



# **Memorandum of Understanding**

**BETWEEN**

**Expanded Programme on Immunization, Sindh**

**AND**

**Pakistan CSOs Coalition for Health and Immunization (PCCHI)  
For Enhancing Role of CSOs in Immunization and Health**

**SECTION I****1. PARTIES**

This MOU is being laid down on June 25, 2013 between the Expanded Programme on Immunization, Sindh (here-in-after called **EPI Sindh**).

**AND**

Pakistan CSOs Coalition for Health and Immunization (PCCHI) (here-in-after called **PCCHI**), which term wherever the reference allows shall include their assignees, successors, executors etc.

The MOU stands effective from June 01, 2013.

**SECTION II****3. ABOUT PCCHI**

Pakistan CSO Coalition for Health and Immunization came into being in January 2011 through the efforts of 15 CSOs who at the time of its inception were working in partnership with GAVI Alliance, Federal Ministry of Health and UNICEF on health system strengthening with a particular focus on immunization and child health in all provinces of Pakistan. It is striving towards adding more members who believe in quality, complementarities and team work in health and immunization. The CSOs bring diverse experiences together for making a difference for the same cause.

**3.1 Vision**

To collectively reach the un-reached through health system strengthening to support the government for achieving MDG 4 and 5.

**3.2 Mission**

To synergize efforts for reducing maternal, neonate, and infant death rates and for increasing safe deliveries and immunization coverage rates through research, knowledge development and dissemination of information and advocacy at national and global forums.

**3.3 Approach**

Pakistan CSO Coalition for Health and Immunization has capacity for complementing ongoing efforts of government of Pakistan, particularly for increasing immunization coverage and improving mother and child health care. Pakistan CSO Coalition for Health and Immunization work as a collective group as well as offer its services through its individual member CSOs according to their comparative advantages: For example, some CSOs specialize in research and knowledge management, some CSOs specialize in capacity building, while some CSOs specialize in community mobilization and service delivery.

**4. Comparative Advantages of PCCHI**

- Pakistan CSO Coalition for Health and Immunization has outreach in all provinces of Pakistan, therefore country level programmes can be launched in a very short timeframe.
- Our member CSOs have varying comparative advantages e.g. some specialise in capacity building, some have innovative models for achieving concrete results and some have excellent research and reporting skills, data and knowledge management.
- All member CSOs are registered national or international organisations with sound management systems and procedures in place.
- Majority of our CSO members have partnership with international donors with high level of trust on their credentials.
- Our projects and programmes reflect our belief in results, innovations, sustainability and equity.

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- We wish to work in coordination and harmony with all stakeholders, particularly with government, donors and technical organisations such as UNICEF and WHO.
- We have formed a strong advocacy group which is skilled in policy/strategy analysis and have command over ground realities and facts.

### SECTION III

#### 5. PURPOSE

The purpose of this MoU is to assign roles and responsibilities to the parties signing the MoU. The parties will ensure effective coordination and cooperation for increasing immunization coverage and improving maternal and child healthcare.

#### 6. Geographical Scope

Sindh Province, in particular the high risk/hard to reach areas.

### SECTION - IV

It is mutually understood and agreed by and between the parties that:

EPI, Sindh will:

- Consult CSOs in planning of immunization and health related activities at provincial and district level.
- Facilitate CSOs in conducting independent scientific and social researches on immunization and maternal and child healthcare related topics.
- Provide all training materials available with the DoH to CSOs for its use in their respective geographical area.
- Permit its resource persons available in EPI to conduct trainings if requested by CSOs.
- Initiate corrective measures in response to the complaints registered by CSOs from different districts.
- Maintain quality standards in all government health facilities.

#### Responsibilities of PCCHI

PCCHI and its member CSOs will:

##### Potential Role of CSOs at Policy and Planning Level

- Undertake independent scientific research on thematic topics to help identify key areas of routine immunization that need enhancement among other topics on vaccination and immunization.
- Assist Department of Health in evidence based provincial, district and union council level planning. For these very inputs, the DoH should invite CSOs to actively participate in planning, review and coordination meetings. CSOs can also give valuable inputs in Provincial PC1 and Plans based on the research findings and local knowledge of the communities they are working with.
- Facilitate provinces and districts in designing an effective monitoring and evaluation systems which can generate reliable data at the country level. This third-party monitoring and evaluation will be fruitful in gathering reliable data, ensure transparency and can be replicated in other districts of the country.

### Potential Role of CSOs at Services Level

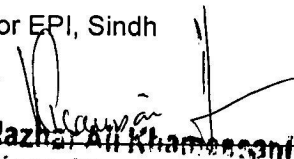
- Assist provincial governments for developing quality assurance protocols to maintain quality for health services delivery, particularly immunization. CSOs will help in maintaining those protocols.
- Review, revise and update already existing training modules and manuals (e.g. vaccination, safe delivery, community mobilization) so that there is a set standard followed by all in the country.
- Train new staff and also conduct refresher courses for the already existing vaccinators, LHWs and other health staff in vaccination, Infant and Young Child Feeding, community mobilization, safe delivery methods, data management and record keeping, infectious diseases and solid waste management in particular.
- Train local human resource in communities as health promoters, community birth attendants, community midwives, social mobilizers and lactation management counselors.
- Monitor activities of outreach teams, including vaccinators, assisting them in factual reporting of immunization coverage. This will ensure that vaccinators make visits to their designated target areas and are performing their jobs up to mark of the quality standards. They can also develop a set standard to assess the competence and performance of a vaccinator. CSOs can also monitor first level care facilities in their areas to ensure they are fully functional.
- Develop district coordination mechanisms to connect different services for addressing barriers in a holistic manner.
- Facilitate outreach teams and static points, as well as health staff in covering difficult and underserved areas.
- Help to strengthen healthcare facilities through the provision of medicines and basic health equipment. They can also assist in the refurbishment and renovation of these health facilities to make them functional. CSOs can also help in devising data management and record keeping mechanisms for the health facilities to ensure reliability of data.

### Potential Role of CSOs at Community Level

- Employ innovative ways of raising awareness such as puppet shows, interactive theatre, radio programs, cable messages, pictorial posters and wall chalking. CSOs have also been very effective in addressing refusals. In working under GAVI CSO support, CSOs have mobilized refusal communities and villages for vaccination.
- Facilitate outreach teams through the listing of mothers and children, refusal cases and missed cases as they are in close contact with the community.
- Work directly with communities on integrated development issues, due to which it is easier for them to mobilize people into participating in routine immunization activities. They will use the integrated community development approach e.g. hold immunization awareness sessions or vaccination days in schools they may be running.
- Organize children and mothers for the coverage of outreach teams. They can also introduce a targeted approach for covering missed or refused cases and help in covering such cases. CSOs can also counsel parents who have undergone side effects of vaccination to ensure that their misconceptions are quelled.

Agreed on 1/7/13

For EPI, Sindh

  
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For PCCHI

