at all levels of the health care delivery system”.

Objectives

- Increased availability of emergency RH services for flood affected population all over Pakistan.

- Ensuring 24/7 availability of skilled human resource for RH in all flood affected areas.
- Provision of required equipments and medicine in all flood affected areas.

Partners

UNFPA is working in close partnership with the Ministry of Health - Maternal Newborn and Child Health Care, the provincial departments of health, through its provincial coordinators.

Period Covered by Operational Plan

Major Initiatives to Save Lives

Between 28th and 30th of July heavy rains fell across Pakistan, causing devastating floods. Significant damages to human life, livestock and property have been reported, and over 21 million people are estimated to have been affected. This situation became reason for trauma, malnutrition, and psychological. Hygiene conditions seriously deteriorated increasing the risk of infections; pregnancy can represent a serious health threat. Keeping all these problems under consideration HST has taken many initiatives including:

Combating high levels of maternal mortality and improving reproductive health status:

To reduce maternal and child morbidity and mortality in the flood affected areas of Pakistan, HST is facilitating in following capacities:

- ***Ensuring Skilled Human Resource:***

Additional Human Resource to selected Health Facilities in the flood affected districts so as to provide 24/7 RH services to the affected population.

- ✓ Birth attendants for normal deliveries
- ✓ Referral for Caesarian in case of complicated pregnancies.

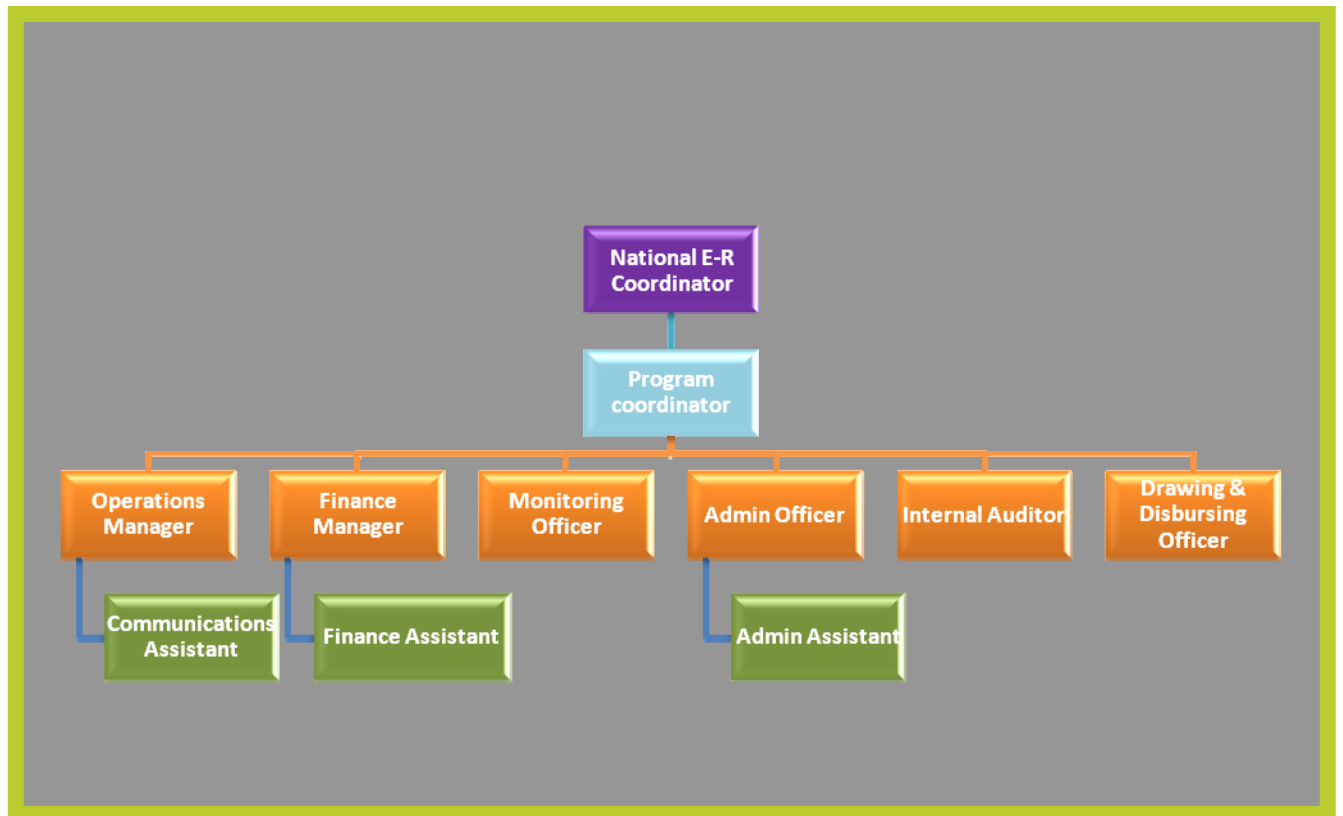
- ***Post natal care of pregnant women and family planning services.***

