

**MEETING UNMET NEED FOR FAMILY PLANNING IN PAKISTAN THROUGH  
VOUCHERS**

**FOR MARIE STOPES SOCIETY**

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**SUBMITTED TO:**  
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**11<sup>th</sup> JUNE, 2016**

CERTIFICATE

This witness statement is issued to the applicant for the fulfilment of his/her MS (Project Management) program requirements being carried out at Bahria University Lahore Campus (BULC).

It is witnessed that **Mr. Syed Hammad Ali**, Enrollment: **03-298152-024**, Class: **MSPM-II**, Semester: **Spring 2016** and **Ms. Fatima Fikri**, Enrollment: **03-298152-032**, Class: **MSPM-II**, Semester: **Spring 2016** has visited / frequently utilized our premises / participated in our real-time projects for implementing project management skills using EPM as a leading software tool.

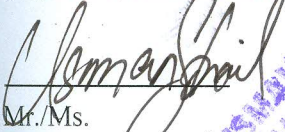
They have participated in Marie Stopes Society's project **Meeting the Unmet need of FP through vouchers**. They contributed fully in pursuit to improve business processes of the organization and helped through project management standards. The key areas of their involvement includes planning, scheduling, earned value analysis, performance monitoring, sequencing of tasks etc. Additionally, they have

1. Performed a detailed analysis on application of Project in MS Project 2013
2. Analyzed project development, testing and implementation of project tool
3. Recommended PMO framework/structure and guidelines for efficient working

Moreover, in company's premises, they have been found skilful in applying EPM in the above highlighted fields.

Additionally, it is noteworthy to mention that **Mr. Syed Hammad Ali & Ms. Fatima Fikri** demonstrated good ethical practices, enthusiastic approach to work, task convergence capabilities and professionalism while working with the organization.

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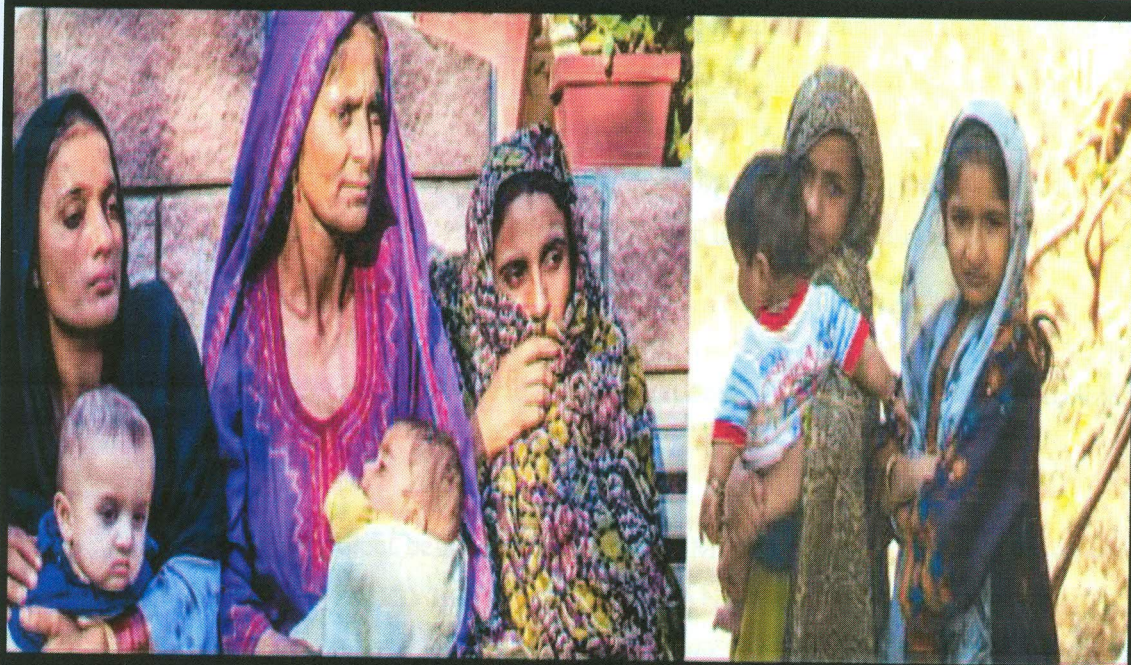
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## Marie Stopes Society



MEETING UNMET NEED FOR FAMILY PLANNING IN  
PAKISTAN THROUGH VOUCHERS

## **ABSTRACT**

Organizations are realizing the need for effective project management in order to be able to achieve their strategic objectives. Good project management discipline is a way to overcome the shortcomings such as project delays, cost overruns and weak standard practices used by project managers. Some reasons which contribute towards project failure can be undocumented project management methods, uncontrolled delivery, unrealistic budget or time expectations, limited planning, or lack of executive commitment.

This report sheds light on the need for a PMO in organizations today. A PMO model has been recommended for the MARIE STOPES SOCIETY after identifying the need for a PMO in the organization. PMO is defined by PMBOK as

“An organizational body or entity assigned various responsibilities related to the centralized and coordinated management of projects under its domain”.

We have focused on one project being implemented by M<sup>R</sup>IE STOPES SOCIETY by the name of **MEETING UNMET NEED FOR FAMILY PLANNING IN PAKISTAN THROUGH VOUCHERS**. We have created a timeline for this project in MS. Project and have attached the results in this report.

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## **ACKNOWLEDGEMENT**

The success and final outcome of this project report required a lot of guidance. Our sincere thanks to the respected teacher Mr. Ahsan Maqbool for the guidance and encouragement in finishing this project report in time

Above all, to Allah Almighty, the author of knowledge and wisdom, for his countless love

This project report has indeed helped us to explore more knowledgeable avenues related to the topic and I am sure it will help us in our future.

I thank you all.

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## Abbreviations

BZC	Behtar Zindagi Centres
CMW	Community Midwives
CPR	Contraceptive Prevalence Rate
CYP	Couple Year of Protection
DHD	District Health Department
DHMT	District Health Management Teams
DoH	Department of Health
EDO	Executive District Officer
FHE	Field Health Educators
FWW	Family Welfare Workers
FP	Family Planning
FPRH	Family Planning and Reproductive Health
GNI	Gross National Income
HDI	Human Development Index
HQ	Head Quarter
HR	Human Resources
HTSP	Healthy Timing and Spacing of Pregnancy
IEC	Information, Education and Communication
IUCD	Intra-Uterine Contraceptive Devise
IVA	Independent Verification Agent
KP	Khyber Pakhtunkhwa
LHV	Lady Health Visitors
LHW	Lady Health Workers
MAT	Medical Advisory Team
MCH	Mother and Child Health
MDG	Millennium Development Goal
MDT	Medical Development Team
MIS	Management and Information System
MNCH	Maternal, New born and Child Health
MMR	Maternal Mortality Rate
MWRA	Married Women of Reproductive Age

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MSI	Marie Stopes International
MSS	Marie Stopes Society
NDMA	National Disaster Management Authority
PHF	Public Health Facility
PWD	Population Welfare Department
QA	Quality Assurance
QTA	Quality Technical Assistance
RH	Reproductive Health
RHC	Rural Health Centre
RHF	Reproductive Health Franchise
RTI	Regional Training Institute
SMO	Senior Medical Officer
SMT	Senior Management Team
SRH	Sexual and Reproductive Health
TA	Technical Assistance
TFR	Total Fertility Rate
TL	Tubal Ligation
ToR	Terms of Reference
UFPVS	UNFPA Family Planning Voucher Scheme
UNFPA	United Nations Population Fund
VMA	Voucher Management Agency

## 2. INTRODUCTION

### MARIE STOPES SOCIETY

Marie Stopes Society (MSS) is a social enterprise that caters to the reproductive health and family planning needs of the people of Pakistan. Registered in 1990, MSS is a leading partner of Marie Stopes International (MSI), which operates in more than 35 countries worldwide.

### PROJECTS UNERTAKEN:

Some of the projects undertaken by Marie Stopes are as follows:

### MEETING UNMET NEED FOR FAMILY PLANNING IN PAKISTAN THROUGH VOUCHERS

MSS has embarked on a project titled: **Meeting the Unmet Need for FP in Pakistan through Vouchers** to strengthen public health systems by scaling up its voucher program with the close involvement of the government in planning and implementation. The primary objective is to improve the uptake of quality FP by reducing financial and equity barriers in 10 selected districts (6 in Punjab and 4 in KPK) in Pakistan.

Family Planning services in these districts will be scaled up focusing on reaching the poor, young, underserved, newlywed, and hard to reach populations with additional objectives to: implement a transparent and accountable FP Voucher Scheme, generate best practices and lessons both for the government and private sector on healthcare provision through vouchers and developing and achieving high quality FP service provision within the existing government health facilities.

Project Donor: UNFPA

Project Intervention Regions: Sindh, Punjab, Khyber Pakhtunkhan

## **NATIONAL EXPANSION PROJECT**

MSS is in its third phase of the Project titled: National Expansion Project – Phase III, after its inception in 2007!

The project objectives continue to focus on improving the reproductive health of people in Pakistan by contributing to an increase in Contraception Prevalence Rate (CPR), thereby contributing to preventing maternal mortality and morbidity in Pakistan.

The project is implemented through a network of 49 Behtar Zindagi centres in 49 districts of four provinces of Pakistan; a 100-strong network of Suraj social franchisees; cadre of field health educators; and online services i.e. the 24/7 call centre and the interactive, bilingual website [www.srhmatters.com](http://www.srhmatters.com)

Project Acronym: NEP III

Project Donor: Large Anonymous Donor (LAD)

Project Intervention Regions: Sindh, Punjab, Khyber Pakhtunkhwa, Balochistan

## **MEETING BIRTH SPACING NEEDS OF THE UNDESERVED IN PUNJAB DISTRICT FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES**

MSS has committed to improve maternal health by empowering women and couples to make informed, voluntary reproductive health choices across rural and hard-to-reach communities of Sindh and Punjab through its project titled: Family Planning and Reproductive Health Services. The project is Component 1 of the USAID supported Maternal and Child Health Program comprising at total of five components. Project objectives are to increase access to quality family planning services and commodities, and to promote integration of family planning into health services. MSS will implement the project through expanding its social franchise network, outreach teams and services and its field health educators.

Project Donor: USAID

Project Intervention Regions: Sindh, Punjab

## **REPRODUCTIVE HEALTH FRANCHISE**

MSS is implementing a four year project titled: **Delivering Reproductive Health Results through Non-state Providers – Provision of Reproductive Health Services through Social Franchising in Pakistan**

Objectives of the project are to reduce maternal mortality through addressing the unmet need for family planning in rural and hard-to-reach environments, thereby reducing unplanned pregnancies and unsafe abortion and enabling Pakistan to make greater progress towards achieving MDG5.

Through this project MSS will expand its Suraj Social Franchise model into rural communities and combine this with a network of Reproductive Health Private Providers to significantly increase access to voluntary, informed quality family services of underserved populations

Acronym: RHF – Reproductive Health Franchise

Supported by: UKaid

Intervention Regions: Sindh, Khyber Pakhtunkhwa, Punjab, FATA (2 subdivisions)

## **MEETING BIRTH SPACING NEEDS OF THE UNDESERVED IN PUNJAB DISTRICT**

The Operations Research project “**Meeting Birth Spacing Needs of the Underserved in Punjab Districts**” is a 3 year quasi-experimental (with control) study to determine whether an established low cost service model providing quality services, when complemented with provision of vouchers for free services for extremely poor women, increases demand, access and utilization of modern contraceptives for Healthy Timing and Spacing of Pregnancies (HTSP) in the rural and urban locations of two Punjab districts.

The processes and impact of the services will be measured by a series of surveys and on-going data collection that will compare the change in attitudes, knowledge, practices and uptake of family planning and related services in intervention areas. These will be compared based on the results from baseline to those at the end of project and with a control community. The analysis

will provide details on project implementation modalities, changes in contraception use, method mix and the costs of service delivery and uptake of family planning among the communities. MSS plans to stimulate political will and improve policy through dissemination of best practice/innovations through findings of this research.

### **3. SITUATION ANALYSIS**

#### **Background**

The public, private and NGO sectors in Pakistan continue to strengthen and improve Family Planning (FP) service provisions and yet uptake in the country remains very low. Poverty and lack of female empowerment and awareness exacerbates the inaccessibility to quality FP services. This identifies a critical need for swift and effective scaling up of quality FP information and services, focusing on reaching and addressing the needs of the young, poor, underserved and hard-to-reach communities. Strong documented evidence demonstrates that expansion of services based on demand side financing through voucher programs can increase the utilisation of FP services and reduce unmet need.

As the UNFPA Country Program 8 (2013-2017) is positioned to strengthen public health systems, MARIE STOPESs Society proposes scaling up of its voucher program and involving the government in planning and learning first hand best practices and lessons in service delivery based on demand side financing models. Additionally, it proposes a pilot project in selected districts to involve the public sector as the service providers ensuring reimbursement for services on a per-case basis.

Based on a competitive tendering process, UNFPA selected Marie Stopes Society (MSS) to implement the FP Voucher Scheme. This detailed action plan provides details of how the FP

Voucher Scheme will actually be implemented based on the strategic approach presented in the FPVS Strategic .

Pakistan is the sixth most populous country in the world and has a rapidly growing population at a rate of 1.8%. Failure to address the unmet need for family planning has had adverse implications on development indicators and particularly for maternal and child health.

### ***The FP Market in Pakistan***

The unmet need for FP remains unacceptably high in Pakistan. If all unmet need was addressed, contraceptive prevalence rate (CPR) would increase dramatically, with total demand at over 54.5%. Despite this, 64.6% of married women currently use no contraceptive method and unmet need for FP is growing, with 20-30% of married women of reproductive age (MWRA) in Punjab, Sind and Khyber Pakhtunkhwa (KP) having an expressed unmet need for FP to space or limit their fertility. Though unmet need is highest among the least educated women and those in the lowest income quintile (at 31%), over a fifth of women in the highest wealth quintile also have an unmet need, indicating that barriers to accessing FP are considerable and complex. As a consequence, one in four pregnancies is unplanned. Moreover, three out of five births take place in the home and 47% without any antenatal care. As such, post-partum haemorrhage, other pregnancy complications and the consequences of unsafe abortion make-up the major causes of maternal deaths.

When women in Pakistan do have access to FP, most do not have access to the full range of FP methods and only a third of FP users have informed choice. While permanent methods are the most common method, there are few users of long-acting and reversible methods (IUCDs and contraceptive implants) despite their higher cost-effectiveness and lower failure rates as compared to short-acting methods. If only 4% of current oral contraceptive users in Pakistan switched to IUCDs or implants, 25,000 unintended pregnancies could be averted over five years.

## ***Cultural and Religious Taboos***

Despite religious, constitutional and legal rights for women, their position in society remains weak with limited access to education and employment and few mechanisms through which they can assert these rights. Women's presence in the public sphere is restricted under the guise of cultural and religious traditions. Many women in Pakistan are not empowered to make decisions regarding their own reproductive health; often such decisions are made by other stakeholders such as their husbands, or parents in law.

## ***Issues with the Public Sector***

Healthcare policies in Pakistan have traditionally focused on public financing and provision through supply-side subsidies. Low-priced or free public healthcare is intended to ensure equitable access, however, most people including many poor, seek better quality healthcare in the private sector and pay out-of-pocket<sup>1</sup>. The extra financial burden this imposes results in unequal access and low utilization of needed services and products. Though 70% of healthcare is provided through the non-state sector, only 30% of family planning is provided by private or nongovernmental sources and only a fraction of these facilities provide comprehensive family planning choices as these are not considered a viable, revenue-generating activity.

The public sector, while committed to providing free-of-cost family planning/reproductive health and Maternal and Child Health (MCH) services, is faced with a myriad of management challenges that include commodity insecurity and poorly equipped and staffed service facilities. In light of the 18<sup>th</sup> amendment and devolution of Ministries' of Health and Population Welfare, merging of these two departments is being argued to ensure comprehensive, integrated Reproductive Health (RH) services are available to women from one service facility. The devolution exercise is incomplete and faces operational challenges that risks undermining

progress in terms of CPR; however, it also presents an opportunity as each province develops their own health and population welfare policy, potentially with greater ownership and accountability for its implementation.

### ***Flood Prone Areas***

Since 2010, Pakistan has braved severe flooding during the monsoon seasons due to excessive rains. These floods have affected more than 20 million people of which 4.4 million were women of reproductive age. Additionally at least 240,000 women were pregnant and expected to deliver in the coming nine months with around 400 women going into labour every day. Seeking aid was especially difficult for women in areas where cultural norms shamed women for receiving aid or medical care from a male. Thus, women often avoid seeking needed care if there is no woman to provide it to them. Without access to reproductive health services, around 75,000 pregnancy related complications took place.

Unfortunately, reproductive health is often overlooked in a crisis situation which places more emphasis on livelihood, shelter and clean water. To ensure reproductive health services are provided in emergencies, donors should support efforts to provide services, especially in a country with a high maternal mortality ratio: 276 women die per 100,000 live births. Additionally, as seen in Haiti, the risk for gender-based violence often increases in crisis – where women are forced to share close quarters with men whom they are not related to. Thus clinical response to survivors should be provided.

## **4. PROJECT DESCRIPTION: MEETING UNMET NEED FOR FAMILY PLANNING IN PAKISTAN THROUGH VOUCHERS**

### **Overall Goal:**

- Improved uptake of quality Family Planning by reducing financial and equity barriers in 11 selected districts of Pakistan.

## Objective:

- Scaled up Family Planning services with a focus to reach poor, young, underserved, neglected and hard to reach populations.

## Expected Outputs:

1. Scaled up FP voucher scheme ensuring access to quality FP services and addressing unmet FP needs of the target population through free FP vouchers in eleven districts of Punjab, KPK and Sind.
2. Access to quality FP services ensured for the poor, young, newly-wed, underserved, neglected and hard to reach populations through provision of more than 117,000 free FP vouchers.
3. Public health system engaged in the FP voucher scheme for increased uptake and enhanced quality of FP at public health facilities of select districts.

## Implementation Guidelines

The project will be implemented within the scope of the following implementation guidelines for each Output. However there are many activities (considered as administrative or support activities) that will need to be implemented which do not directly appear in implementation guidelines, but will be included in the detailed implementation planning.

### **Output 1: Scaled up FP voucher scheme ensuring access to quality FP services and addressing unmet FP needs of the target population through free FP vouchers in eleven districts of Punjab, KPK and Sind.**

- Implement FP voucher scheme in **11 selected districts** in the provinces of Punjab, Khyber Pakhtunkhwa (KPK) and Sind
- Ensure high quality FP services through **enhancing skills** of service providers to meet **quality standards**

- Provide comprehensive range of available short-term, long-term and permanent modern FP methods to women. However, priority will be given to long-term spacing methods such as IUCD and implant
- Provide necessary STI/ RTI treatment services to the clients diagnosed with these infections opting for an IUCD
- **Increase awareness** on HTSP, STI and **demand** for FP services through Field Health Educators (FHEs) in collaboration with existing Govt CHWs, by providing community based education, awareness, counselling and addressing myths and misconceptions relating to FP
- **Empower women** otherwise subject to other stakeholder influences, to make informed and voluntary FPRH choices by providing free vouchers redeemable for quality services
- Ensure cost effectiveness of the FP voucher scheme by utilising **existing MSS and public health facilities** (in select districts) for provision of quality FP services

**Output 2: Access to quality FP services ensured for the poor, young, newly-weds, underserved, neglected and hard to reach populations.**

- **Identify and select** intervention districts based on the following criteria:
  - Poverty
  - CPR
  - Large rural population
  - Hard to reach areas - including high security risk and flood-prone
  - MSS/Govt existing infrastructure
  - Local partnerships
  - Trained and qualified teams belonging to the local communities
  - High security risk areas
- Identify communities to serve within *selected districts* based on **peri-urban, rural or disaster prone** characteristics

- Scale **vouchers** for free quality services, facilitating and supporting FP uptake in high security and challenging areas
- **Increase access** to quality FP information and services of underserved population subgroups, specifically the **poor** and **young** (15-29 years of age)
- Pilot **service package for newly-wed couples** (0-2 years of marriage) in two districts (One each in Punjab and KPK)
- Undertake door to door community **education and awareness** on HTSP, STI and modern FP methods
- Make strategic efforts to inform and **counsel women aged 15-29**
- Use voucher eligibility assessment form (based on **poverty and the ‘capacity to benefit’<sup>2</sup>**) by FHEs to provide vouchers
- **Ensure client follow-up** by FHEs for side effect management; method continuation/switch; postpartum and post-abortion FP uptake
- Promote MSS’s **24/7 toll-free helpline** to enhance access to information, referrals and addressing queries/side effect management
- Regularly conduct **client satisfaction surveys** to improve service and provider quality
- Provide **referral slips** to non-voucher clients for improved access to quality services

### **Output 3: Public health system engaged in the FP voucher scheme for increased uptake of FP at public health facilities.**

- Leverage on **agreements between UNFPA and Department of Health (DoH)** represented by the **Population Welfare Department (PWD)**
- Identify relevant **public service delivery points/outlets for provision of FP services** (especially sterilisation) in coordination with district population welfare departments
- Develop **reimbursement mechanism** for public health facilities on per case basis for each voucher client attended

- **Strengthen public service delivery points/outlets quality** (including FP counselling skills on rights-based approach etc.) per needs assessment findings
- **Engage public sector** field health workers (LHWs and/or CMWs and/or PWD FWWs, Male Mobilizers) for referrals, raising awareness on healthy time spacing of pregnancies and provision of vouchers for eligible clients, where required/possible
- Ensure service delivery information is regularly reported to relevant government institution for reflection in respective DHMIS (DoH) and FP Information System (PWD)

## **Human Development Index**

The Human Development Index (HDI) (latest available 2005) will be employed for district selection, ensuring those ranking low per the index are selected. HDI is a composite statistic used to rank some area by level of 'human development' and separate developed (high development), developing (middle development), and underdeveloped (low development) areas. The statistic is composed from data on life expectancy, education and per-capita Gross National Income (GNI) (as an indicator of standard of living) collected at the national level.

A list of districts of Pakistan in order of their Human Development Index (HDI) as of 2005 is available and will be used to separate the well-to-do districts from the low ranking helping in identifying the underserved and neglected districts.