- ***Care of neonates and under 5-children.***

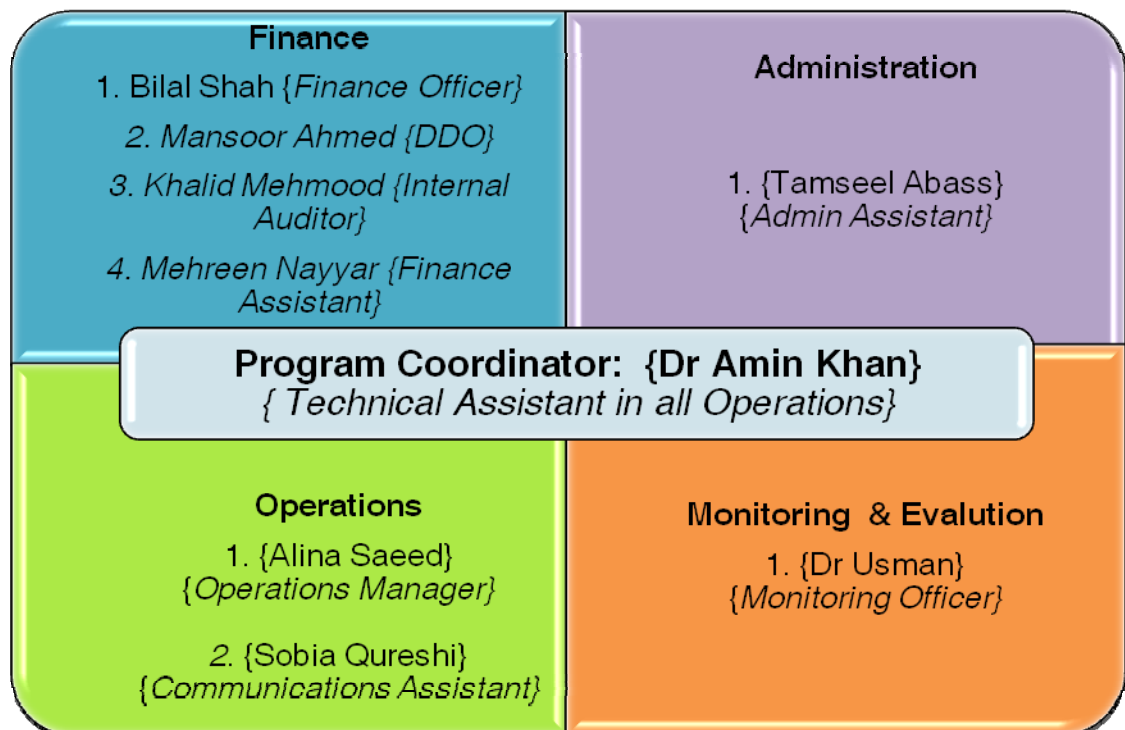
- ***Providing equipment and medicines.***

Equipment and medicines have been provided to the Health Facilities in the affected districts. To make the damaged Health Facilities operational, additional funds have been provided for repair and maintenance of these facilities.