## **Contraceptive Prevalence Rate**

Contraceptive Prevalence Rate (CPR) is a key marker of the success (or failure) of FP service provision. The project will identify districts with relatively low CPR. District selection based on this criterion will enable establishing baseline and tracking project progress accordingly.

## **Flood prone districts**

In the last three years, Pakistan has seen some of the worst floods in its history, which have led to huge destruction and internal displacement of thousands of people. Besides the loss of life and limb, displacement due to floods compounded poverty in many ways depriving people of basic life amenities such as assets, livelihoods and shelter. Additionally, many were cut off from having access to health services, specifically FPRH related services.

The project will ensure that at least 30% of intervention areas are flood-prone as that will by default address the needs of those with limited access to services and living in abject poverty. Moreover this will include communities not falling under the rigid/standardized assessments of poverty: for example presence of electric fan may exclude someone from the 'poor' category without recording that the fan may have been a donation and not a reflection of livelihood and sustenance capacities.

## **Female Literacy Rate**

The project will select intervention areas/populations with lower Female Literacy Rate (FLR) 10+ as FLR has a direct influence on a woman's ability to make decisions regarding her life including HTSP.

## **High Security Risk Areas**

Pakistan has specific areas termed as high security risk areas with populations who face moderate to severe restrictions on their mobility and access to basic services as well as the risk of violation of their rights. The security conditions have led to a decrease in humanitarian interventions by civil society and distancing of professionals overtime exacerbating deprivation, marginalization and poverty of the local populations. MSS will include high security risk areas to

extend quality FP services to those living under security threats, thereby deprived of basic services.

Piloting demand side financing models in such areas will help establish the effectiveness of vouchers in FP service provision and uptake.

**Table 1: Selected district and their indicators -**

Province	District	HDI (2005)	CPR for Modern Methods %	Flood Prone	Female literacy rate (10+ yrs) %
Punjab	Lodhran	0.63	45.3	No	31.8
	Bahawalpur	0.618	27.8	Yes	39.2
	Sargodha	0.662	25.0	No	50.8
	Attock	0.652	33.5	No	52.4
	DG Khan	0.670	18.5	Yes	27.8
	Narowal	0.655	14.2	Yes	61.8
KPK	DI Khan	0.595	18.5	Yes	23.7
	Peshawar	0.639	31.2	No	33.6
	Kohat	0.672	21.1	No	30.5
	Malakand	0.659	20.8	No	21.4
Sind	Sanghar				

### ***Selection of Beneficiaries***

Direct beneficiaries will be selected from within the target districts. The focus expressed in the project objectives for beneficiaries will be refined during the selection of beneficiaries at the field level. The following criteria will be applied to reach the target beneficiaries.

### ***Peri-urban***

Even within a district huge variations can exist. Since MSS Clinics are located in the district headquarter town, preference will be given to communities comprising of peri-urban settlements. Peri-urban settlements are within 4-5 kms from the MSS Clinic. These are unplanned, overpopulated and have extremely poor hygiene and sanitary conditions. Access to services may be limited due to non-presence or distance from the settlement to the services.

### ***Rural***

Many of the districts are quite rural and even the district headquarter is also not urban in the true sense. A few kms away from the district headquarter could mean a rural set up. MSS will endeavour to select communities that are rural in nature and set-up. Local wisdom of the MSS field staff will be used to select such areas keeping in mind that access to a static health facility is within reach especially for emergencies, follow-up as well as for staff supervision in addition to the provision of services.

### ***Disaster Prone***

Even within a district some tehsils/communities may be at higher risk of being flooded as compared to others. As described under district selection, tehsils/communities which are more prone to floods will be a preference wherever possible.

### ***Targeting the poor and most underserved***

The FP Voucher Scheme will use a client's eligibility assessment form to assess the economic status of families, or client's 'capacity to benefit'. FHEs are trained in conducting assessments using the client's eligibility assessment form and based on the results, those eligible will be

provided FP Vouchers to enable them to use free FP services from the designated service provider. This will reduce the financial barriers that poor or un-empowered women face in accessing quality FP services.

Clients found ineligible will be provided referral slips as part of the FP promotion activities enabling to access quality FP services.

### ***Youth***

In Pakistan young married women traditionally face barriers in obtaining accurate information. Cultural taboos prevent them from accessing FP services. Also, newly-weds and young couples come under family pressure to quickly produce children which further pushes the young couples away from FP.

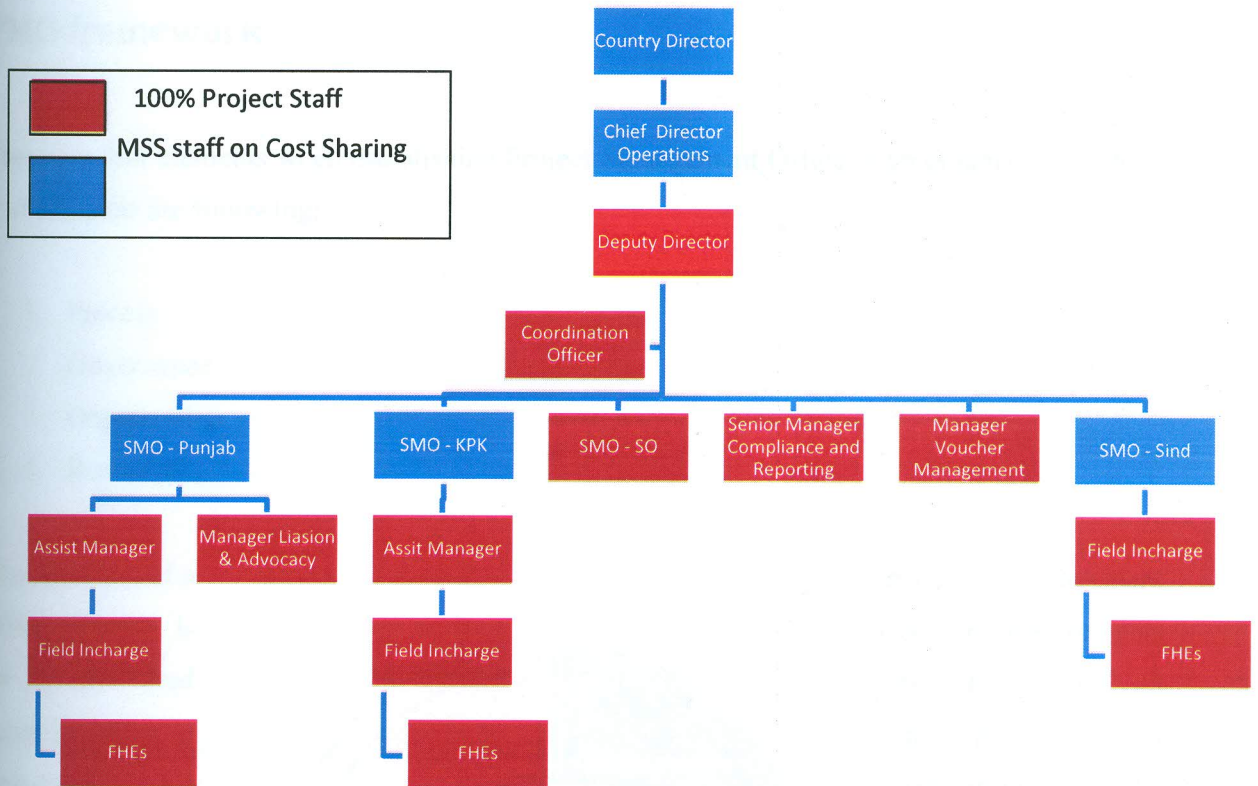
FHEs will identify deserving couples and will distribute vouchers targeting all poor women: making an extra effort to counsel women aged 15-29 to encourage them to access FP service, as these women often encounter stronger cultural barriers than older women.

### ***Newly Wed Couples Counselling***

MSS will also include the newly-weds and young couples married within the last 2 years for which a specific service package for newly-weds will be developed. The inclusion basis will not be FP on the forefront, but couples will be invited to receive information and counselling to enable them to better prepare for their families. This opportunity will then be used to introduce healthy spacing and timing of pregnancy (HTSP) which will help improve the health of both mother and child. The newly-weds will subsequently be provided FP services.

The newly-wed service package will be included in 2 districts (one each in Punjab and KPK) and may be taken to scale in other districts if possible (increased UNFPA resources) and according to lessons learned.

## 5. UNFPA PROJECT'S ORGANOGRAM



## 6. Project Management Office

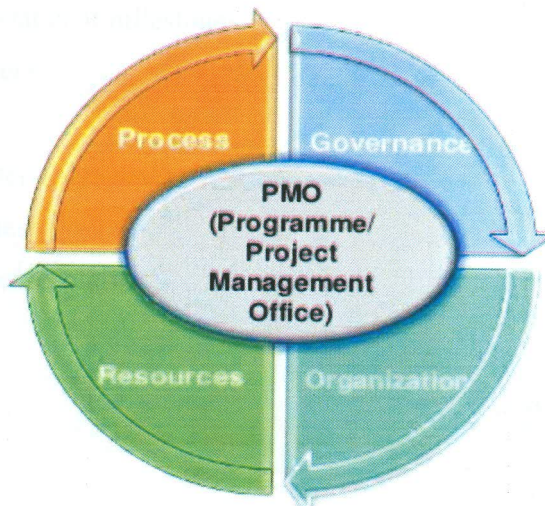
A department within an organization which defines and maintains standards for project management is called PMO or project management office. A PMO can directly be responsible for managing projects or can provide support to different projects which might not be related to each other.

### PMO framework

There are four elements when establishing Project Management Office in an organization. These four elements are following:

1. Process
2. Governance
3. Organization
4. Resources

The objective of a project management office (PMO) is to ensure that projects are delivered within budget and on schedule which in turn provides an opportunity for organizations to be effective and efficient in their line of business. The success of a PMO is directly related to the structure of the above mentioned four elements considered while establishing



project management to ensure that projects within budget and on turn provides an organizations to be efficient in their line of success of a PMO is the structure of above elements considered a PMO.

## **Process:**

When developing project management processes, need to adapt best practices that are commonly used in organizations such as PMI-PMBOK, and PRINCE-2 etc. The PMO Process includes

1. Initiating
2. Planning
3. Executing
4. Monitoring and Controlling
5. Closing

## **Governance:**

Governance takes place at project operational level, program management level, and portfolio management level. This may comprise of the following:

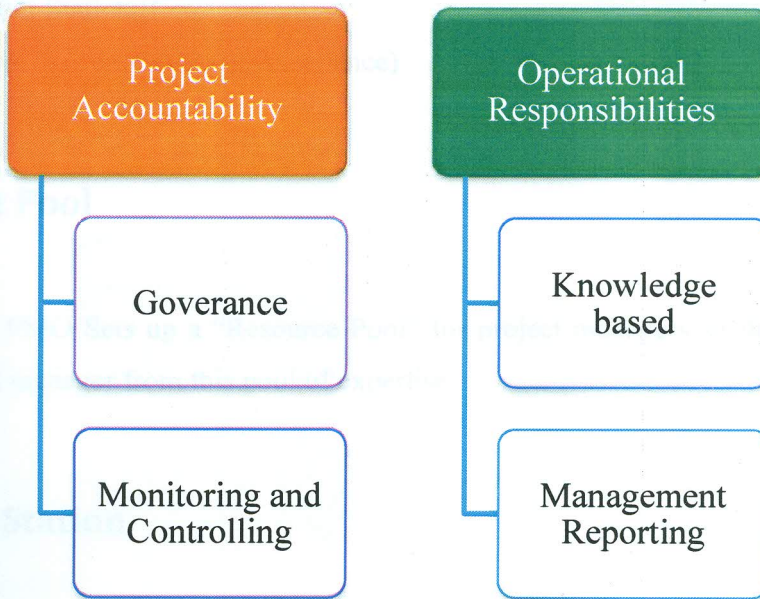
1. Project management
2. Audits
3. Reporting
4. Monitoring the status of milestones
5. Risks management
6. Accounting
7. Expenses & materials reviews
8. Tracking of issues
9. Resource conflict resolution

# Governance



## Organization

PMO must be able to deliver benefit to the organization.



## Resources

People are the resources being used in the PMO. They should have skills such as conscientious, should be ethical and should have extensive experience.

Documents should be generated through standard templates which should be available in project knowledge-base. Any further information which may be required for guidance on project current state from internet should be in access of the project team.

## **7. Types of PMO**

There are three types of PMO:

1. Resource Pool (Project Support)
2. Weather Station (Governance)
3. Control Tower (Centre of Excellence)

### **Resource Pool**

This type of PMO Sets up a “Resource Pool” for project managers so that Managers can then hire a project manager from this pool of expertise.

### **Weather Station**

The Weather Station project management office collect project related data and hands it over to the Project managers who are the project leaders. They don't try to influence the decisions being taken by the executives. However the data they provide serves as an aid in decision making for the project managers

### **Control Tower**

This type of PMO, Guides the project managers on how to initiate the project, how to acquire resources and correct variances etc. The control tower monitors the Project manager's management of the project, and identifies situations where the Project Manager is not adhering to the methodology, particularly during scheduling and verification of deliverables.

## 8. Role of Project Managers vs. PMO

Sr. #	Project Manager	PMO
1.	A project manager focuses on the specified project objectives	PMO manages major scope changes which result in better opportunities for the organization
2.	A project manager controls the assigned resources	PMO ensures that shared resources are being optimized to the full level of their ability
3.	Project manager deal with scope, quality etc. of individual projects	PMO manages the overall metrics of the organization on the organizational level

A brief difference between PMO Manager and Project Manager is as follows:-

PMO
1. Help
2. Advise
3. Review
4. Facilitate
5. Mentor
6. Strategic planning
7. Manage project
8. Train PM Resources

PROJECT MANAGER
1. Plan
2. Initiate
3. Track
4. Manage
5. Control
6. Execute
7. Estimate

## PMO Roles

There are different roles of PMOS in organizations, each varying in the degree of control and influence they have on projects within the organization, such as:

1. Directive
2. Supportive
3. Controlling

### Directive

Directive PMOs directly manage the projects. The degree of control provided by the PMO is high. The PMO is responsible for providing program and project management resources to run projects. Project managers from the PMO are assigned to the projects which the company undertakes.

### Supportive

The degree of control provided by this PMO is low. These PMOs act as consultants to projects. The supportive PMO generally provides support in the form of on-demand expertise, access to information, and expertise on other projects etc. They supply templates, best practices, training, access to information and lessons learned from other projects.

### Controlling

The degree of control provided by the PMO is moderate. This PMO defines and controls use of methodologies, standards, templates, and policies related to project delivery. Controlling PMOs provide support and require compliance through various means. Compliance may involve adopting project management frameworks or methodologies, using specific templates, forms and

tools, or conformance to governance.

## **PMO Responsibilities**

The roles of a PMO vary from organization to organization depending upon their needs and nature of the on-going projects. Broadly defined, role of the PMO includes establishing project methodologies according to the project size, timeline and resources. PMO is supposed to audit and track ongoing projects in the organization at certain frequency to ensure that projects are following the approved methodology and are on course Project tracking and project support. Also, the PMO is supposed to provide continuous support for successful execution of the projects in an organization.

## **Challenges of a PMO**

One of the most critical and common challenges faced by a PMO is that A PMO should be supported by senior management. PMO has to deal with the company culture and may fail to manage organizational resistance to change.

PMOs may also face the challenge of defining the PMO's responsibility and abiding by it.

Supportive PMOs should strictly follow the model that has been chosen for them.

Challenges faced by PMOs:

1. Connecting the PMO to organization's strategic vision.
2. Establishing a metric-based approach.
3. Maintain consistent PM framework across projects.
4. Managing the resource pool and avoiding resource bottlenecks.
5. Lack of acceptance of the need for the role from people delivering aspects of the work.
6. Being requested to reduce the amount of reporting.

7. Lack of senior leadership acceptance of the need to really engage with staff.

## **Benefits and Value added By PMOs:**

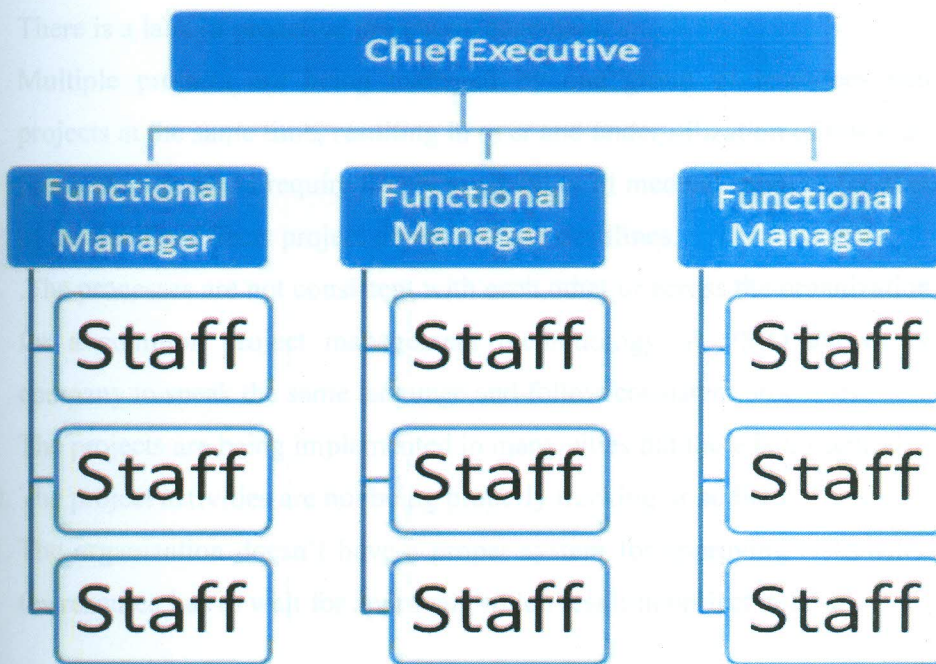
- Advance the enterprise's project management maturity.
- Advance the enterprise's talent capability.
- Perform only right projects at right time.
- Improve efficiency of operational functions.
- Improve strategic and competitive business advantage.
- Provide a structured and coordinated approach for all projects .
- Improve collaborative efforts and integration across operations organizations within the enterprise.
- Improve the enterprise's market position to win larger projects.
- Improve assurance of, and enterprise's reputation for, successful projects.
- Increase market's (customer's) confidence in enterprise's ability to deliver.
- Lead organizational transformation of processes and systems.
- Establish project documentation standardization and preparation methodologies.
- Contribute to sales processes by increasing success in producing winning proposals.
- Make project managers and team leaders more effective.
- Staff increasingly complex projects and programs with highly skilled project professionals.
- Reduce project cost while improving staff productivity.
- Provide leadership for improvement and expansion of company-wide project management best practices.
- Lead by example, by steadily and continuously improving competency.
- Provide project/program tracking, reporting, and strategic resources prioritization.
- Effectively manage and deliver projects on time and within scope.

## 9. PMO Implementation in Marie Stopes Society

PMO implementation is required at MSS. At the moment there no PMO set up in MSS. The numbers of projects are continuously growing in and so does the risk of failure as resource gets exhausted.

### Organizational Structure:

MSS has a weak functional matrix organizational structure



### Why there is a Need of PMO?

The organization needs a PMO which can manage and track the performance of the on-going projects.

## Problems without a PMO:

1. Project sponsors look for the current status of a project, but departmental project managers may stretch the truth just a bit so that their department is viewed in a favorable light. A PMO would provide an unbiased and objective opinion regarding the status of a project. This is invaluable to project stakeholders and executives.
2. Project managers were unable to present consolidated reports and metrics representing all projects.
3. The ongoing projects are poorly documented.
4. Many projects were not finished on planned and within budget.
5. There is a lack of proactive project management.
6. Multiple projects are being managed by one group of resources manages multiple projects at the same time, resulting in over and underutilization of resources
7. Some MSS projects require timely availability of medical supplies (contraceptives). Lack of availability affects project objectives and deadlines.
8. The processes are not consistent with each other or across the organization. There is need for a common project management methodology. A PMO allows everyone in the company to speak the same language and follow consistent processes.
9. The projects are being implemented in many cities but there is no centralized data center.
10. The project activities are not being properly tracking or audited.
11. The organization doesn't have a proper system for approving tasks/activities for which the resource has to wait for approvals which result in project delays.

## Proposed PMO Type for MSS

The proposed PMO type for MSS is Control Tower.

The Control Tower will aim at making improvements in the project management process. The Control Tower PMO will perform four general functions:

1. Establish standards for project management.
2. Consult on how to follow those standards.
3. Enforce the standards
4. Aim to improve the standards

## **Establishing PMO for MSS**

Establishing the proposed PMO will help the organization will realize several improvements/benefits.

### **PMO Scope:**

1. The PMO will be headed by CEO
2. PMO will Select, prioritize, and initiate only projects supporting strategic initiatives and business
3. PMO will be reporting body for all departments in terms of new or existing projects.
4. PMO will direct the distribution of enterprise funds and resources, while assuring those funds and resources are effectively applied across the enterprise to only those projects that support strategic initiatives and business objectives, thereby giving those projects, from the very start, the best opportunity to succeed.
5. Assess multiple categories of risk, which include technical, project delivery, and operational risk.
6. PMO will prioritize and document identified risks and develop control strategies for higher-level risks.
7. Develop and then measure PMO selected key performance indicators for: each strategic initiatives, each business objective, and each project of any significance.
8. Report upon, and take corrective action as necessary for, each PMO selected key performance indicator.
9. Identify and document non-performing projects and cancel each non-performing project,

or place the project work on hold.

10. The PMO will build a set of standard templates for use by project managers for all projects
11. The PMO will fulfill training requirements of project teams at all locations.
12. Identify and document changes in business strategy, budgeted funds available, or requirements and establish the associated effects on projects-in-progress. Then reprioritize or place on hold affected projects.
13. The PMO will procure all required project management tools to be used by project teams and conduct trainings for these tools.
14. Formally and routinely, communicate the measured value and identified benefits to the enterprise's executive management.
15. Develop and maintain PMO support of, and support for, operations organizations and also foster inter-organizational collaboration

### **PMO Vision:**

The PMO for MSS is an effective team of experts who identify, manage, and eliminate problems so that projects succeed, delivering high quality results on time and within budget."

### **PMO Mission:**

The mission of the PMO is:

1. To provide a high performing PMO to fully support the change agenda by implementing sound project management practices.
2. To enable 80% of projects to deliver the defined benefits in their business case.

## **PMO Values:**

The PMO team will:

- 1 Support all projects and project managers.
- 2 Gather and report accurate, unbiased information.
- 3 Maintain high quality of service, and work as efficiently as possible.

## **Pre-requisite for setting up PMO**

A meeting will be held where all stakeholders will be present. The objectives of this meeting will be:

1. Explaining the reasons why a PMO is needed
2. PMO structure and alignment.
2. MSS culture evaluation
3. Evaluation of current project management practices.
5. PMO resource requirements.

The PMO charter will be developed which will comprise of the following:

## **PMO Statement Of Purpose**

- 1.1 Mandate
- 1.2 Background
- 1.3 Organizational Context
2. Customers & Stakeholders
- 2.1 Customers
- 2.1 Stakeholders

- 3 Services Offerings
  - 3.1 Overview
  - 3.2 For Each Service
- 4. PMO Structure
  - 4.1 PMO Structure Chart
  - 4.2 Roles, Responsibilities, Accountabilities and Authorities
- 5. PMO Success Profile
  - 5.1 Critical Success Factors
  - 5.2 Measures of Success

**Stakeholders:**

The PMO regards the following as primary stakeholders:

Stakeholder	Relationship with PMO	Expectations from PMO
CEO	Executive Team Oversight	CEO is a member of the PMO Governance Board and provides Senior Management Team oversight.
PMO Sponsor	PMO director reports to the PMO Sponsor	PMO Sponsor supervises the PMO director and provides the PMO guidance on PMO business objectives and supports the PMO's efforts to achieve them
Department Heads	Customer	Department heads expect the

		PMO to provide guidance, drive projects to success and deliver updates
1. Project Managers 2. All staff engaged in projects	Customer	Expect the PMO to set the PM standard; provide training and mentoring;

## PMO Roles and Responsibilities

- Set standards for how projects are run
- Development, implementation, and management of project management process.
- Development of standard reporting templates
- Provision of developed templates and procedures to all departments
- While the PMO sets project management standards, it also must ensure they are followed by performing regular assessments of projects.
- The PMO will monitor and ensure compliance to standardized documents by all respective departments.
- The PMO will track the status of all on-going projects in the organization based on updates from the project managers. They will standardize the way this information is compiled and reported to management. The normal way to present the information is using project dashboards which provide a clear way to keep track of the status of projects.
- The PMO will be a center of excellence for project management and will provide guidance and coaching to novice project managers or new project

managers who need to understand how the organization runs projects.

## Project Management Methodology:

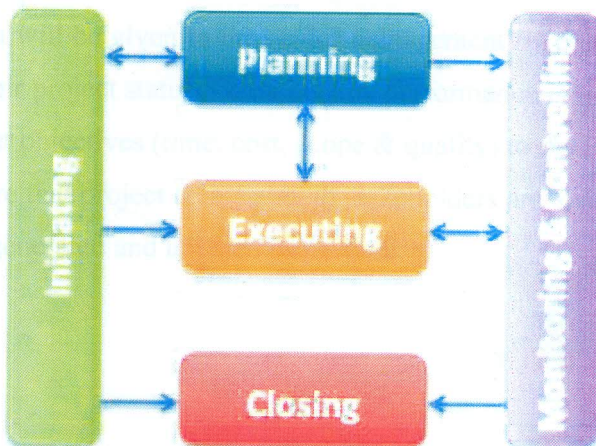
Project management methodology defined by PMBOK will be used for the proposed PMO.

Following figure explains the standard project management methodology defined by PMBOK.

### 10. Process groups

The five process groups are:

1. **Initiating:** processes performed to define a new project or a new phase of an existing project by obtaining authorization to start the project or phase.
2. **Planning:** Processes required to establish the scope of the project, refine the objectives, and define the course of action required.
3. **Executing:** Processes performed to complete the work defined in the project management plan
4. **Monitoring and Controlling:** Processes required to track, review, and regulate the progress and performance of the project; identify any areas in which changes to the plan are required; and initiate the corresponding changes.
5. **Closing:** Processes performed to finalize all activities across all Process Groups to formally close the project or phase.



Project management methodology will help to:

1. Establish common understanding of steps / roles
2. Reduce variances in project results
3. Develop required project templates, registers and checklists.
4. Increase Efficiency of implementing projects
5. Improve Project management processes

## 11. Project Management tools

Following project management tools will be used by PMO

1. Microsoft Project 2013.
2. Microsoft Office 2013.
3. Microsoft Enterprise Project Management (EPM) Server 2010.
4. A records management system will be used by the PMO and all departments to manage electronic record of all physical documents

## 12. Management Reporting

The PMO will be responsible to brief senior management about status of on- going projects.

A monthly presentation will be given to the senior management by the PMO head. All project managers will share their project statuses data i.e. key performance indicators (KPI) which will be in the form of project objectives (time, cost, scope & quality) to the PMO on weekly basis.

PMO reports will ensure that project teams and all stakeholders are aware of the status and the plans. Reports will be generated and updated as needed.

## 13. Project Training & Coaching

Regular trainings for project managers will be conducted by the PMO every 3 months. The project managers can also be sent abroad for foreign training courses if required.

## 14. Continuous Improvement

The PMO team will continue to focus on Key areas such as management, process, people, technology and information. The PMO team will be required to continuously look for room for improvement in these areas and improve the PMO performance. To achieve the purpose, an internal audit of the PMO will be held annually.

The PMO will develop standardized audit reports .After approval, these formats will be developed in a web based application for the PMO so that audit reports can be accessible by all departments at multiple company locations.

## 15. Challenges Faced in Establishment of PMO

Challenges which have been faced during PMO establishment are listed below:

1. Organizational Resistance to accept the PMO
2. Lack of understanding of the role of PMO by senior management.
3. PMO seen as an overhead cost
4. Time and resource constraints

5. Failure to demonstrate the value of the PMO
6. Senior managements' resistance to accept centralized projects control.
7. Changing organizational culture

We foresee following challenges in sustainability phase of the PMO

1. Reporting KPI by departments to PMO.
2. Quality Management by PMO.
3. Standards enforcement by PMO and compliance by all respective departments or functions.
4. Project performance evaluation

## **How to Tackle these Challenges?**

The PMO can validate whether their efforts are giving results through project assessments. Project assessments serve two functions.

1. Checking compliance: They help ensure that project managers are using the new project management processes.
2. Coaching: During the audit, you can help the project manager understand how the processes are applicable to their project.

It is one thing for the PMO to provide training and have all the appropriate processes and templates defined. It is another thing for the new processes to actually be adopted and utilized by the project teams. If the PMO wants to change the culture and make sure that the new processes are effective it has to make sure that the project teams are utilizing them

correctly. The purpose of the assessment is to determine how well the project manager and project team are utilizing the project management processes. During the assessment, a member of the PMO asks a series of questions to ensure compliance with the required processes and procedures. Furthermore, Continuous Involvement of Project, operational & Support teams at all locations is necessary. Also, Cooperation from Company Senior Management is necessary to allow PMO to monitor ongoing projects.

## 16. PMO Value Addition for MARIE STOPES SOCIETY

1. Projects are delivered on-time, on-budget, and on-scope using right resources are allocated to the right projects at the right time.
2. A consistent project management delivery approach across the company.
3. Assignment of qualified project managers to significant company projects.
4. Project managers and project teams would now be accountable for project success through use of consistent project performance measurements and metrics.
5. PMO can perform tasks in projects that are normally the responsibility of other functional groups, such as procurement or human resources departments.
6. PMO can also conduct financial or cost/benefit analyses to determine what projects should be undertaken.
7. PMO will ensure company-wide project management standards and procedures.
8. Project management office (PMO) can ensure that projects succeed every time.
9. Troubled projects still existed, but the PMO would help communicate problems earlier and raise issues and risks to senior management.
10. PMO may develop and maintain a project management lessons learned program.

## PMO SUCCESS FACTORS

The PMO will be more successful in the long-term if the following can be achieved:

- The organization selects a PMO leader who has the right set of skills and experience

- A consistent approach to planning and managing projects is implemented across the organization Internal Project Management training is provided at all levels (from staff to Senior Executive)
- The PMO's balance between project support and control functions is defined and communicated to ensure that departments understand what is expected of them and what they should expect from the PMO
- The PMO staff understands the culture; the organization intentionally modifies its culture to support its goals
- The organization defines its strategy; the PMO focuses on those projects central to realization of the strategy
- The PMO adjusts its operation based on continuous customer feedback
- The PMO designs a scalable Project Management system (process and tools)

## VALUE of the PMO

The following areas of focus can be used to judge the value of the PMO:

- If the organization's projects are more successful over time
- Is the staff taking a more professional approach toward project management discipline and practices
- Are the attitudes of staff regarding project activities and results improving
- Are the products of the organization's projects meeting their business objectives?
- Is meeting those business objectives directly aligned with project performance and project success

## PMO IMPLEMENTATION STAGES:

### STAGE 1

- Train PMO team on basic project management processes and reporting mechanisms.

- Develop and adopt Methodology that includes an overall framework for project management which includes a life cycle appropriate to the organization.
- Standards to be followed when running projects.
- Processes that detail how projects will be executed.
- Tools such as templates, checklists, forms and flow charts.
- Knowledge base that includes a library of all current and historical project management information and lessons learned.
- Select and implement project management tool to assist with scheduling, resource and risk management, and status reporting.
- Review existing initiatives to determine where PMO can provide immediate assistance

## STAGE 2:

- Train PMO team on more complex processes and techniques.
- Fine tune project planning and control processes by using lessons learned during early projects
- Develop and introduce resource management plan.
- Develop project management training plan and deliver training during project initiation phases.
- Submit PMO progress reports to CEO

## STAGE 3:

- Continue to train PMO team on more complex processes and techniques.

- Begin evaluating impact of PMO to determine if centralization of project management is being accepted, and if the chosen standards and methodologies are proving effective.
- Introduce project performance metrics and dashboards to gain summarized views of project statuses and project scheduling.
- Introduce the ability to perform project audits.

#### **STAGE 4:**

- At this stage the PMO works with senior management in strategic planning and managing business alignment.
- All projects will have well-developed project plans and formal project planning and control processes will be recognized as a required core competency and an essential function with the University of Maine System.
- Continue to improve services by measuring effectiveness, implementing changes to existing services where necessary and adding new services.
- Develop and implement a long-term plan to improve that capability.

## **17. Microsoft Project Sheets**

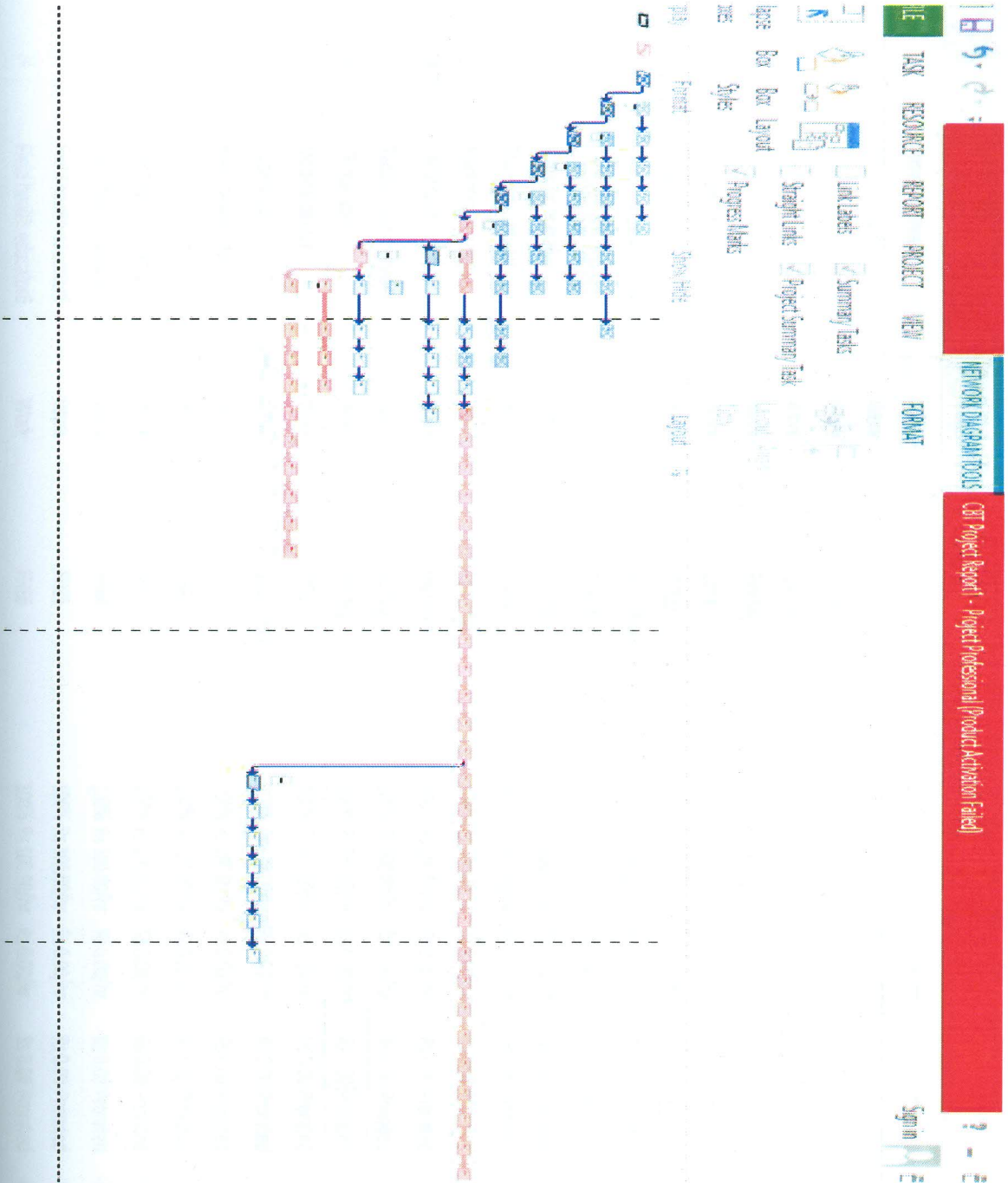
The project plan for the selected project has been prepared in Microsoft Project. This section contains views and reports generated from Microsoft Project for project.

Following sections contain the following:

1. Network Diagram
2. Project Dashboards
3. Resource Reports

4. Cost Reports
5. In Progress Reports
6. Resource Sheet
7. Work Breakdown Structure

### 18. NETWORK DIAGRAM



## 19. RESOURCE SHEET

1									
2	Project manager	Work	PM	250% R\$ 750.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
3	Area manager	Work	Area/Mg.	100% R\$ 500.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
4	Coordination officer	Work	Cr. Officer	100% R\$ 300.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
5	QA manager	Work	QA/Mg.	100% R\$ 500.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
6	Finance manager	Work	Fin/Mg.	100% R\$ 500.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
7	Consultant	Work	Cons.	100% \$ 1,000.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
8	IT Manager	Work	IT/Mg.	100% R\$ 300.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
9	Health services officer	Work	HS Officer	100% R\$ 250.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
10	Procurement manager	Work	Proc/Mg.	100% R\$ 450.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
11	Program manager	Work	PG/Mg.	100% \$ 1,200.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
12	Training manager	Work	Trainer	100% R\$ 500.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
13	Marketing manager	Work	Mkt/Mg.	100% R\$ 500.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
14	UNFP Staff	Work	UN/Staff	100% R\$ 350.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
15	Supply chain manager	Work	SC/Mg.	100% R\$ 500.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
16	HR manager	Work	HR/Mg.	100% R\$ 350.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
17	Medical doctor	Work	MDT	100% R\$ 400.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
18	Supervisor	Work	Supervisor	100% R\$ 300.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
19	Field health educator1	Work	FHE1	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
20	Field health educator2	Work	FHE2	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
21	Field health educator3	Work	FHE3	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
22	Field health educator4	Work	FHE4	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
23	Field health educator5	Work	FHE5	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	
24	Field health educator6	Work	FHE6	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP	

25	Field health educator7	Work	FHE7	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
26	centre staff	Work	C5	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
27	MSS Staff	Work	MSS/Staff	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
28	Field Incharged1	Work	IFO1	100% R\$ 250.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
29	Field Incharged2	Work	IFO2	100% R\$ 250.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
30	Field Incharged3	Work	IFO3	100% R\$ 250.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
31	Field Incharged4	Work	IFO4	100% R\$ 250.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
32	Assistant manager operations	Work	AMO	100% R\$ 500.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
33	Third party auditor	Work	TPO	100% R\$ 1,000.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
34	Government officials	Work	GO	100% R\$ 300.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
35	Population welfare officer	Work	PWO	100% R\$ 300.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
36	Lady health worker	Work	LHW	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
37	Outreach manager	Work	OM	100% R\$ 350.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
38	community mid wife	Work	CMW	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
39	Senior manager operations	Work	SNO	100% R\$ 900.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
40	Paramedics	Work	Prmed.	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
41	Nurses	Work	Nurse	100% R\$ 100.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
42	Advocacy manager	Work	Ad./Mg.	100% R\$ 500.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
43	Liason manager	Work	Lia/Mg.	100% R\$ 500.00/hr	R\$ 0.00/hr	R\$ 0.00	Prorated	UNFP
44	Travel Allowance	Cost	TA			R\$ 0.00	Prorated	UNFP
45	Daily Allowance	Cost	DA				Prorated	
46	Hardship Allowance	Cost	HS Allowance				Prorated	
47	Petty Cash	Cost	PC				Prorated	
48	Food	Cost	Food				Prorated	
49	Utility Bills	Cost	Bills				Prorated	

	UN/UN/manager	work	UD/whg	UN/UN/manager	UN/UN/manager	UN/UN/manager	UN/UN/manager
44	Travel Allowance	Cost	TA				Prorated
45	Daily Allowance	Cost	DA				Prorated
46	Hardship Allowance	Cost	HS Allowance				Prorated
47	Petty Cash	Cost	PC				Prorated
48	Food	Cost	Food				Prorated
48	Utility Bills	Cost	Bills				Prorated
50	Staff vehicle	Material	St. Vh		RS 50.00		Prorated
51	Contraceptives	Material	Contra.		RS 25.00		Prorated
52	Printers	Material	Pr.		RS 1,500.00		Prorated
53	Scanners	Material	Scner.		RS 1,500.00		Prorated
54	Laptops	Material	Laptop		RS 50,000.00		Prorated
55	Notebooks	Material	NB		RS 25.00		Prorated
56	Pens	Material	PN		RS 20.00		Prorated
57	Pencils	Material	PNCL		RS 20.00		Prorated
58	voucher books	Material	VB		RS 20.00		Prorated
59	Referral slips	Material	RS		RS 20.00		Prorated
60	Client eligibility assessment book	Material	PRTA Tool		RS 20.00		Prorated
61	Recording and reporting tools	Material	R&R Tool		RS 20.00		Prorated
62	Monthly registers	Material	M/Reg.		RS 20.00		Prorated
63	outreach registers	Material	Out/Reg.		RS 20.00		Prorated
64	Brochures	Material	Br.		RS 50.00		Prorated
65	Banners	Material	Bn.		RS 100.00		Prorated
66	Gift hampers	Material	GH		RS 100.00		Prorated

## 20. GANTT CHART

Task ID	Start	Finish	Total Cost	Predecessors	Resource	Cost	Equal Start	Actual Start	Actual Finish	Actual Cost	% Complete
1	Tue 9/1/15	Fri 12/22/17	17,292,905.00		HR manager, Pr	Rs 17,292,905.00				Rs 6,397,861.62	46%
2	Tue 9/1/15	Fri 12/22/17	15,172,929,905.00		HR manager, Pr	Rs 17,292,905.00				Rs 6,397,861.62	46%
3	Tue 9/1/15	Wed 3/9/16	Rs 1,113,450.00		HR manager, Pr	Rs 1,113,450.00				Rs 1,113,450.00	100%
4	Tue 9/1/15	Mon 11/2/15	Rs 263,250.00		HR manager, Pr	Rs 263,250.00				Rs 263,250.00	100%
5	Tue 9/29/15	Wed 12/2/15	Rs 263,650.00		HR manager, Pr	Rs 263,650.00				Rs 263,650.00	100%
6	Tue 11/3/15	Wed 1/27/16	Rs 263,650.00		HR manager, Pr	Rs 263,650.00				Rs 263,650.00	100%
7	Wed 11/25/15	Wed 3/9/16	Rs 263,650.00		HR manager, Pr	Rs 263,650.00				Rs 263,650.00	100%
8	Wed 12/16/15	Tue 12/29/15	Rs 59,250.00		Project manage	Rs 59,250.00				Rs 59,250.00	100%
9	Tue 9/1/15	Fri 11/6/15	Rs 1,452,600.00		Project manage	Rs 1,452,600.00				Rs 1,452,600.00	100%
10	Tue 9/1/15	Mon 9/14/15	Rs 59,250.00		Project manage	Rs 59,250.00				Rs 59,250.00	100%
11	Tue 9/1/15	Mon 9/21/15	Rs 273,700.00		Project manage	Rs 273,700.00				Rs 273,700.00	100%
12	Tue 9/1/15	Mon 10/5/15	Rs 271,250.00		Consultant, Pro	Rs 271,250.00				Rs 271,250.00	100%
13	Tue 9/1/15	Mon 10/19/15	Rs 151,650.00		Project manage	Rs 151,650.00				Rs 151,650.00	100%
14	Tue 9/1/15	Mon 11/2/15	Rs 527,350.00		Consultant, Pro	Rs 527,350.00				Rs 527,350.00	100%
15	Tue 9/29/15	Fri 11/6/15	Rs 44,150.00		Government officials	Rs 44,150.00				Rs 44,150.00	100%
16	Tue 9/29/15	Mon 11/2/15	Rs 125,250.00		IT Manager, Pro	Rs 125,250.00				Rs 125,250.00	100%
17	Fri 11/6/15	Tue 12/22/15	Rs 1,599,700.00		Finance manage	Rs 1,599,700.00				Rs 1,599,700.00	100%
18	Fri 11/6/15	Tue 11/17/15	Rs 374,850.00		Consultant, Pro	Rs 374,850.00				Rs 374,850.00	100%
19	Fri 11/6/15	Tue 11/17/15	Rs 110,250.00		Consultant, Pro	Rs 110,250.00				Rs 110,250.00	100%