Organizational Chart



Activity List



Activities Implementation Plan for All Provinces

Component	Activity	Responsibility	Verifiable Indicators	Means of Verification
Component 1: Strengthening of targeted health facility for provision of basic and comprehensive health services.	Need Assessment of minor repair/renovation of targeted Health facilities and repair & renovation done	MNCH Hub Teams of all Provinces	R&R completed	R&R Completed in target facilities
	Conduct Interviews of identified Technical HR, issue contracts to selected candidates	MNCH RH Coordinator of all Provinces	Staff hired, contracts issued and deployed in targeted facilities.	Staff deployed and working in shifts
	Provide Equipment and logistic needs for health facilities	MNCH (Provinces)	Equipments provided and operational	Equipments provided and operational
	Provide RH Kits to targeted health facilities	RH Coordinator M&E Officer	RH Kits are available in all targeted facilities	RH assessment report
Component 2: Initiate service delivery through targeted health facilities.	Conduct training need assessment of newly deployed health facility staff	Hub team	TNA carried out	TNA report
	Capacity building of newly recruited staff (Program orientation and induction training, EmONC, FP, ENC, MISP)	MNCH, UNFPA	Capacity building/training plan prepared and trainings held	Training reports
	Prepare standard operating protocols and send to Hubs for .	HST	SOPs available at health facilities	SOPs pasted at health facilities
	Initiate RH/EmONC services as per protocols.	MNCH & Hub team		Health facility records/reports
	Adopt and implement routine HMIS/DHIS and collection of data for reporting.	MNCH & Hub team	HMIS/DHIS instruments available at health facilities	Health facility records
	Maintain data base.	Hub team	Monthly records available at hub offices	hub office records
Component 3: Establishing Management and Operation Systems	Prepare budgets for program activities at hub level	Hub team	Mechanism developed and documented	Documents on flow of funds
	Maintain inventories for logistics management at	Logistic Assistant	Inventories available at hub	office records/equipment

			dated	
	Maintain stock register for RH kits	Logistics Assistant.	Stocks up-dated regularly	office records
	Prepare regular financial reports	Logistic/finance Assistant	All records available at hub offices	office records
Component 4: Partnership Development	Conduct Regular RH Task force Meetings fortnightly every month at Hub level.	RH Coordinator	Task force meetings held regularly (twice a month)	Meeting reports
	Regular participation in the meetings at Hub & District level (HCC & DCC)	RH Coordinator	Meetings (HCC and DCC) attended	Minutes of HCC and DCC meetings
	Explore partnership with other organizations working on RH service delivery	Hub team	# organizations identified as partners	Office records
Component 5: Monitoring & Supervision	Prepare weekly, monthly and quarterly monitoring plans	Hub team	Plans prepared and available	Office records
	Conduct regular monitoring visits to targeted health facilities in districts.	Hub team	# visits made	Visit reports
	Prepare weekly, monthly and quarterly monitoring reports and submit to hub office and MNCH.	Hub team	# reports prepared	
	Arrange monthly meetings of supervisory staff at hubs.	Hub team	# meetings held	Meeting minutes
	Share visit reports, discuss on issues, challenges and way forward.	MNCH & Hub team		

HST RESOURCE PLAN PURPOSE

Resource Plan Purpose

[Project Resource Plan is generated to ensure the availability of resources for current project and for the future projects.]

The Project Resource Plan provides a record of all resource planning for a HST including the identification of a team of workers that possess the appropriate skill set, and a record of the non-labor resources (tools, equipment, medicines, process, and so forth) necessary for project completion.