	Start	Finish	Total Cost	Predecessors	Resource Name	Cost	Actual Start	Actual Finish	Actual Cost	Complete
21	Tue 12/8/15	Tue 12/22/15	Rs 413,250.00	20	Consultant, IT A	Rs 413,250.00	Tue 12/8/15	Tue 12/22/15	Rs 413,250.00	100%
22	Tue 12/22/15	Tue 3/8/16	Rs 1,064,750.00	16		Rs 1,064,750.00	Tue 12/22/15	Tue 3/8/16	Rs 1,064,750.00	100%
23	Tue 12/22/15	Tue 1/5/16	Rs 239,250.00		Finance manager	Rs 239,250.00	Tue 12/22/15	Tue 1/5/16	Rs 239,250.00	100%
24	Tue 1/5/16	Tue 1/26/16	Rs 158,750.00	23	Finance manager	Rs 158,750.00	Tue 1/5/16	Tue 1/26/16	Rs 158,750.00	100%
25	Tue 1/26/16	Tue 2/16/16	Rs 317,500.00	24	Finance manager	Rs 317,500.00	Tue 1/26/16	Tue 2/16/16	Rs 317,500.00	100%
26	Tue 2/16/16	Tue 3/8/16	Rs 349,250.00	25	Project manager	Rs 349,250.00	Tue 2/16/16	Tue 3/8/16	Rs 349,250.00	100%
27	Tue 3/8/16	Wed 5/4/16	Rs 363,000.00	22		Rs 363,000.00	Tue 3/8/16	Wed 5/4/16	Rs 363,000.00	100%
28	Tue 3/8/16	Thu 3/17/16	Rs 63,000.00		Health services	Rs 63,000.00	Tue 3/8/16	Thu 3/17/16	Rs 63,000.00	100%
29	Thu 3/17/16	Mon 3/28/16	Rs 63,000.00	28	Health services	Rs 63,000.00	Thu 3/17/16	Mon 3/28/16	Rs 63,000.00	100%
30	Mon 3/28/16	Mon 4/11/16	Rs 87,000.00	29	Health services	Rs 87,000.00	Mon 3/28/16	Mon 4/11/16	Rs 87,000.00	100%
31	Mon 4/11/16	Mon 4/25/16	Rs 87,000.00	30	Health services	Rs 87,000.00	Mon 4/11/16	Mon 4/25/16	Rs 87,000.00	100%
32	Mon 4/25/16	Wed 5/4/16	Rs 63,000.00	31	Health services	Rs 63,000.00	Mon 4/25/16	Wed 5/4/16	Rs 63,000.00	100%
33	Wed 5/4/16	Fri 3/24/17	Rs 4,933,645.00	27	Utility Bills	Rs 1 Rs 4,933,645.00	Wed 5/4/16	NA	Rs 804,361.62	20%
34	Wed 5/4/16	Tue 5/31/16	Rs 255,150.00		MSS Staff, Project	Rs 255,150.00	Wed 5/4/16	NA	Rs 178,605.00	50%
35	Fri 5/13/16	Wed 6/22/16	Rs 167,400.00	34	Project manager	Rs 167,400.00	Fri 5/13/16	NA	Rs 157,500.00	50%
36	Tue 5/24/16	Mon 6/27/16	Rs 207,300.00	35	Project manager	Rs 207,300.00	Tue 5/24/16	NA	Rs 126,945.00	65%
37	Thu 6/2/16	Mon 6/13/16	Rs 172,100.00	36	MSS Staff, UNFP	Rs 172,100.00	Thu 6/2/16	Mon 6/13/16	Rs 170,100.00	100%
38	Thu 6/2/16	Tue 6/28/16	Rs 89,250.00	37	Project manager	Rs 89,250.00	Thu 6/2/16	NA	Rs 66,937.50	75%
39	Thu 6/2/16	Wed 7/20/16	Rs 157,950.00	38	MSS Staff	Rs 157,950.00	Thu 6/2/16	NA	Rs 90,290.00	60%

id	Apps	Properties	Schedule	Status	Proofing					
Start	Finish	Total Cost	Predecessors	Name	Cost	Actual Start	Actual Finish	Actual Cost	Complete	
39	Thu 6/2/16	Wed 7/20/16	RS 137,950.00	38	MSS Staff	RS 137,950.00	Thu 6/2/16	NA	RS 90,290.00	60%
					Project					
					manager					
40	Wed 7/20/16	Fri 7/29/16	RS 92,400.00	39	MSS Staff/Proj	RS 92,400.00	NA	NA	RS 0.00	0%
41	Fri 7/29/16	Tue 8/9/16	RS 61,600.00	40	HR manager/PN	RS 61,600.00	NA	NA	RS 0.00	0%
42	Tue 8/9/16	Thu 8/18/16	RS 271,365.00	41	Project manager	RS 271,365.00	NA	NA	RS 0.00	0%
43	Thu 8/18/16	Mon 8/29/16	RS 61,600.00	42	HR manager/PN	RS 61,600.00	NA	NA	RS 0.00	0%
44	Mon 8/29/16	Wed 9/7/16	RS 89,620.00	43	Project	RS 89,620.00	NA	NA	RS 0.00	0%
					manager					
45	Wed 9/7/16	Fri 9/16/16	RS 160,740.00	44	Project	RS 160,740.00	NA	NA	RS 0.00	0%
					manager					
46	Fri 9/16/16	Fri 9/23/16	RS 118,390.00	45	Project	RS 118,390.00	NA	NA	RS 0.00	0%
					manager					
					Supply chain					
47	Fri 9/23/16	Fri 9/30/16	RS 154,140.00	46	Medical doctor	RS 154,140.00	NA	NA	RS 0.00	0%
					Project					
48	Fri 9/30/16	Fri 10/7/16	RS 142,000.00	47	Field Incharge	RS 142,000.00	NA	NA	RS 0.00	0%
49	Fri 10/7/16	Tue 10/18/16	RS 193,200.00	48	Project	RS 193,200.00	NA	NA	RS 0.00	0%
					manager					
					Area manager, /					
50	Tue 10/18/16	Fri 10/21/16	RS 40,820.00	49	Field Incharge	RS 40,820.00	NA	NA	RS 0.00	0%

Task	Start	Finish	Total Cost	Predecessors	Resource Name	Cost	Actual Start	Actual Finish	Actual Cost	Complete
51	Fri 10/21/16	Wed 10/26/16	Rs 61,200.00	50	centre staff, PNC	Rs 61,200.00	NA	NA	Rs 0.00	0%
52	Wed 10/26/16	Wed 11/2/16	Rs 76,020.00	51	centre staff, Project	Rs 76,020.00	NA	NA	Rs 0.00	0%
53	Wed 11/2/16	Tue 11/8/16	Rs 78,800.00	52	Field Incharged community mid wife	Rs 78,800.00	NA	NA	Rs 0.00	0%
54	Tue 11/8/16	Tue 11/22/16	Rs 180,000.00	53	Project manager	Rs 180,000.00	NA	NA	Rs 0.00	0%
55	Tue 11/22/16	Tue 12/6/16	Rs 320,000.00	54	centre staff, Project	Rs 320,000.00	NA	NA	Rs 0.00	0%
56	Tue 12/6/16	Tue 12/20/16	Rs 50,000.00	55	MSS Staff, UNFP	Rs 50,000.00	NA	NA	Rs 0.00	0%
57	Tue 12/20/16	Tue 12/27/16	Rs 78,000.00	56	MSS Staff, UNFP	Rs 78,000.00	NA	NA	Rs 0.00	0%
58	Tue 12/27/16	Thu 1/5/17	Rs 184,800.00	57	MSS Staff, UNFP	Rs 184,800.00	NA	NA	Rs 0.00	0%
59	Thu 1/5/17	Mon 1/16/17	Rs 106,400.00	58	Project manager	Rs 106,400.00	NA	NA	Rs 0.00	0%
60	Mon 1/16/17	Wed 1/25/17	Rs 120,400.00	59	MSS Staff, UNFP Staff, Assl	Rs 120,400.00	NA	NA	Rs 0.00	0%
61	Mon 1/16/17	Fri 2/3/17	Rs 165,200.00	60	Project manager	Rs 165,200.00	NA	NA	Rs 0.00	0%
62	Fri 2/3/17	Tue 2/14/17	Rs 168,000.00	61	Project manager	Rs 168,000.00	NA	NA	Rs 0.00	0%
63	Tue 2/14/17	Thu 2/23/17	Rs 179,200.00	62	Medical doctor	Rs 179,200.00	NA	NA	Rs 0.00	0%
64	Thu 2/23/17	Mon 3/6/17	Rs 277,200.00	63	Project manager Assistant	Rs 277,200.00	NA	NA	Rs 0.00	0%
65	Mon 3/6/17	Wed 3/15/17	Rs 187,600.00	64	Project	Rs 187,600.00	NA	NA	Rs 0.00	0%

NEW TASKS: MANUALLY SCHEDULED

Start	Finish	Total Cost	Predecessors	Resource Name	Cost	Actual Start	Actual Finish	Actual Cost	Complete	Add New
Wed 3/15/17	Fri 3/24/17	Rs 184,800.00	65	Project manager	Rs 184,800.00	NA	NA	Rs 0.00	0%	
Wed 10/26/16	Fri 3/3/17	Rs 421,360.00	51		Rs 421,360.00	NA	NA	Rs 0.00	0%	
Wed 10/26/16	Mon 11/7/16	Rs 110,440.00	51	Field Incharge4	Rs 110,440.00	NA	NA	Rs 0.00	0%	
Mon 11/7/16	Thu 11/24/16	Rs 112,840.00	68	Senior manager	Rs 112,840.00	NA	NA	Rs 0.00	0%	
Thu 11/24/16	Wed 2/8/17	Rs 80,440.00	69	Operations Project manager	Rs 80,440.00	NA	NA	Rs 0.00	0%	
Wed 2/8/17	Mon 2/13/17	Rs 39,600.00	70	Senior manager	Rs 39,600.00	NA	NA	Rs 0.00	0%	
Mon 2/13/17	Tue 2/28/17	Rs 28,800.00	71	MSS Staff, Finance	Rs 28,800.00	NA	NA	Rs 0.00	0%	
Tue 2/28/17	Fri 3/3/17	Rs 49,240.00	72	MSS Staff, Client	Rs 49,240.00	NA	NA	Rs 0.00	0%	
Fri 3/24/17	Wed 11/8/17	Rs 3,195,200.00	33		Rs 3,195,200.00	NA	NA	Rs 0.00	0%	
Fri 3/24/17	Wed 7/5/17	Rs 739,200.00	33	QA manager, Field health educator1	Rs 739,200.00	NA	NA	Rs 0.00	0%	
Wed 7/5/17	Wed 8/2/17	Rs 584,000.00	75	Field Incharge2	Rs 584,000.00	NA	NA	Rs 0.00	0%	
Wed 8/2/17	Wed 8/30/17	Rs 528,000.00	76	Field health ed	Rs 528,000.00	NA	NA	Rs 0.00	0%	
Wed 8/30/17	Wed 9/27/17	Rs 632,000.00	77	Third party aud	Rs 632,000.00	NA	NA	Rs 0.00	0%	
Wed 9/27/17	Wed 11/8/17	Rs 432,000.00	78	Field Incharge4	Rs 432,000.00	NA	NA	Rs 0.00	0%	
Fri 3/24/17	Mon 6/5/17	Rs 280,000.00		Project manager	Rs 280,000.00	NA	NA	Rs 0.00	0%	
Fri 3/24/17	Tue 6/13/17	Rs 2,191,200.00	33		Rs 2,191,200.00	NA	NA	Rs 0.00	0%	

Start	Finish	Total Cost	Predecessor	Name	Cost	Actual Start	Actual Finish	Actual Cost	Complete	Act %
81	Fri 3/24/17	Tue 6/13/17	Rs 2,191,200.00	33	RS 2,191,200.00	NA	NA	RS 0.00	0%	
82	Fri 3/24/17	Fri 4/14/17	Rs 294,000.00	33	Finance manage Rs 294,000.00	NA	NA	RS 0.00	0%	
83	Fri 4/14/17	Fri 5/5/17	Rs 456,000.00	82	Project manage Rs 456,000.00	NA	NA	RS 0.00	0%	
84	Fri 5/5/17	Fri 5/19/17	Rs 196,000.00	83	Finance manage Rs 196,000.00	NA	NA	RS 0.00	0%	
85	Fri 5/19/17	Fri 6/9/17	Rs 336,000.00	84	Finance manage Rs 336,000.00	NA	NA	RS 0.00	0%	
86	Fri 3/24/17	Fri 4/28/17	Rs 432,000.00		MISS Staff Rs 432,000.00	NA	NA	RS 0.00	0%	
					Government					
87	Fri 4/28/17	Fri 5/19/17	Rs 236,000.00	86	Government Rs 236,000.00	NA	NA	RS 0.00	0%	
					officials					
88	Fri 5/19/17	Tue 5/30/17	Rs 109,200.00	87	MISS Staff, Assis Rs 109,200.00	NA	NA	RS 0.00	0%	
89	Tue 5/30/17	Tue 6/13/17	Rs 132,000.00	88	MISS Staff, Assis Rs 132,000.00	NA	NA	RS 0.00	0%	
90	Tue 6/13/17	Fri 12/22/17	Rs 958,000.00	81	RS 958,000.00	NA	NA	RS 0.00	0%	
91	Tue 6/13/17	Tue 7/25/17	Rs 180,000.00		Project manage Rs 180,000.00	NA	NA	RS 0.00	0%	
92	Tue 7/25/17	Tue 9/5/17	Rs 180,000.00	91	Project manage Rs 180,000.00	NA	NA	RS 0.00	0%	
93	Tue 9/5/17	Tue 10/17/17	Rs 180,000.00	92	Project manage Rs 180,000.00	NA	NA	RS 0.00	0%	
94	Tue 10/17/17	Tue 10/31/17	Rs 148,000.00	93	Coordination o Rs 148,000.00	NA	NA	RS 0.00	0%	
95	Tue 10/31/17	Thu 11/9/17	Rs 42,000.00	94	Project manage Rs 42,000.00	NA	NA	RS 0.00	0%	
96	Thu 11/9/17	Fri 11/10/17	Rs 12,000.00	95	Government of Rs 12,000.00	NA	NA	RS 0.00	0%	
97	Thu 11/9/17	Fri 11/10/17	Rs 6,000.00	96SS	Project manage Rs 6,000.00	NA	NA	RS 0.00	0%	
98	Fri 11/10/17	Fri 12/1/17	Rs 102,000.00	97	MSS Staff, Proje Rs 102,000.00	NA	NA	RS 0.00	0%	
99	Fri 12/1/17	Fri 12/22/17	Rs 108,000.00	98	Senior manager Rs 108,000.00	NA	NA	RS 0.00	0%	

21. Cost Overview

# COST OVERVIEW

TUE 9/1/15 - FRI 12/22/17

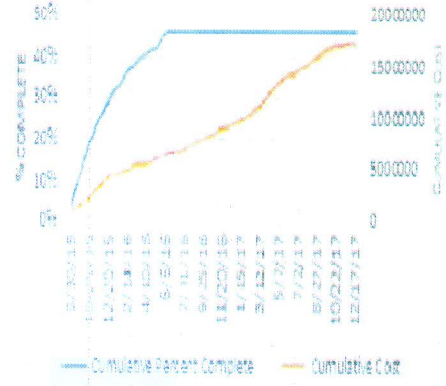
**COST**  
Rs 17,292,905.00

**REMAINING COST**  
Rs 10,895,043.38

**% COMPLETE**  
46%

PROGRESS VERSUS COST

Progress made versus the cost spent over time. If % Complete line below the cumulative line, your project may be over budget.

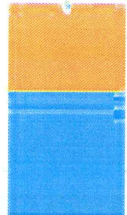


COST STATUS

Cost status for top level tasks. (Is your baseline done?)

[Try setting as baseline](#)

20000000  
15000000  
10000000  
5000000



COST STATUS

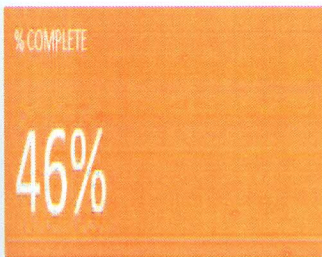
Cost status for top level tasks.

Name	Actual Cost	Remaining Cost	Baseline Cost	Cost	Cost Variance
IMPLEMENTATION	Rs 6,397,861	Rs 10,895,043.38	Rs 17,192,005	Rs 17,292,905.0	Rs 100,900.00

## 22. Project Overview

# PROJECT OVERVIEW

TUE 9/1/15 - FRI 12/22/17



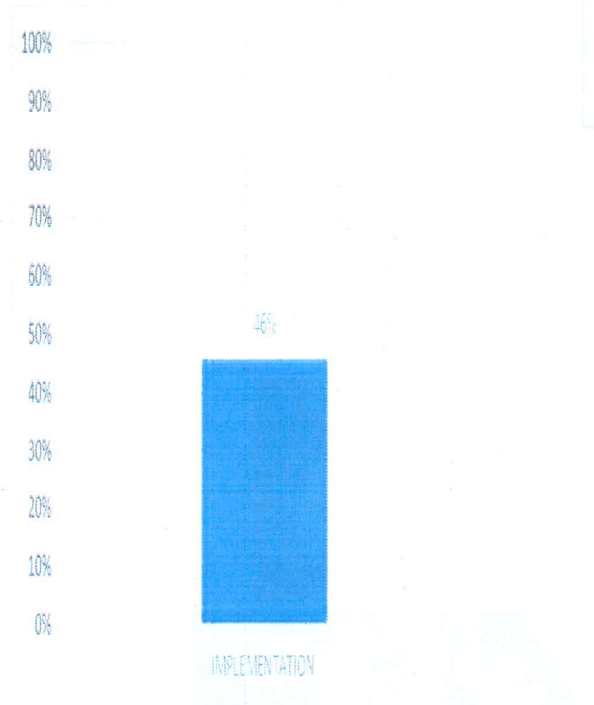
### MILESTONES DUE

Milestones that are coming soon.

Name	Finish
------	--------

### % COMPLETE

Status for all top-level tasks. To see the status for subtasks, click on the chart and update the outline level in the Field List.



### LATE TASKS

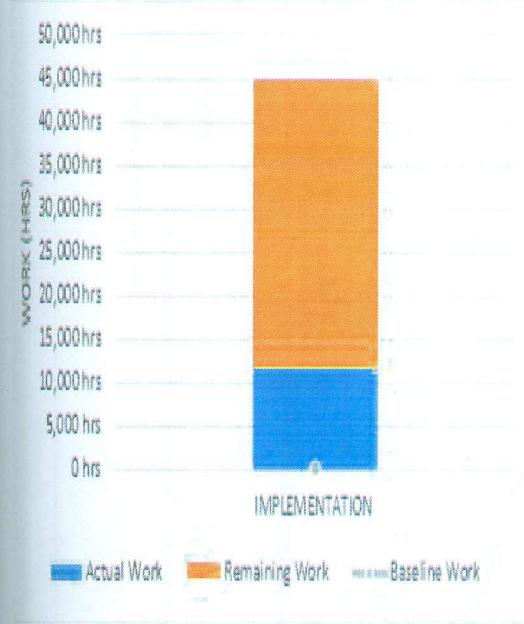
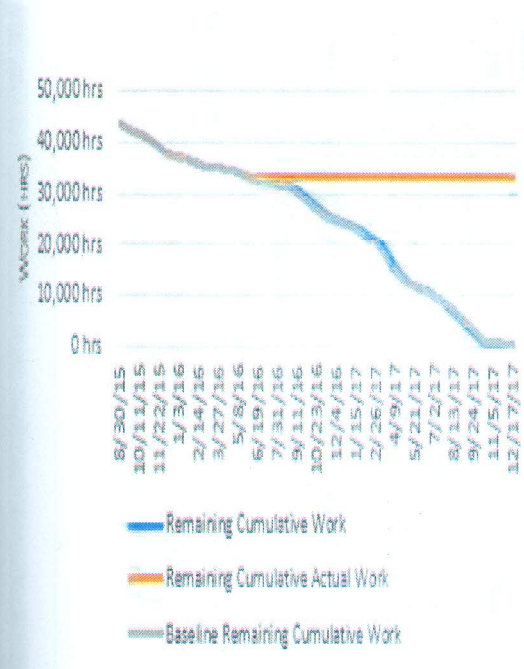
Tasks that are past due.

Name	Start	Finish	Status	Assignment	Owner
------	-------	--------	--------	------------	-------

NEW TASKS : MANUALLY SCHEDULED



## 23. Work Overview



% Work Complete  
**26%**

Remaining Work  
**32,986.35 hrs**

Actual Work  
**11,580.65 hrs**

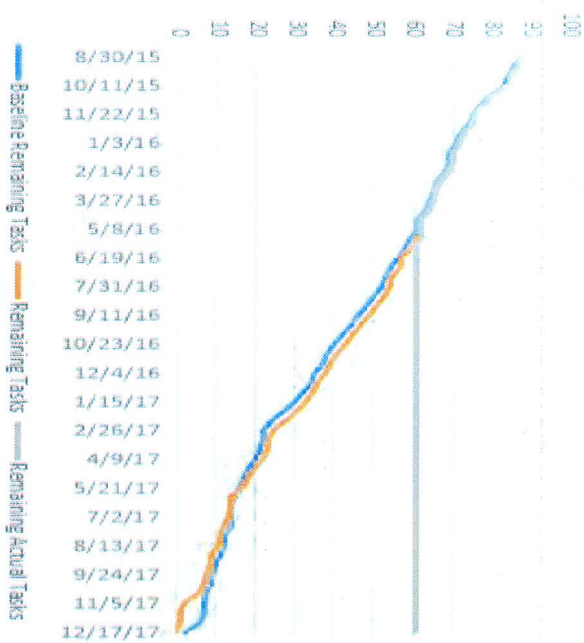
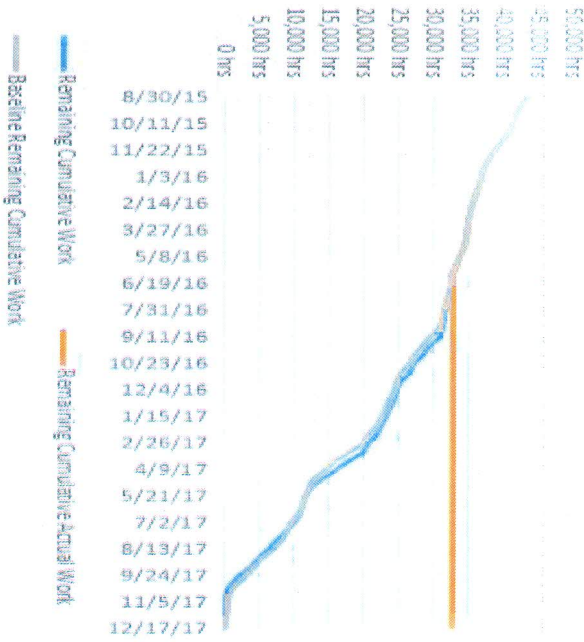
# WORK OVERVIEW

WORKSTATS

Shows work stats for all top level tasks.

## 23. Burn down

# BURNDOWN



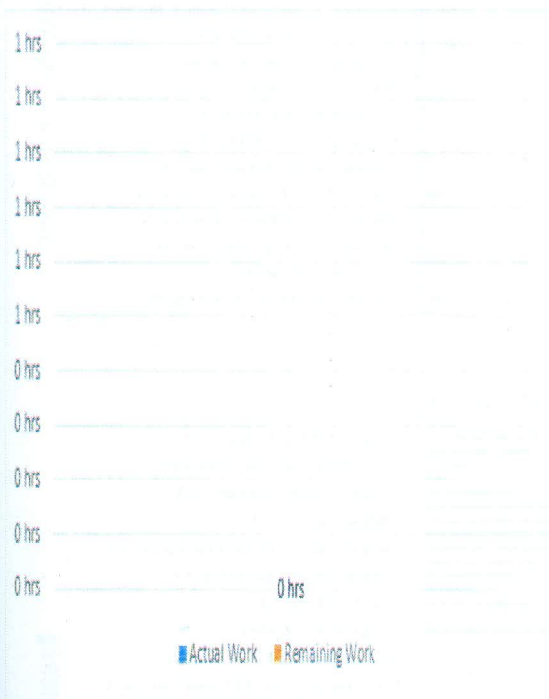
Activate  
Go to Step

## 24. Over allocated resources

# OVERALLOCATED RESOURCES

### WORK STATUS

Work status for overallocated resources.



### OVERALLOCATION

Surplus work assigned to overallocated resources. To resolve overallocations use

[Team Planner View](#)

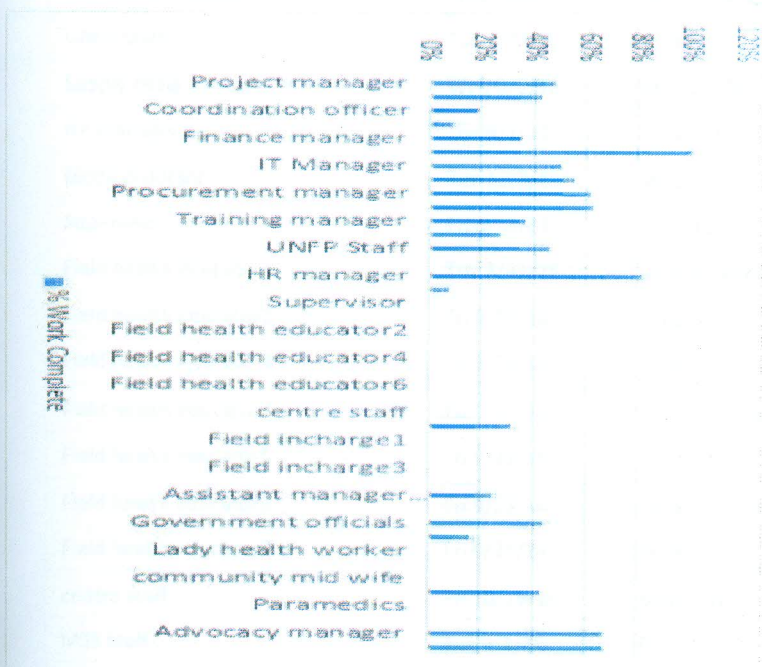
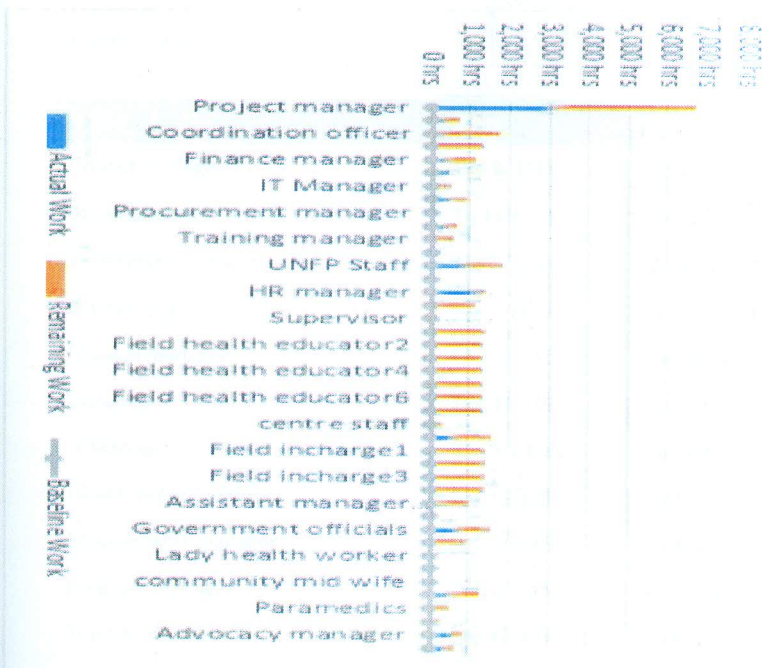


9/1/15

Overallocation

## 25. Resource Overview

### 26. Resource Overview



# RESOURCE OVERVIEW

## 26. Resource Status

### RESOURCE STATUS

Remaining work for all work resources.

Name	Start	Finish	Remaining Work
Project manager	Tue 9/1/15	Fri 12/1/17	3,526.3 hrs
Area manager	Fri 11/6/15	Thu 2/23/17	424.95 hrs
Coordination officer	Tue 9/1/15	Wed 11/8/17	1,450.9 hrs
QA manager	Tue 2/16/16	Wed 9/27/17	1,232 hrs
Finance manager	Fri 11/6/15	Tue 10/31/17	720 hrs
Consultant	Tue 9/1/15	Tue 12/22/15	0 hrs
IT Manager	Tue 9/29/15	Tue 10/31/17	272 hrs
Health services officer	Tue 12/8/15	Fri 5/12/17	416 hrs
Procurement manager	Fri 11/6/15	Fri 9/23/16	40 hrs
Program manager	Tue 9/1/15	Fri 6/9/17	240 hrs
Training manager	Tue 12/8/15	Fri 4/21/17	368 hrs
Marketing manager	Fri 11/6/15	Mon 4/24/17	168 hrs
UNFP Staff	Tue 9/1/15	Fri 11/10/17	1,000.95 hrs
Supply chain manager	Wed 9/7/16	Fri 9/23/16	96 hrs
HR manager	Tue 9/1/15	Fri 4/7/17	266.9 hrs
Medical doctor	Tue 12/8/15	Wed 10/25/17	1,024 hrs
Supervisor	Fri 4/28/17	Fri 5/12/17	80 hrs
Field health educator1	Tue 5/31/16	Wed 10/25/17	1,407 hrs
Field health educator2	Fri 9/23/16	Wed 10/25/17	1,344 hrs
Field health educator3	Fri 9/23/16	Wed 10/25/17	1,344 hrs
Field health educator4	Fri 9/23/16	Wed 10/25/17	1,344 hrs
Field health educator5	Fri 9/23/16	Wed 10/25/17	1,344 hrs
Field health educator6	Fri 9/23/16	Wed 10/25/17	1,344 hrs
Field health educator7	Fri 9/23/16	Wed 10/25/17	1,344 hrs
centre staff	Fri 10/21/16	Mon 1/16/17	288 hrs
MSS Staff	Tue 9/1/15	Fri 12/1/17	1,050.5 hrs
Field incharge1	Fri 9/23/16	Wed 10/25/17	1,424 hrs

RESOURCE OVERVIEW

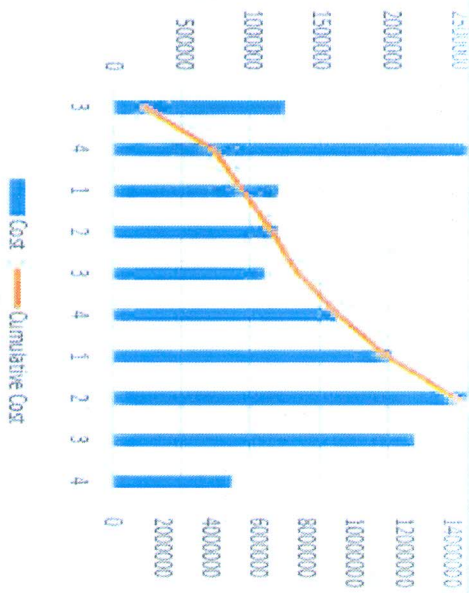
## 27. CASH FLOW

MSS Staff	Tue 9/1/15	Fri 12/1/17	1,050.5 hrs
Field incharge1	Fri 9/23/16	Wed 10/25/17	1,424 hrs
Field incharge2	Fri 9/23/16	Wed 10/25/17	1,424 hrs
Field incharge3	Fri 9/23/16	Wed 10/25/17	1,424 hrs
Field incharge4	Fri 9/23/16	Wed 10/25/17	1,424 hrs
Assistant manager operations	Tue 11/17/15	Tue 6/13/17	746.8 hrs
Third party auditor	Tue 11/22/16	Wed 9/27/17	240 hrs
Government officials	Tue 9/1/15	Fri 11/10/17	862.05 hrs
Population welfare officer	Wed 5/4/16	Wed 8/30/17	776.95 hrs
Lady health worker	Wed 11/2/16	Tue 11/8/16	32 hrs
Outreach manager	Mon 8/29/16	Wed 1/25/17	192 hrs
community mid wife	Fri 9/30/16	Wed 10/25/17	232 hrs
Senior manager operations	Tue 9/1/15	Fri 12/22/17	744.95 hrs
Paramedics	Wed 9/7/16	Wed 10/25/17	528 hrs
Nurses	Wed 9/7/16	Wed 10/25/17	296 hrs
Advocacy manager	Tue 9/1/15	Mon 4/24/17	280 hrs
Liason manager	Tue 9/1/15	Mon 4/24/17	224 hrs

## 27. CASH FLOW

CASH FLOW

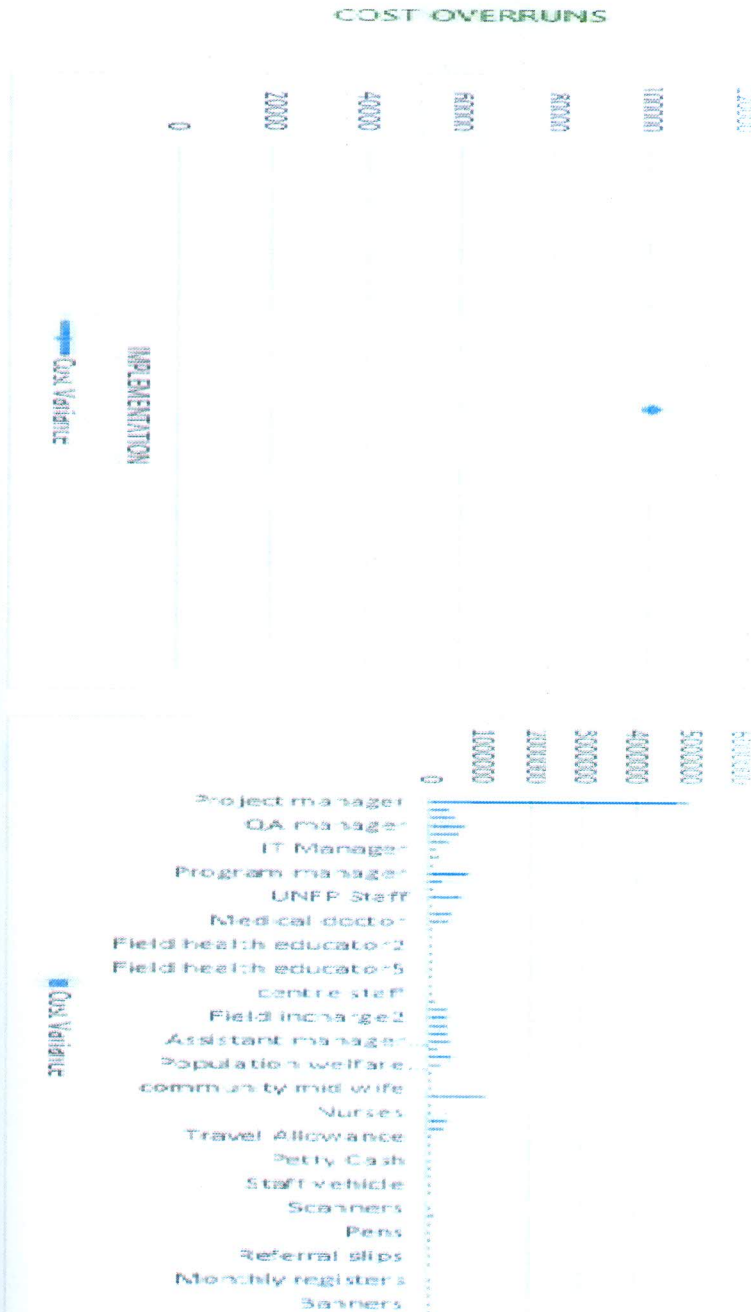
# CASH FLOW



Actual Cost	Baseline Cost	Remaining Cost	Cost Variance
Rs 6,397,861.62	Rs 17,192,005.0	Rs 10,895,043.3	Rs 100,900.00

Name	Remaining Cost	Actual Cost	Cost	ACWP	BCWP	BCWS
IMPLEMENTATION	Rs 10,895,043.38	Rs 6,397,861.62	Rs 17,292,905.00	Rs 6,253,950.00	Rs 6,173,551.50	Rs 6,371,200.00

## 28. Cost Overruns



**COST OVERRUNS**  
 TOTAL COST VARIANCE  
 RESOURCE COST VARIANCE  
 Cost Variance for all the work activities

## 29. Earned Value

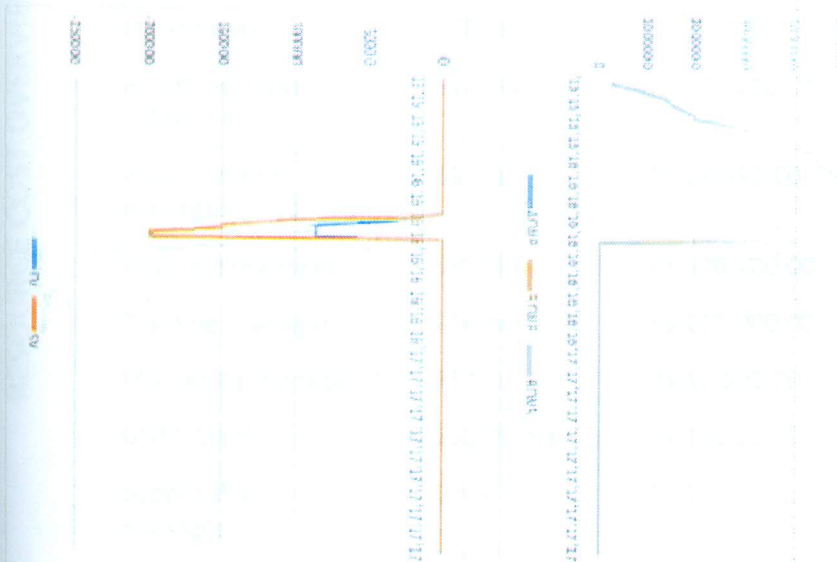
### EARNED VALUE REPORT

# EARNED VALUE

Earned Value Management helps you quantify the performance of a project. It compares costs and schedule to a baseline to determine the project's status.

If the chart doesn't look right, make sure you have set a baseline assigned costs to tasks, or resources and another project.

EAC	ACWP	BCWP
RS	RS	RS
17,415,946.	6,253,950.0	6,173,551.5
		0



Learn more about earned value

#### VARIANCE OVER TIME

Cost and schedule overruns for the project based on actual cost. If CV is negative then the project is over budget. If CV is positive then the project is a below budget.

### 30. Resource COST Overview

#### COST DETAILS

Cost details for all work resources.

Name	Actual Work	Actual Cost	Standard Rate
Project manager	3,201.7 hrs	Rs 2,401,275.00	Rs 750.00/hr
Area manager	321.05 hrs	Rs 160,525.00	Rs 500.00/hr
Coordination officer	330.1 hrs	Rs 99,030.00	Rs 300.00/hr
QA manager	127 hrs	Rs 63,500.00	Rs 500.00/hr
Finance manager	404 hrs	Rs 202,000.00	Rs 500.00/hr
Consultant	444 hrs	Rs 444,000.00	Rs 1,000.00/hr
IT Manager	270 hrs	Rs 81,000.00	Rs 300.00/hr
Health services officer	513 hrs	Rs 128,250.00	Rs 250.00/hr
Procurement manager	63 hrs	Rs 28,350.00	Rs 450.00/hr
Program manager	397 hrs	Rs 476,400.00	Rs 1,200.00/hr
Training manager	214 hrs	Rs 107,000.00	Rs 500.00/hr
Marketing manager	63 hrs	Rs 31,500.00	Rs 500.00/hr
UNFP Staff	852.05 hrs	Rs 298,217.50	Rs 350.00/hr
Supply chain manager	0 hrs	Rs 0.00	Rs 500.00/hr
HR manager	1,151.1 hrs	Rs 402,885.00	Rs 350.00/hr
Medical doctor	87 hrs	Rs 34,800.00	Rs 400.00/hr
Supervisor	0 hrs	Rs 0.00	Rs 300.00/hr
Field health educator1	0 hrs	Rs 0.00	Rs 100.00/hr

RESOURCE COST OVERVIEW

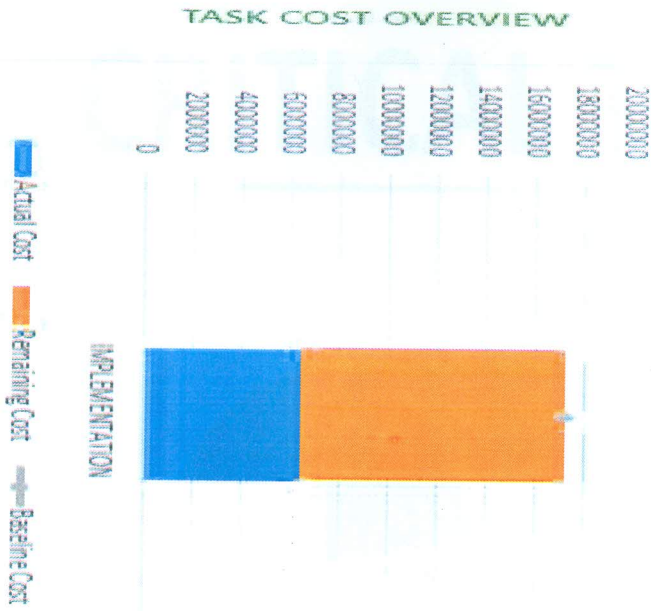
Field health educator2	0 hrs	Rs 0.00	Rs 100.00/hr
Field health educator3	0 hrs	Rs 0.00	Rs 100.00/hr
Field health educator4	0 hrs	Rs 0.00	Rs 100.00/hr
Field health educator5	0 hrs	Rs 0.00	Rs 100.00/hr
Field health educator6	0 hrs	Rs 0.00	Rs 100.00/hr
Field health educator7	0 hrs	Rs 0.00	Rs 100.00/hr
centre staff	0 hrs	Rs 0.00	Rs 100.00/hr
MSS Staff	502.5 hrs	Rs 50,250.00	Rs 100.00/hr
Field incharge1	0 hrs	Rs 0.00	Rs 250.00/hr
Field incharge2	0 hrs	Rs 0.00	Rs 250.00/hr
Field incharge3	0 hrs	Rs 0.00	Rs 250.00/hr
Field incharge4	0 hrs	Rs 0.00	Rs 250.00/hr
Assistant manager operations	241.1 hrs	Rs 120,550.00	Rs 500.00/hr
Third party auditor	0 hrs	Rs 0.00	Rs 1,000.00/hr
Government officials	681.95 hrs	Rs 204,585.00	Rs 300.00/hr
Population welfare officer	148.05 hrs	Rs 44,415.00	Rs 300.00/hr
Lady health worker	0 hrs	Rs 0.00	Rs 100.00/hr
Outreach manager	0 hrs	Rs 0.00	Rs 350.00/hr
community mid wife	0 hrs	Rs 0.00	Rs 100.00/hr
Senior manager operations	552.05 hrs	Rs 496,845.00	Rs 900.00/hr