Required Skill Sets

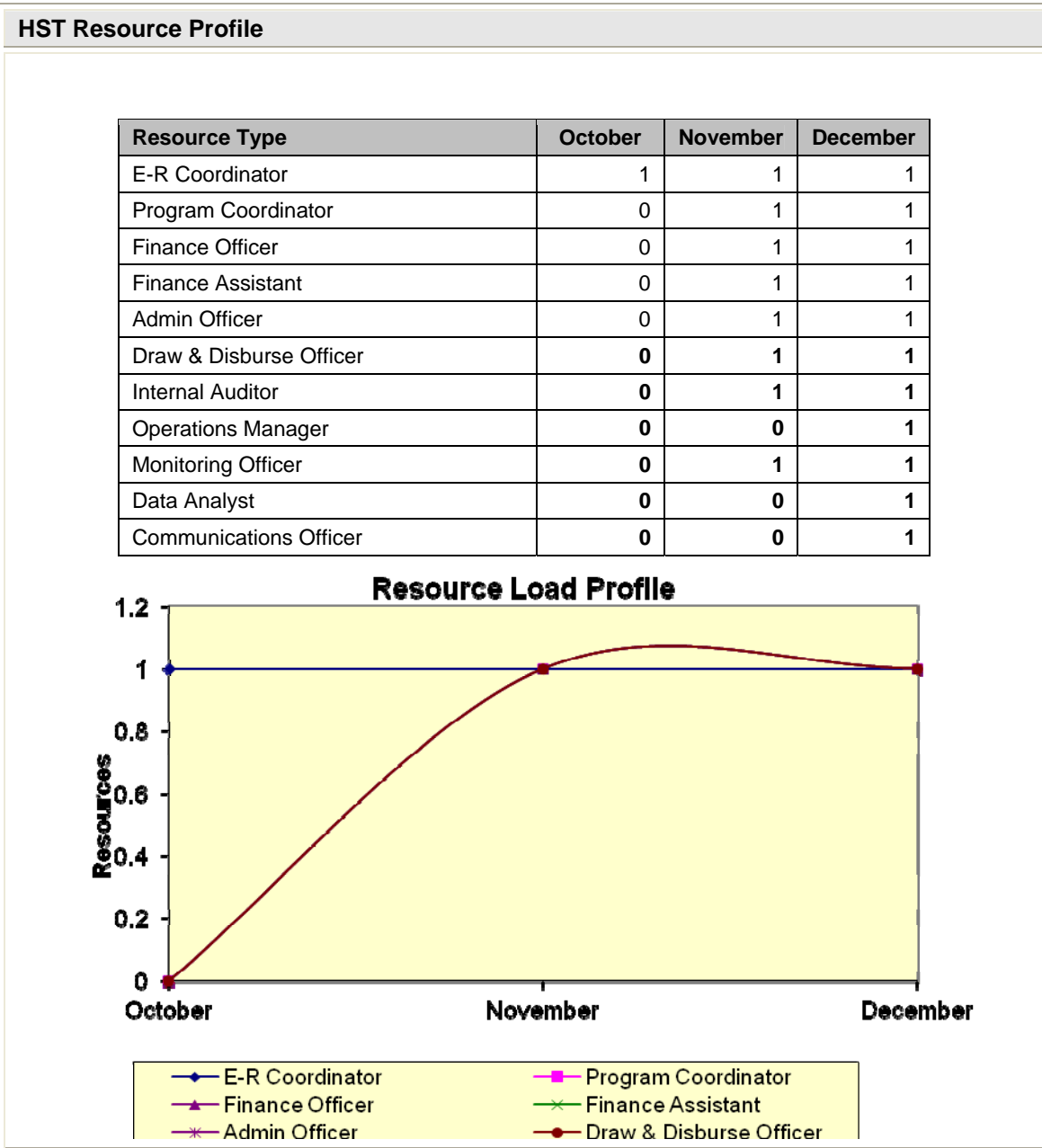
Required Skill Sets			
Deliverables	Resource Type	Source	Quantity
Execution of Project	E-R Coordinator	Internal Staff	1
Coordination with all E-R Coordinators and Donors	Program Coordinator	Internal Staff	1
Financial Processing	Finance Officer	Internal	1
Assistance in Financial Processing	Finance Assistant	Internal	1
Administration	Admin Officer	Internal	1
Approval of claims & Expenditure	Draw & Disburse Officer	Internal	1
Audit of all Processes	Internal Auditor	Internal	1
Project Reports & Plans	Operations Manager	Internal	1
Performance Evaluation(All Provinces)	Monitoring Officer	Internal	1
Data Analysis	Data Analyst	Internal	1
External & Internal Communications	Communications Officer	internal	1

Non-labor Resources

Non-labor Resources

Computers, Scanner, Printer, Xerox Machine, Furniture, Air Conditions, Power Generator.