### 31. Task Cost Overview

# TASK COST OVERVIEW

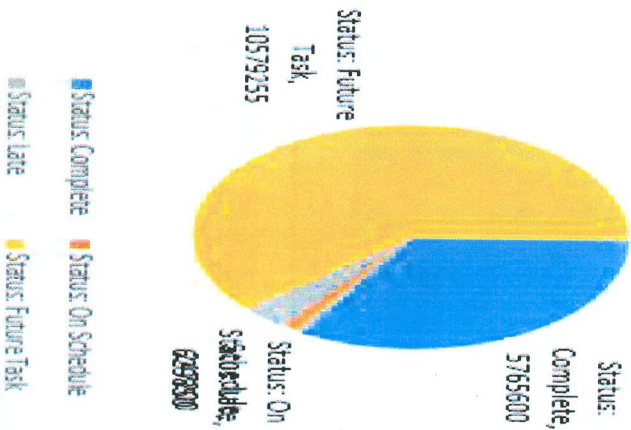
#### COST STATUS

Cost status for 2015-17



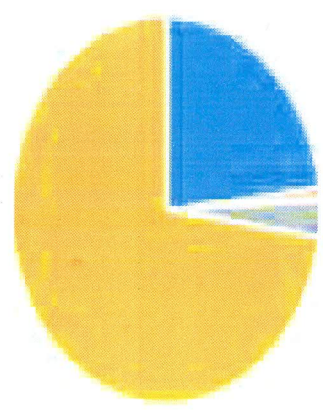
#### COST DISTRIBUTION

Percentage of total cost by task status



### 32. Critical Tasks

# CRITICAL TASKS



- Status: Complete
- Status: On Schedule
- Status: Late
- Status: Future Task

A task is critical if there is no r

[Learn more about managing!](#)

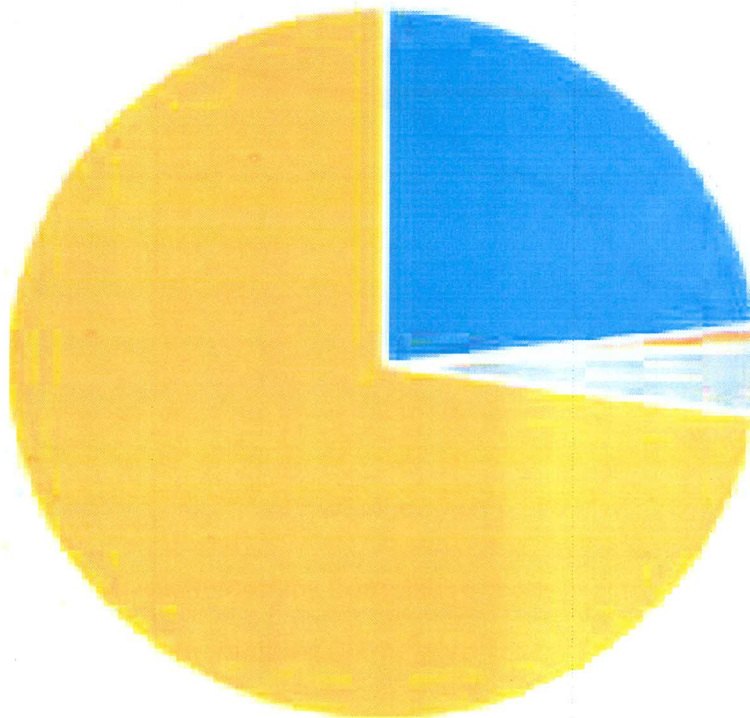


Review and establish ind  
baseline and collect rele  
information

CRITICAL TASKS

### 33. Late Tasks

# LATE TASKS



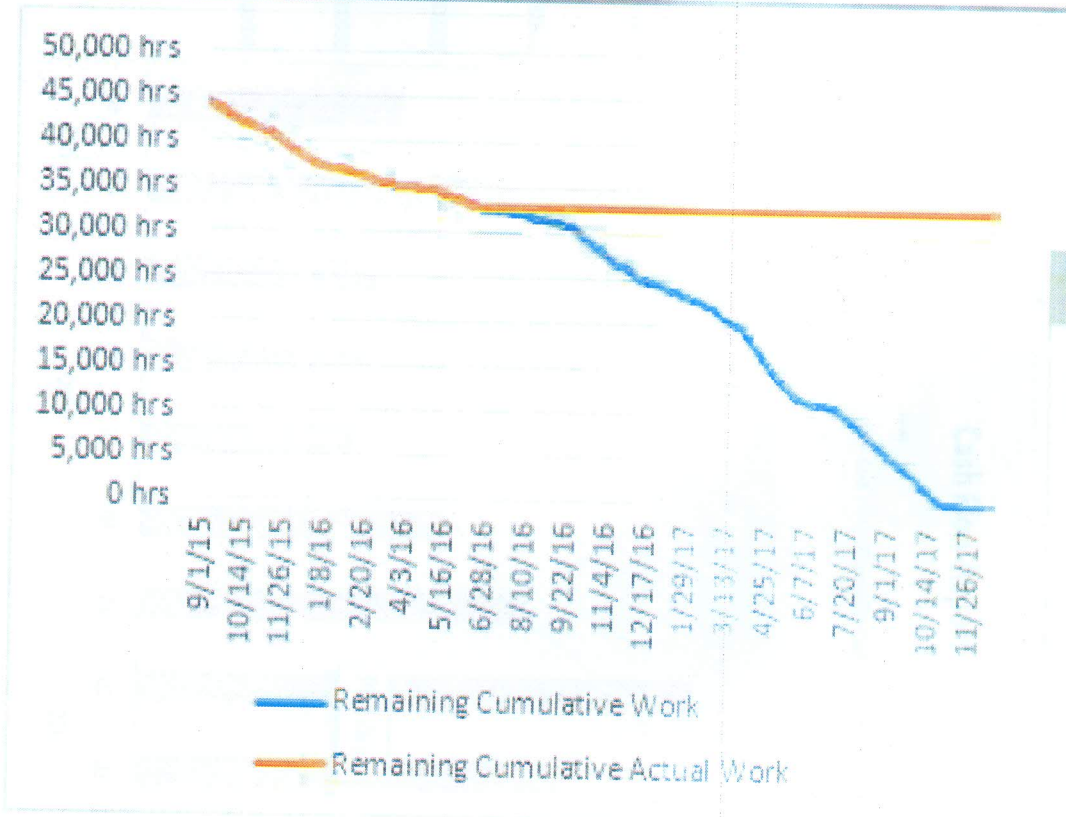
- Status: Complete
- Status: On Schedule
- Status: Late
- Status: Future Task

LATE TASKS

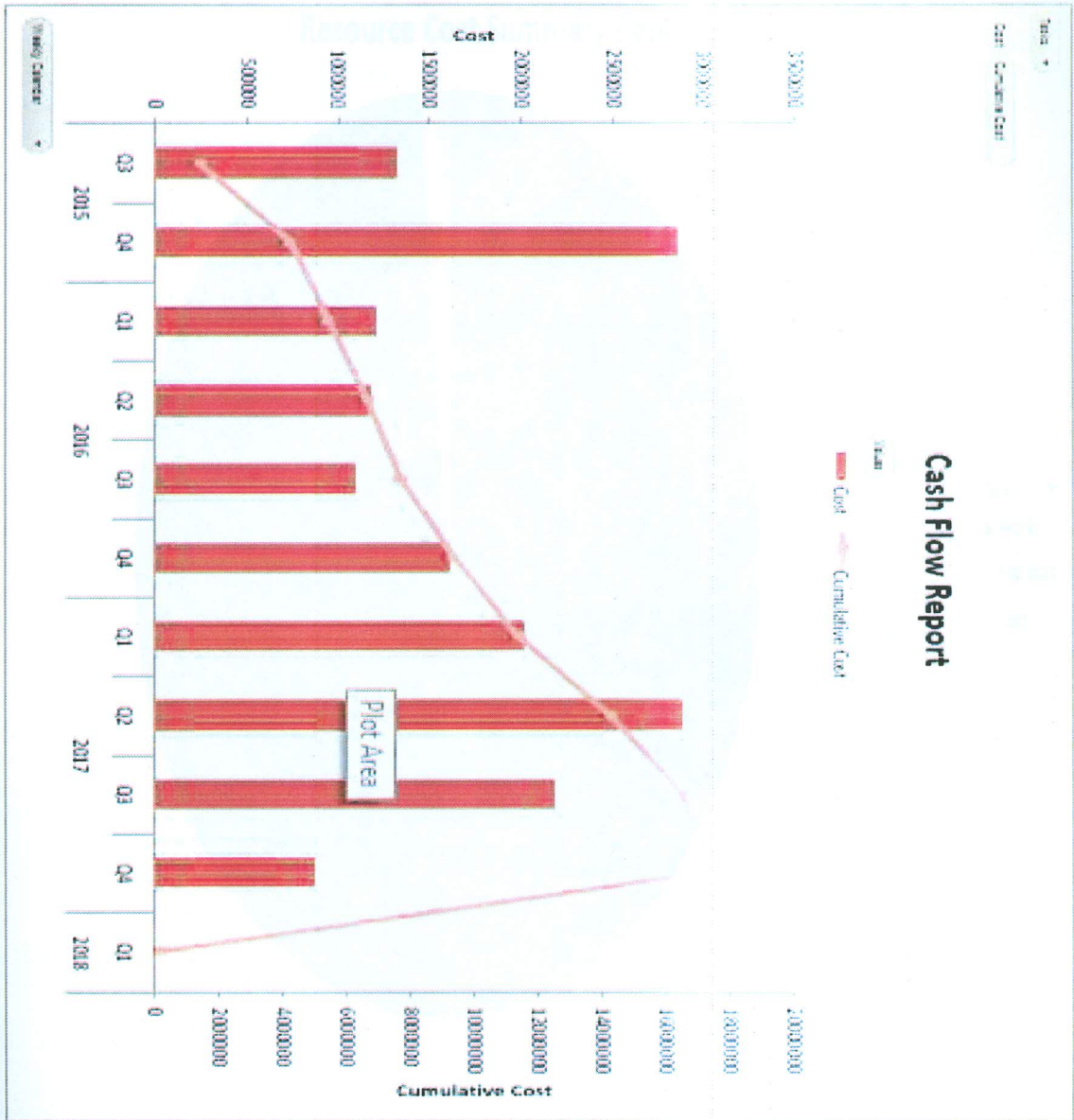
### 34. Slipping Tasks

# SLIPPING TASKS

SLIPPING TASKS

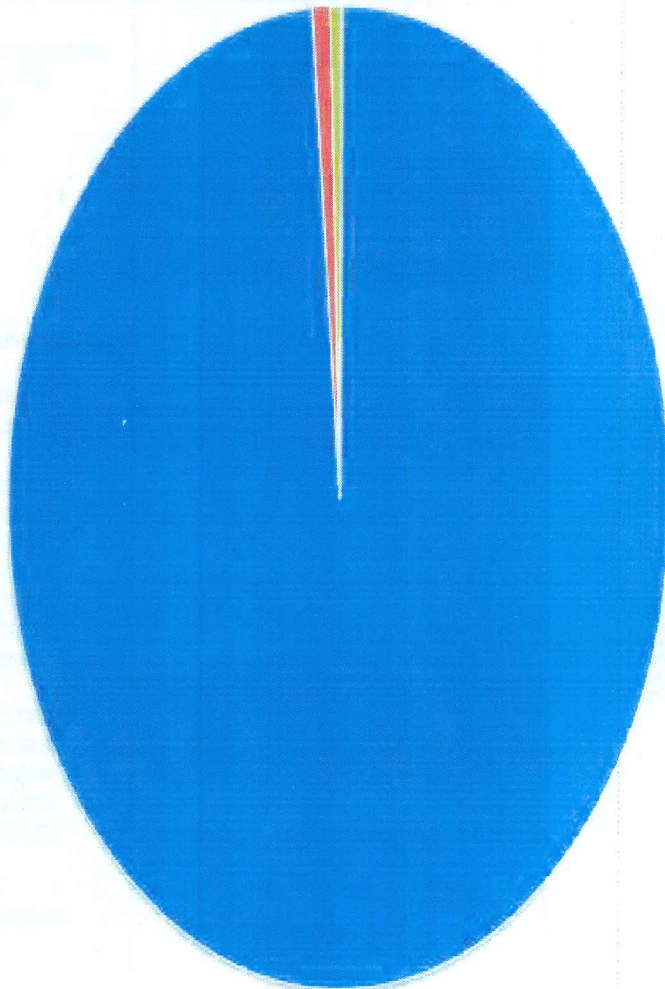


### 35. Cash Flow Report

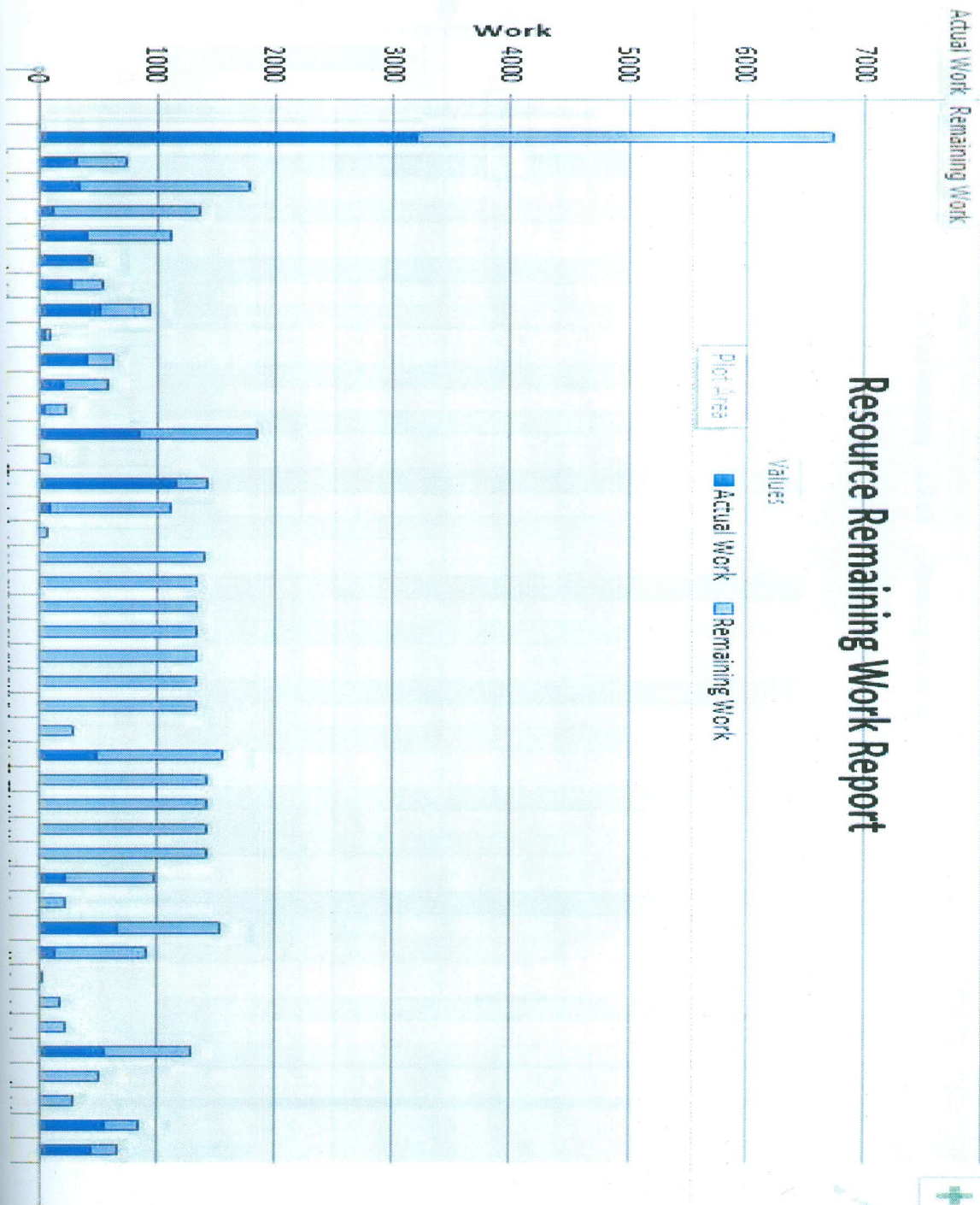


### 36. Resource Cost Summary Report

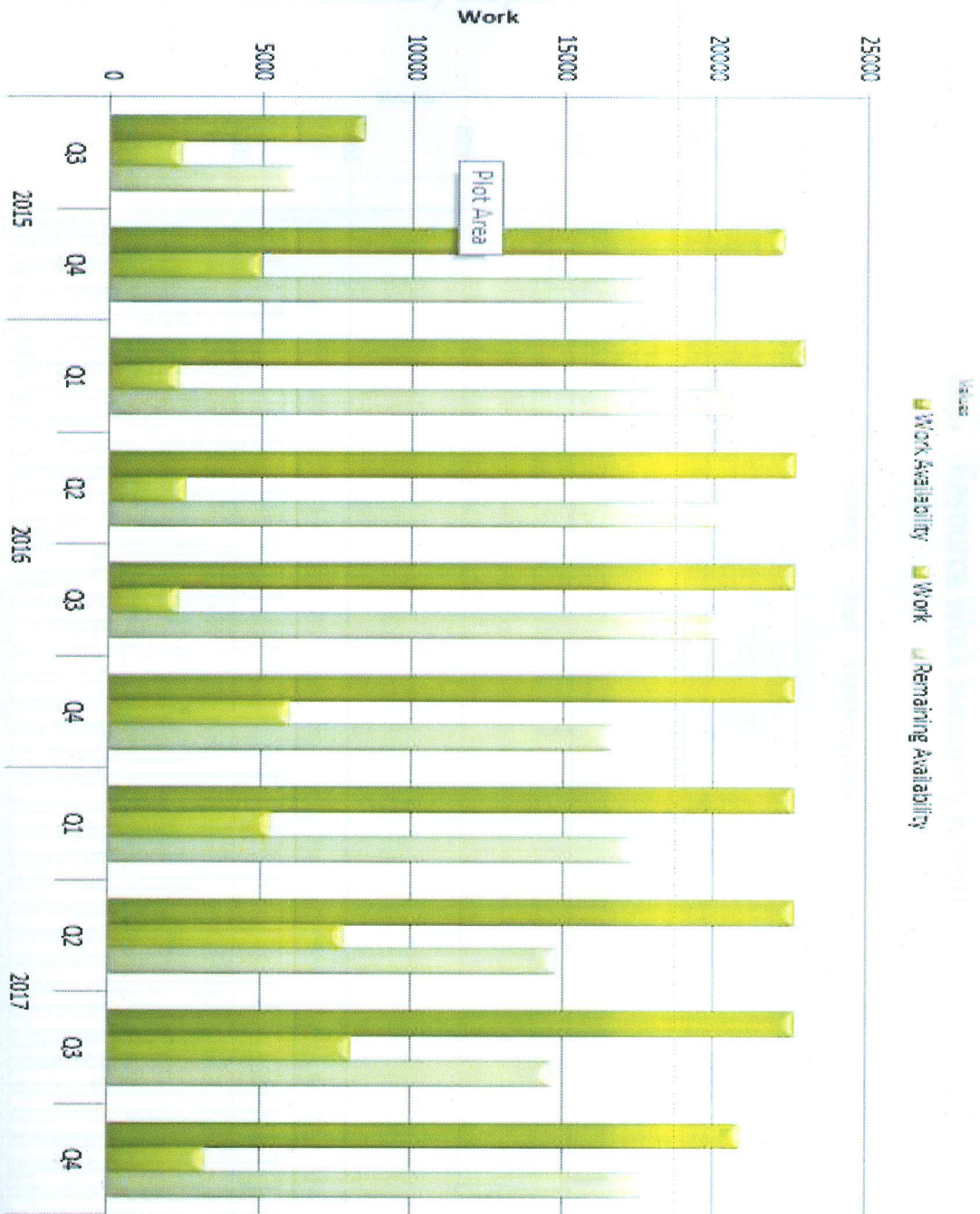
Resource Cost Summary Report



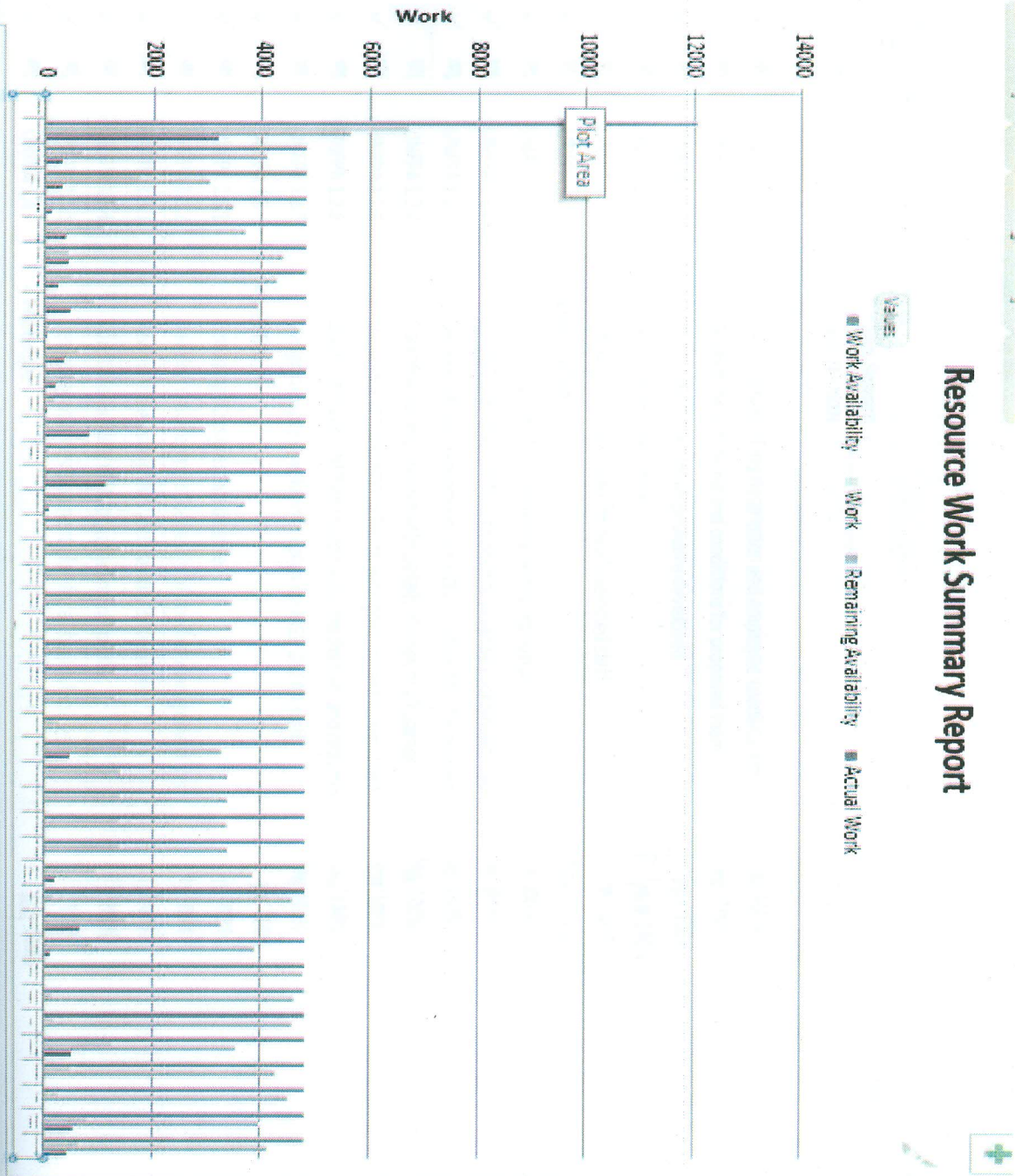
### 37. Resource Remaining Work Report



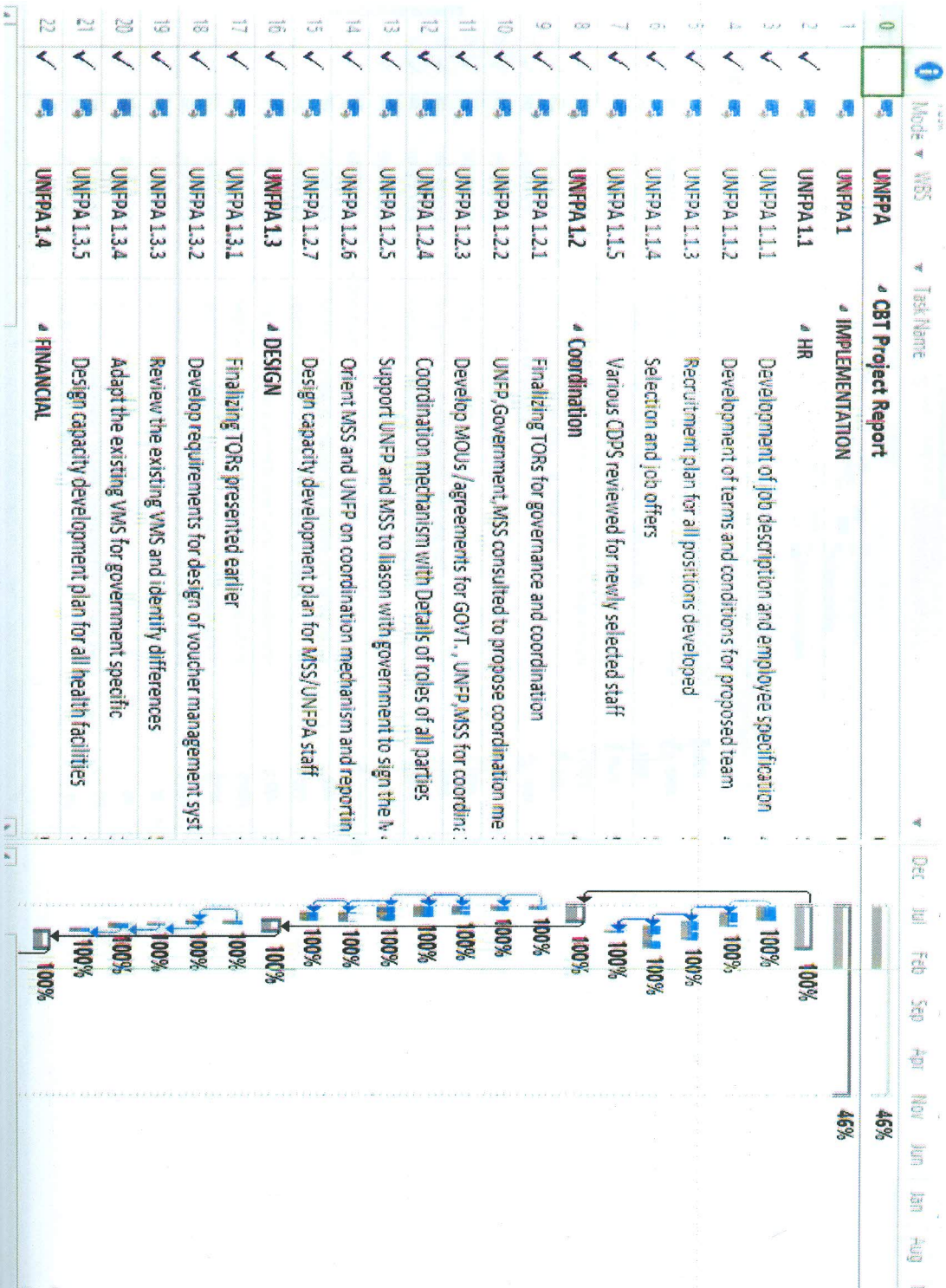
Weekly Calendar



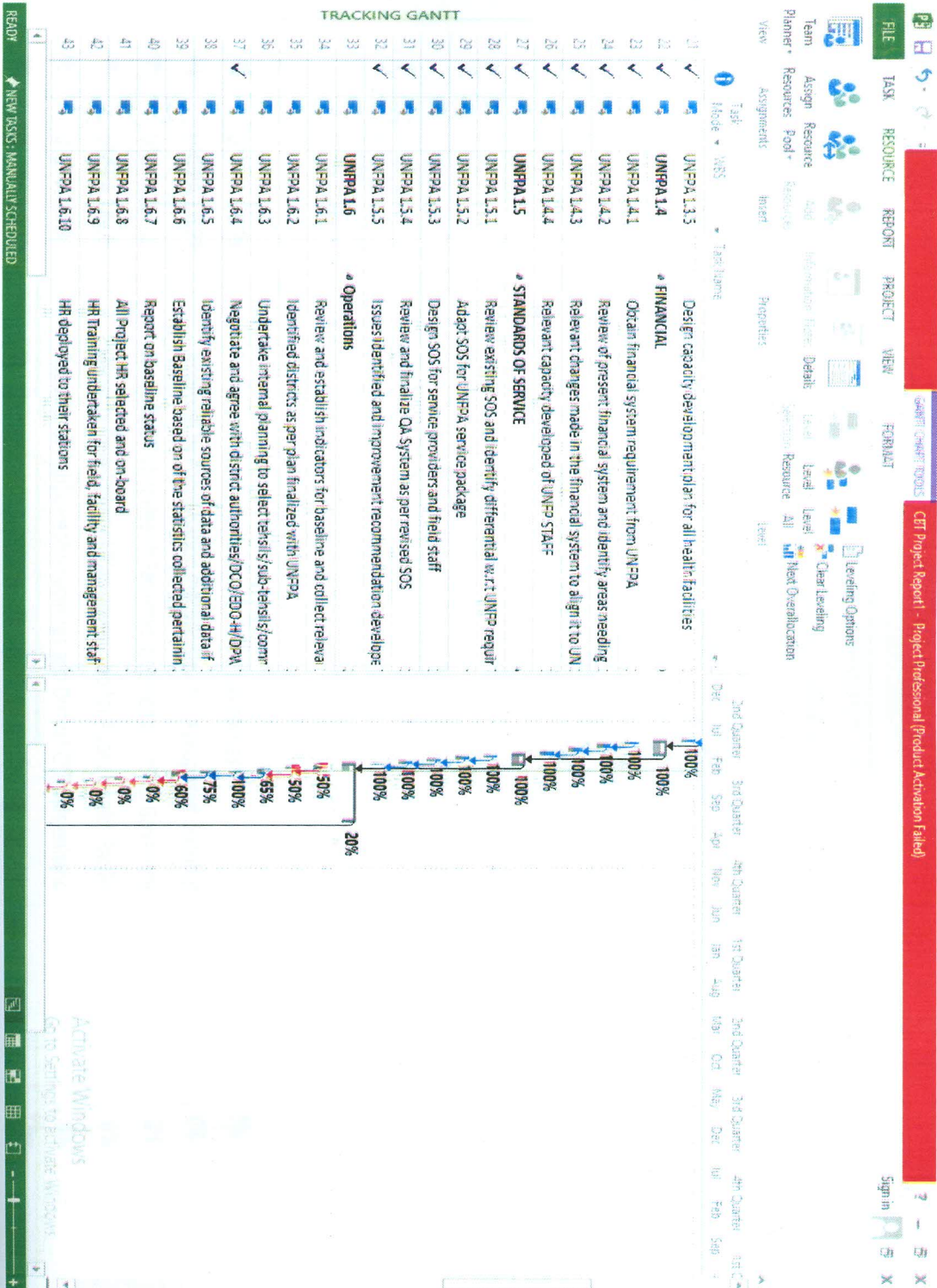
### 38. Resource Work Summary Report









### 39. TRACKING GANTT



# 40. GANTT CHART

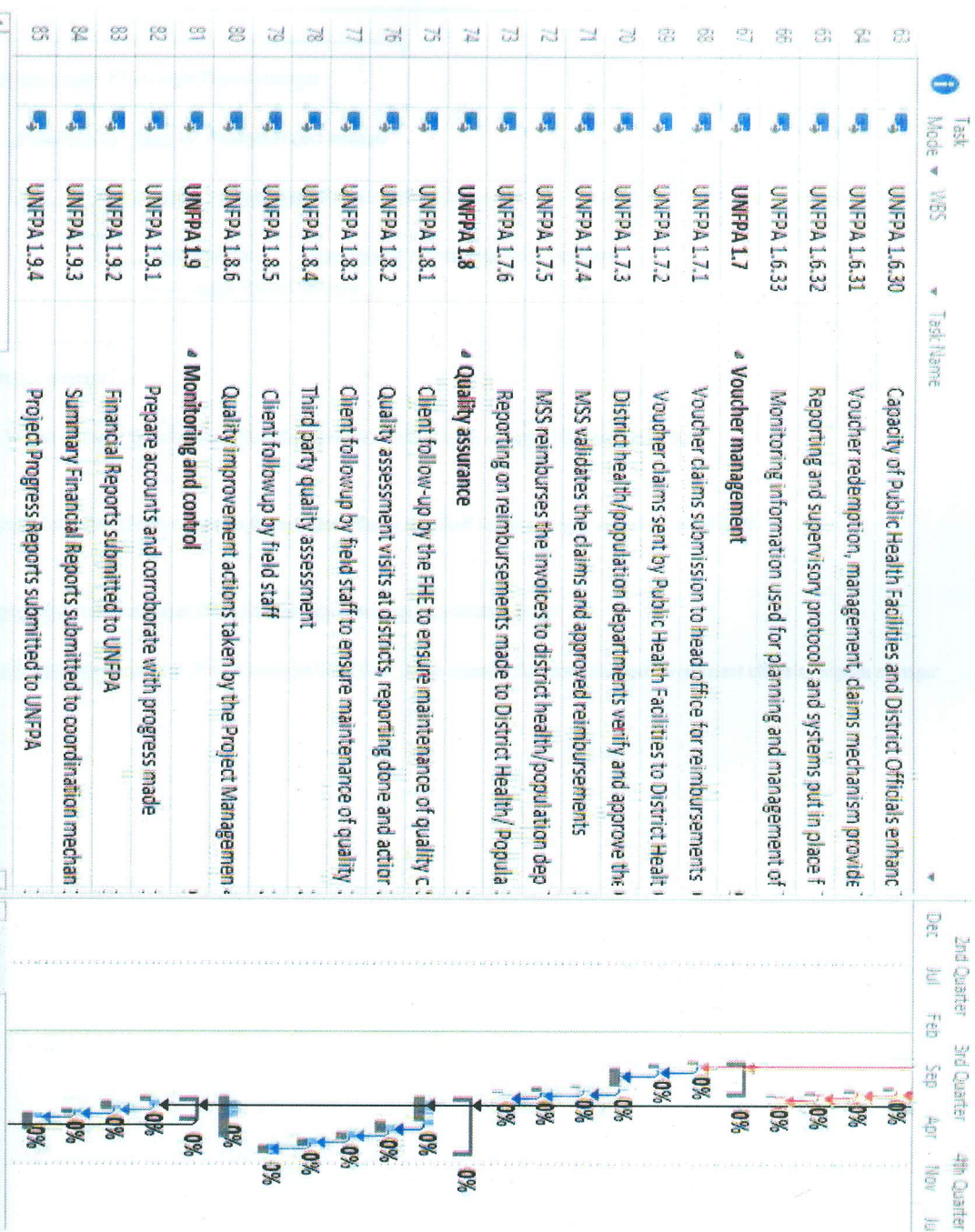


# GANTT CHART

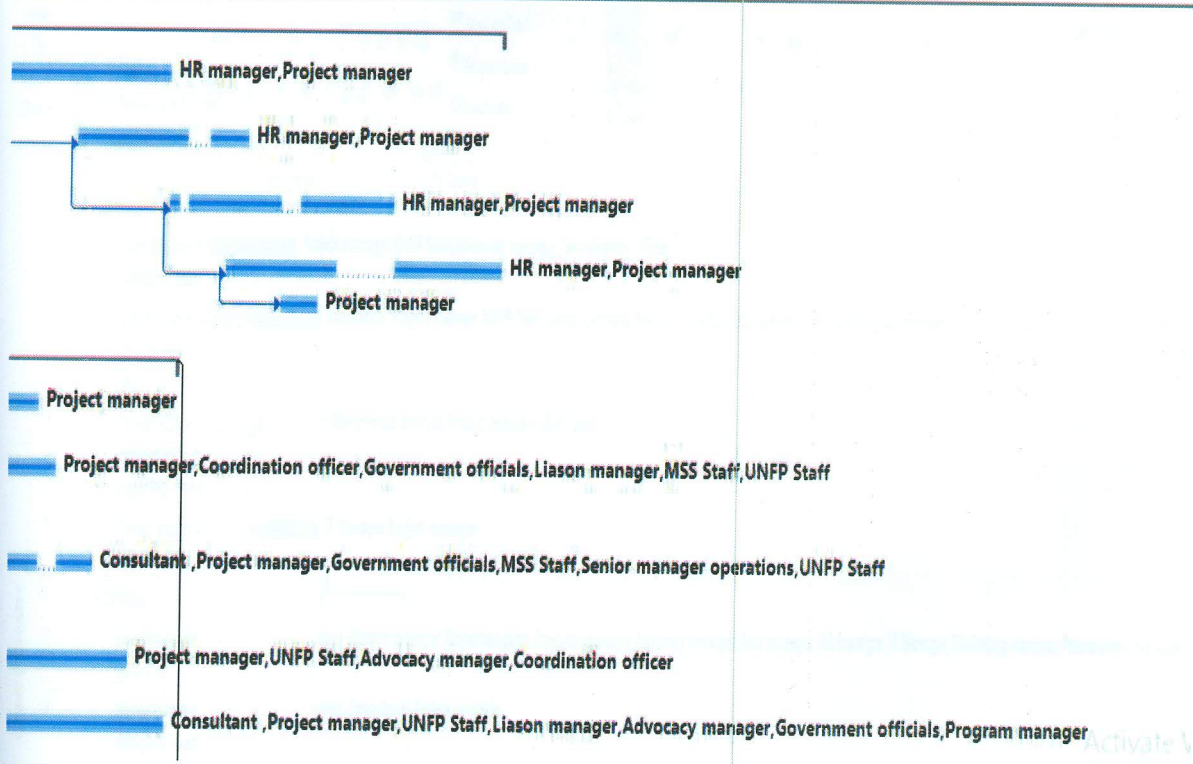
59		UNFPA 1.6.26	Reimbursement mechanism between all parties
60		UNFPA 1.6.27	Approval by coordination mechanism of the proposed distribut
61		UNFPA 1.6.28	Identified Public Health Facilities assessed by MSS & Governm
62		UNFPA 1.6.29	Capacity Development Plan developed for Public Health Facilit
63		UNFPA 1.6.30	Capacity of Public Health Facilities and District Officials enhanc
64		UNFPA 1.6.31	Voucher redemption, management, claims mechanism provide