Define Resource Profile



Standard Operating Procedures

1. The Log books for vehicles which will be used will be maintained (rented/official) and will be shared with us on a monthly basis.
2. Attendance of all Management staff in their respective offices.
3. Monthly Plan/Progress report to be shared by Management HR.
4. Cash Books/Ledger/bank reconciliation to be shared monthly.
5. Travel Authorization by DSTs 48 Hours prior to travelling with justification for travelling to be submitted.
6. Three basic and one comprehensive EmOC facility for 500,000 populations in every district.
7. Financial Progress Report to be submitted by every province every month.
8. The contracts of Technical staff will be issued from provincial MNCH Offices while the original contract for technical staff will be kept at Hub Offices/Provincial MNCH-Humanitarian offices.
9. The Management HR contracts will be issued from federal office and the original contract papers of the management staff will be in Federal Office.
10. The provinces/hub offices will only send the amount for salaries of technical staff and amount for training, the other expenses will be all reimbursed from Federal Office.
11. By November 18th all the management/Technical HR positions need to be filled.
12. By 20th of November, the facilities details where minor renovation/repair required (White wash, lighting, minor water supply lines or electricity lines repair) will be shared.
13. The Equipments/Medicines will be procured by Country Office UNFPA and will be sending to provinces as per requirement in Districts.

14. All the Provinces will share the plan for conducting RH Training/MISP Training by 22nd of November, 2010 and the training will be finished in all provinces by 31 of December 2010.
15. All the Provinces/Districts will follow the financial Guidelines shared with him for any expenditure.
16. The stock Registers will be maintained at every facility.
17. Mr. Tamseel will be contacted for all Admin related work (TDA, Contracts, documentation, petty cash, vehicle Log Books etc), Bilal Shah for all finance related work, Dr. Usman will be responsible for Reports/Monthly Plans. Data analysis, any queries from Hub Offices/Provincial MNCH Offices/Districts.
18. The monthly Progress report (Financial and Narrative) will be submitted to CO UNFPA by HST.
19. The Program Coordinator will supervise the HST staff, Staffs at Provincial MNCH Offices while Hub offices staffs will be supervised by UNFPA PCTs.
20. The field staff/Technical staff will be supervised/ monitored by provincial MNCH Offices/Hub Offices together. NPM will be the overall supervisor of HST, Hub Offices, and Provincial MNCH Offices.
21. Weekly meeting will be held at federal level between Program Manager MNCH, Program Coordinator, NPO UNFPA and Humanitarian Coordinator UNFPA while at provincial level between provincial Manager MNCH/LHW Program and PCO UNFPA to discuss about the progress made and issues with possible solutions.
22. The Humanitarian accounts at federal and provincial level will be jointly operated (Joint Signatory) by concerned provincial Manager and Finance Officer.
23. The 3 DSTs will work directly under the Humanitarian cell MNCH.
24. The DSTs will also share the Monthly Plan, Monthly Progress Report, monthly bank reconciliation, bank statement and last page of cash book (First week of every month) and salary will only be released after receiving the above mentioned.

25. The DSTs will send the monthly Log Book of vehicle (Complete) for DST vehicle and Motor Bike at end of every month.
26. The DSTs will not be provided petty cash amount any more. For POL the DSTs need to sign contract with local petrol station and after receiving the Bill of POL, the amount to the concerned Petrol station will be sent through cross cheque. In case if the contract for POL cannot be signed then the amount from federal office will be reimbursed for POL against the original vouchers sent to us.
27. Every Comprehensive EmOC facility must be provided Kit 12 while every basic EmOC facility will be provided Kit 6.
28. The Monitoring officers will be responsible for getting the data with standard format which will be shared from federal office and the facility data must be received at least every week.
29. Where DPOs are present, the three DPOs (DPO Thata, Muzaffargarh & Jacobabad) will be notified as Public Health Specialist for those districts.
30. Every payment exceeding 5000 will be made through cross cheque. No payment exceeding 5000 will be made through open cheque.

PROJECT CLOSURE REPORT APPROVALS

Prepared By _____
([Job Title])

Approved By _____
([Job Title])

([Job Title])

([Job Title])

Approval Date _____



1 APPENDICES

1.1 Project Resource Plan Sections Omitted

- [Omitted section]
 - [Omitted section]
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