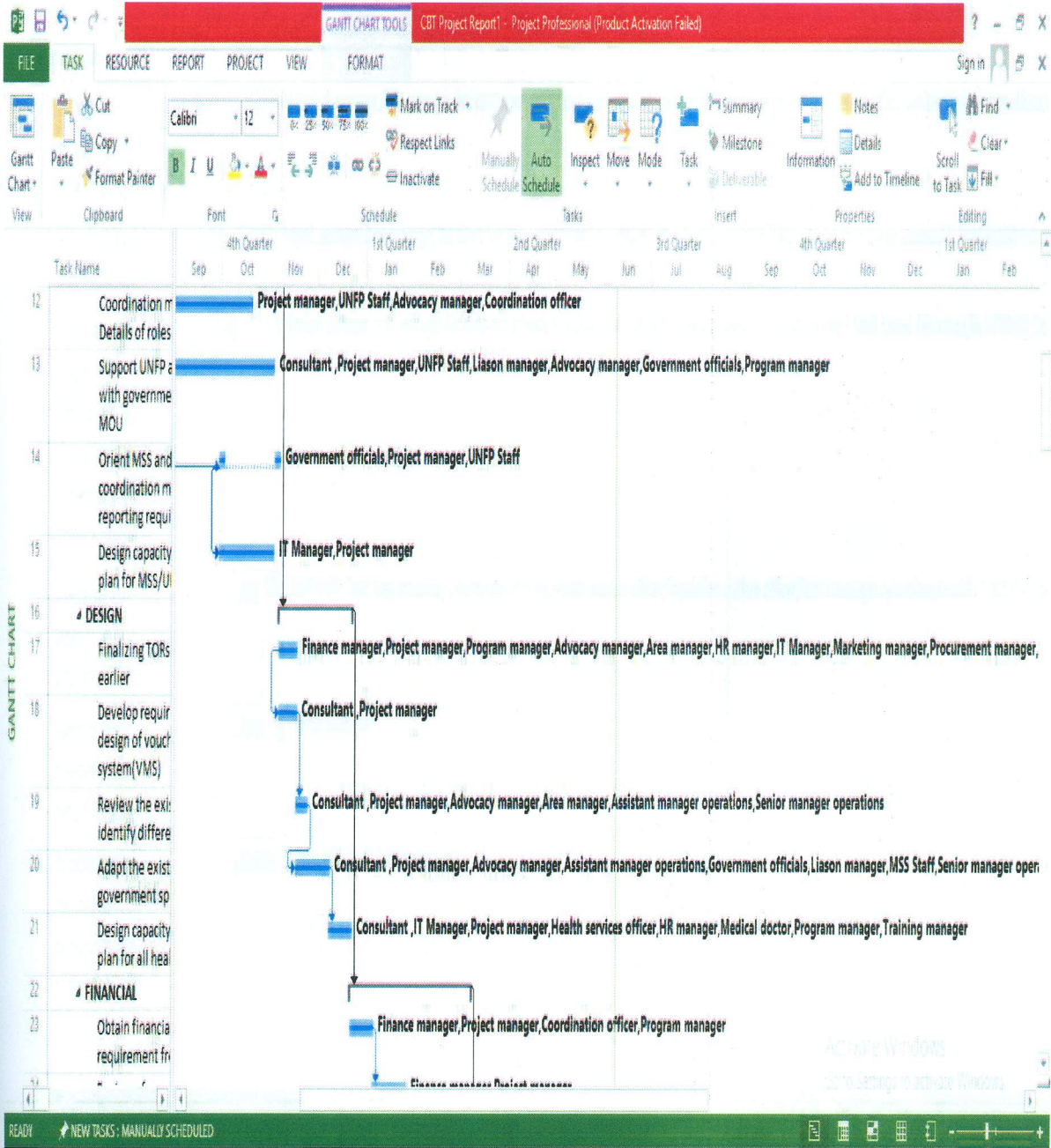
# GANTT CHART

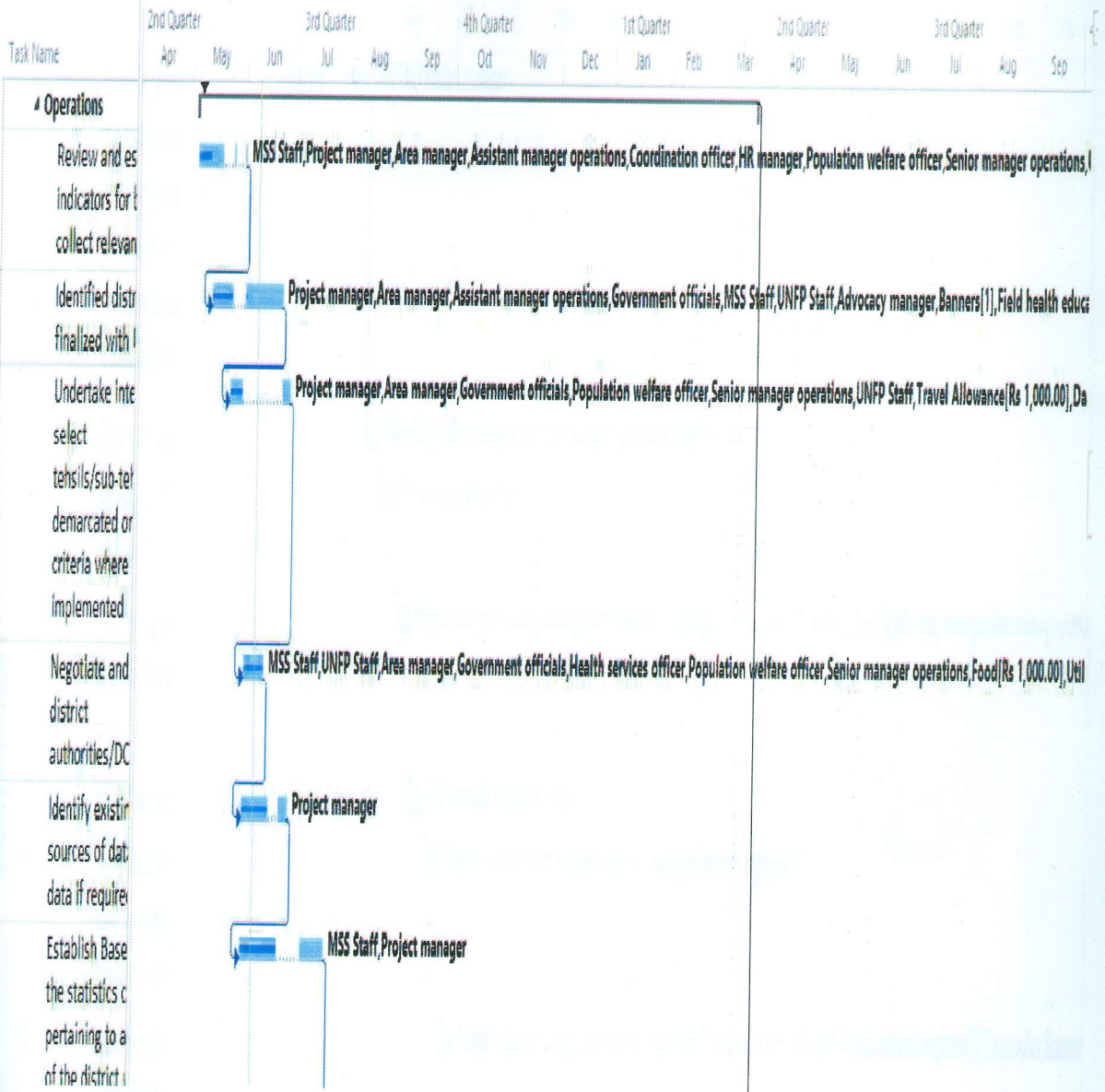


# GANTT CHART

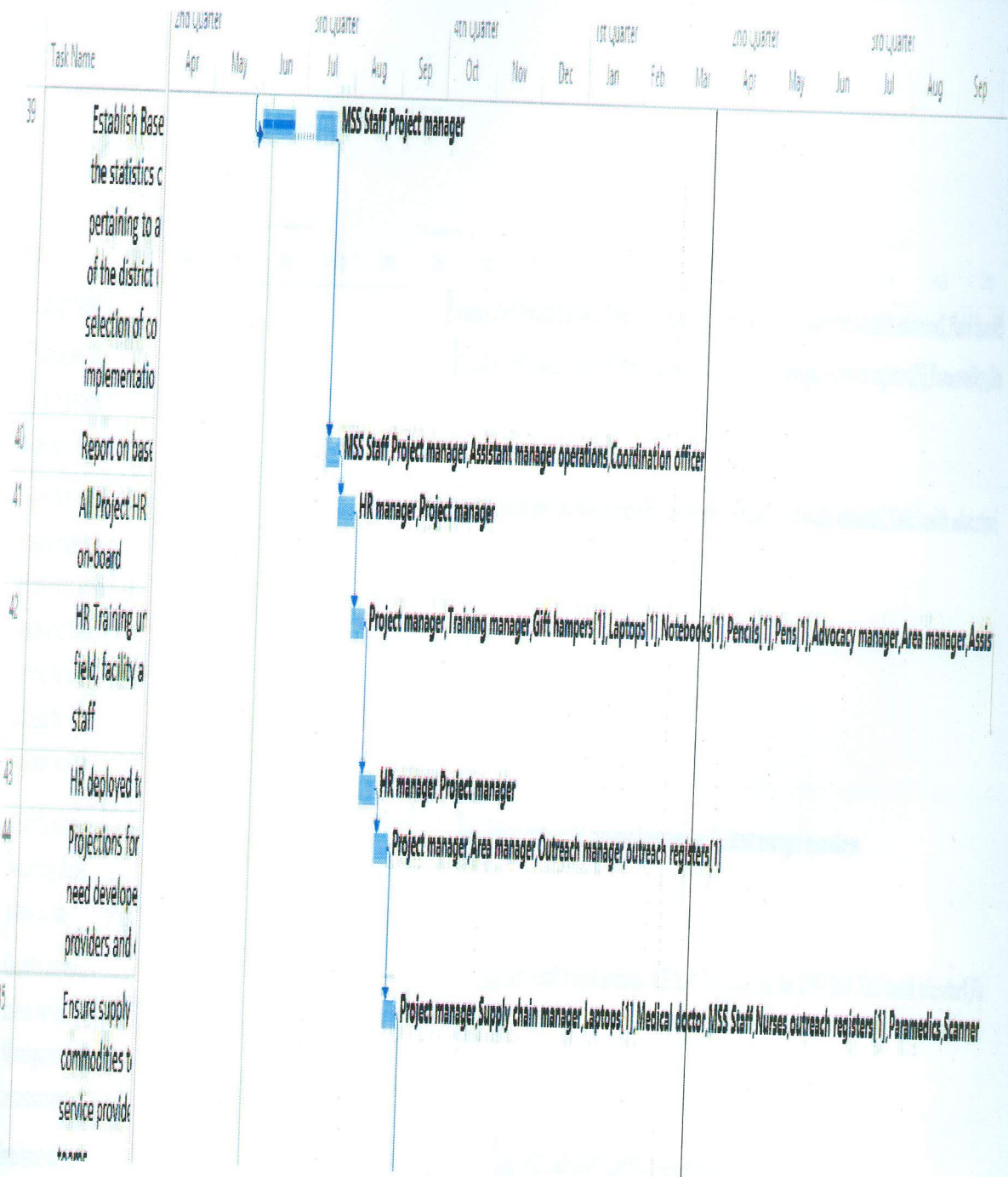


# GANTT CHART

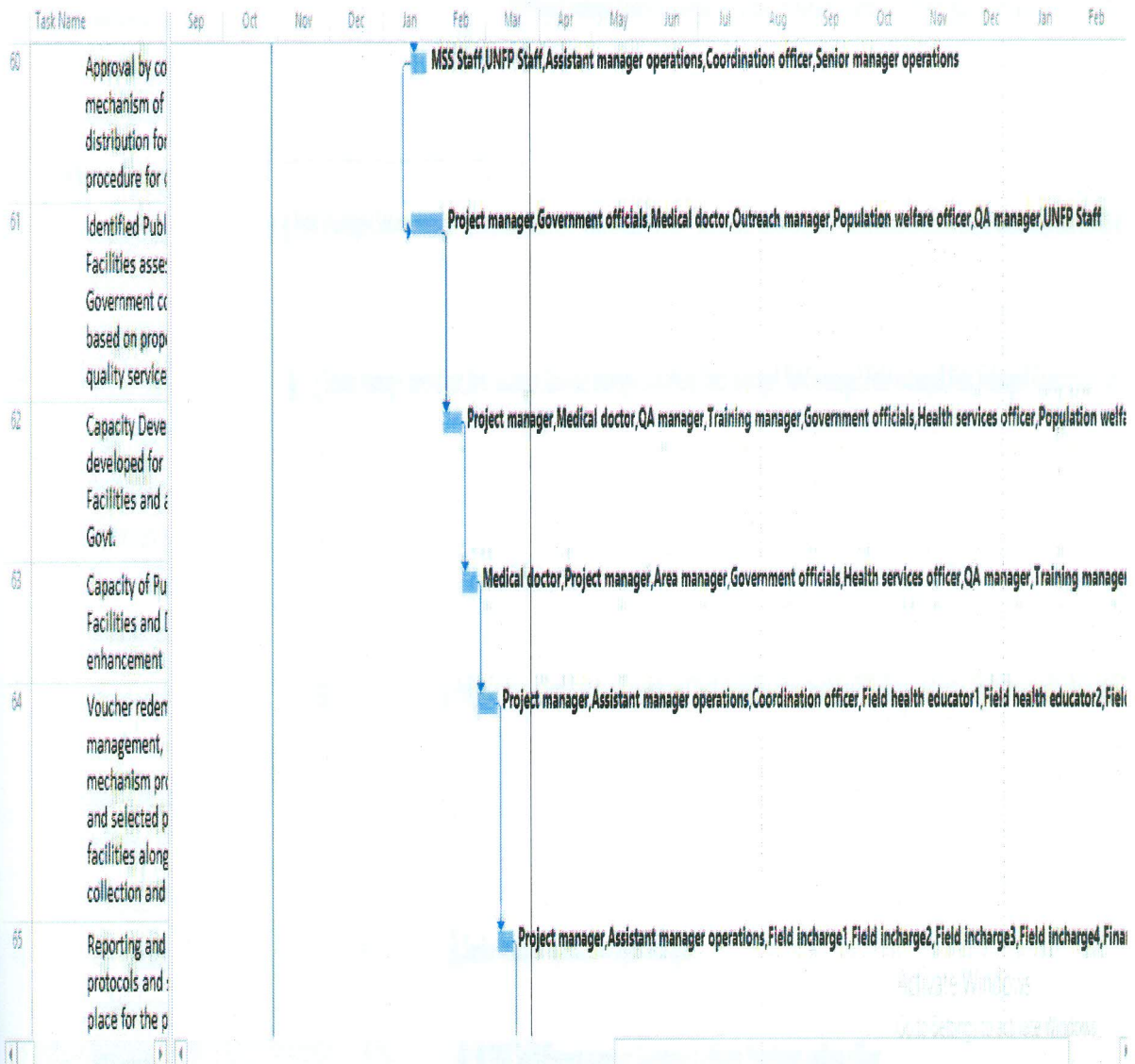


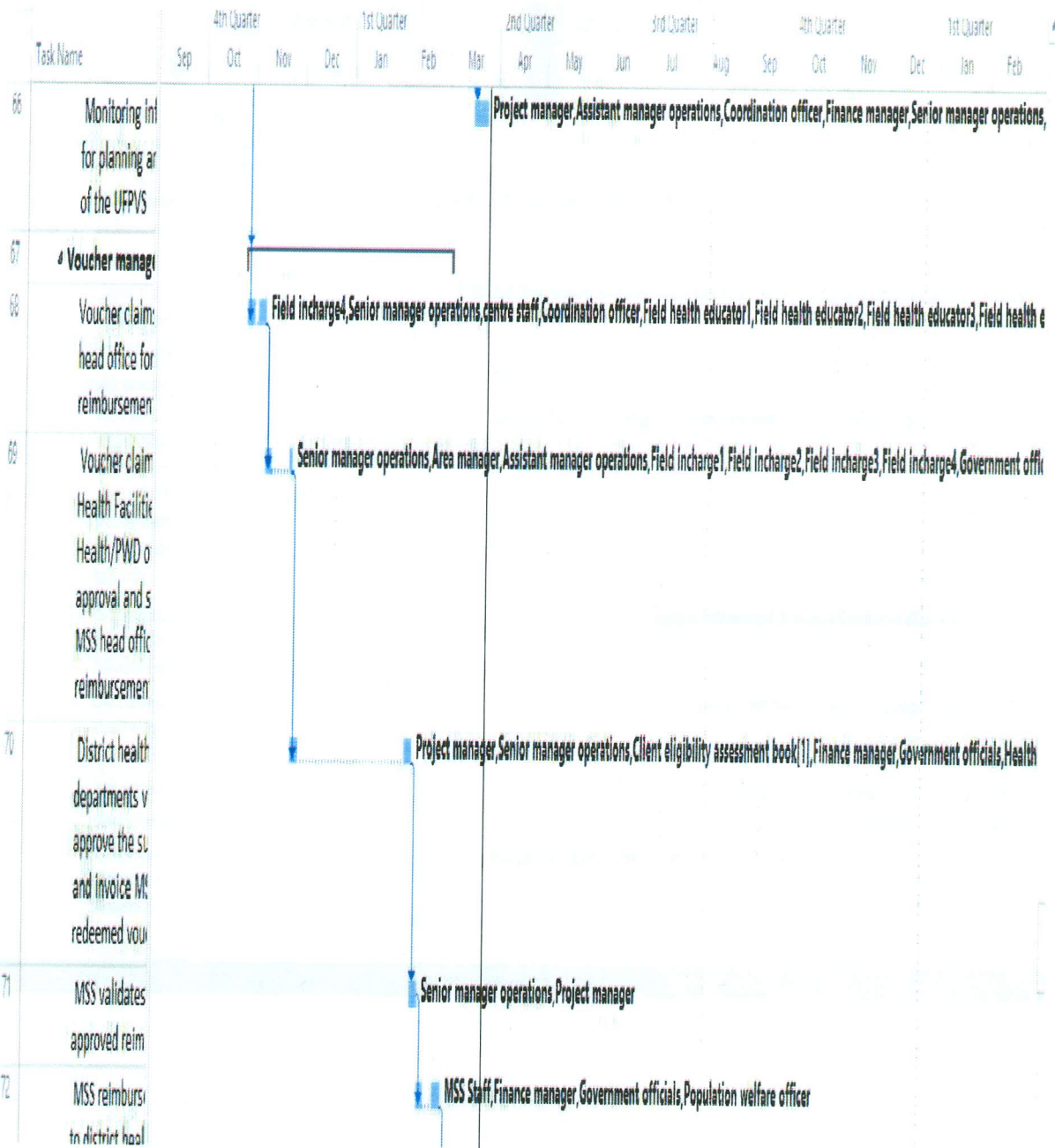


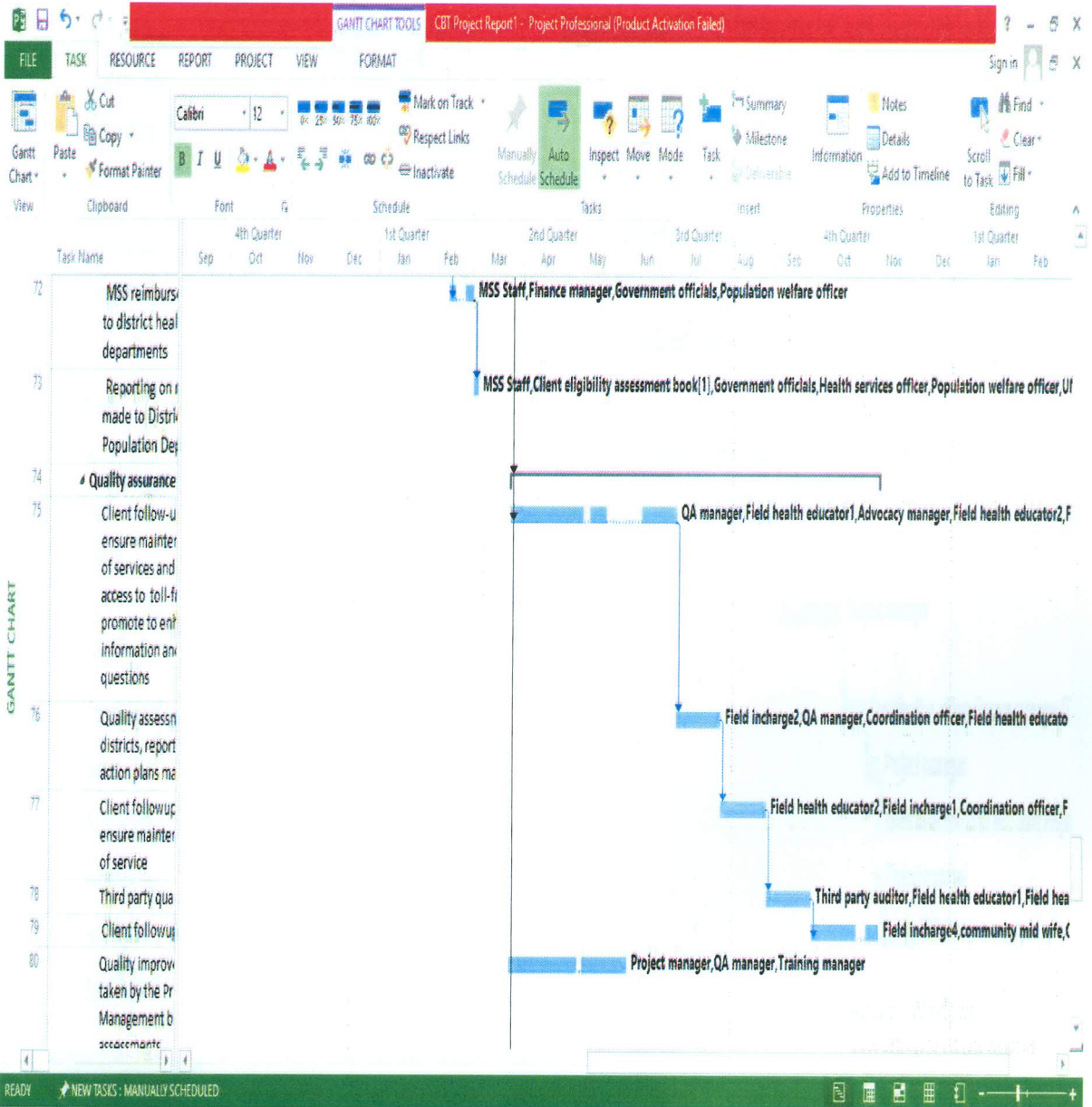
GANTT CHART

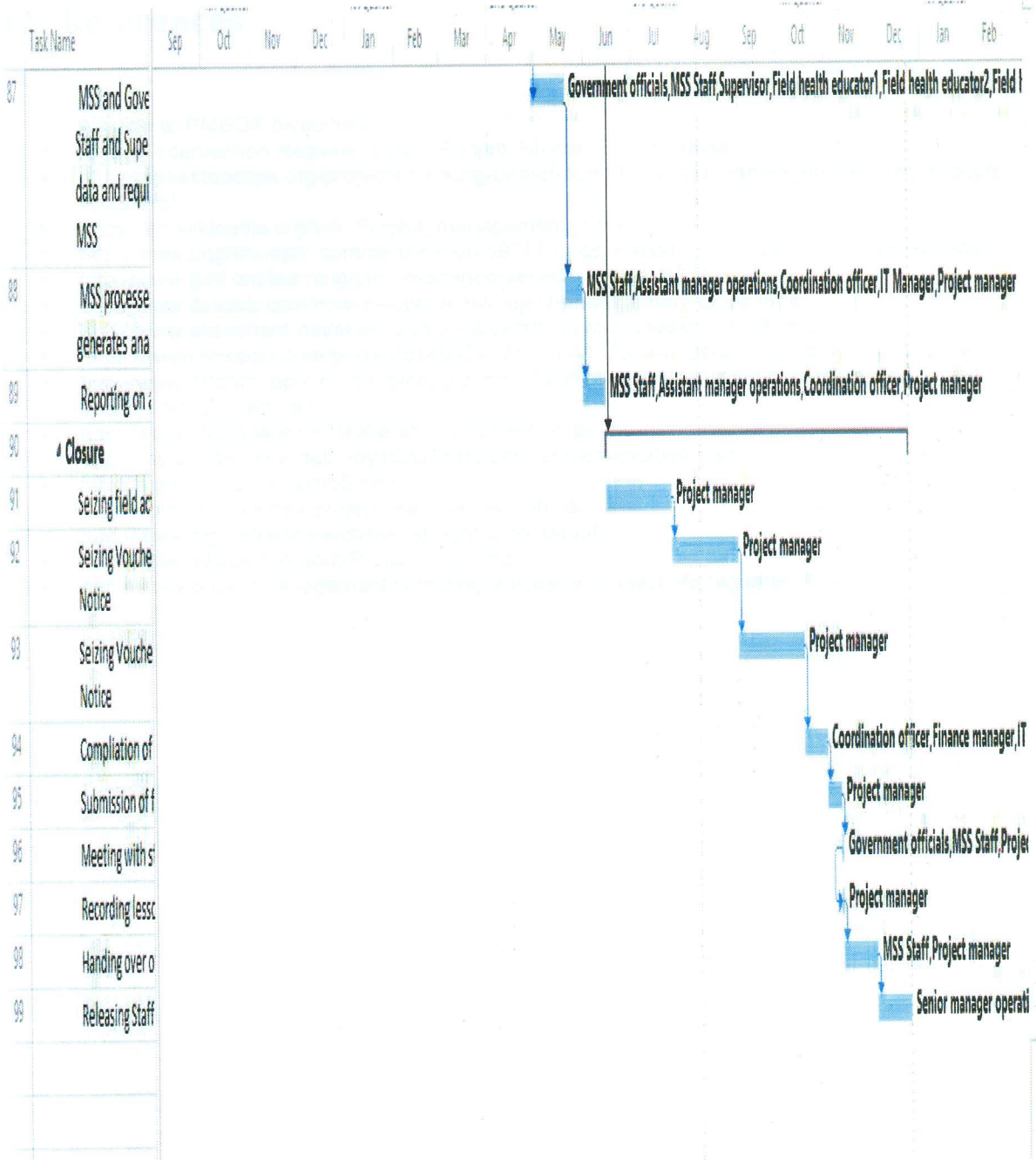


Name	2015			2016			2017			2018			2019					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Voucher redem								centre staff, Project manager, Field health educator1, Field health educator2, Field health educator3, Field health										
FP services pro service provide outreach team								centre staff, Project manager, Medical doctor, Nurses, Outreach manager, outreach registers(1), Paramedics, Da										
Client follow-u ensure mainte of services and access to MSS centre to prom access to infor answer questio								Field incharge4, community mid wife, Field health educator1, Field health educator2, Field health educator3										
Quality assess reporting done plans made								Project manager, QA manager, Area manager, Assistant manager operations										
Quality improv taken by the Pi Management & assessments								centre staff, Project manager, MSS Staff, Third party auditor, UNFP Staff, Field health educator1, Fi										
Implementatio MoU								MSS Staff, UNFP Staff, Government officials										
Public Health f finalizat on								MSS Staff, UNFP Staff, centre staff, Government officials, Health services officer, Medical do										









## 41. References

- A guide to PMBOK 5<sup>th</sup> edition.
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- <http://www.brighthubpm.com/certification/69777-understanding-pmo-roles-and-responsibilities/>
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- <http://www.slideshare.net/anandsubramaniam/project-management-office-pmo>
- <https://www.linkedin.com/pulse/20140627225913-4817564-roles-and-types-of-pmo-structures>
- [http://www.brighthubpm.com/project-planning/128671-is-project-management-office-useful/?cid=parsely\\_rec](http://www.brighthubpm.com/project-planning/128671-is-project-management-office-useful/?cid=parsely_rec)
- <http://www.slideshare.net/Moharabi/implementing-a-pmo-using-nexus-pmo-model>
- <http://www.slideshare.net/FloydSaunders/pmo-implementation-plan>
- <http://teamframe.com/pmo5.htm>
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### Hammad Ali & Fatima Report

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Mrs. Zakina Fikri

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Dr. Shafiq Ijaz  
Director Operation (NEP)



  
Siddiq Kiyani  
Director Operations