



USAID's MCH Program Component 5: Health Systems Strengthening

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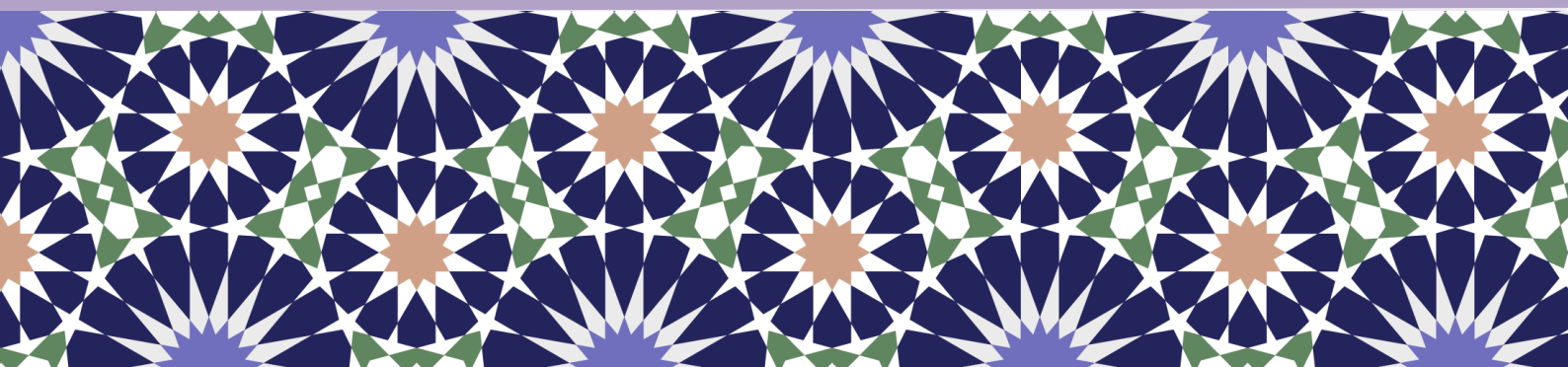


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Acronyms

ADHOs	Assistant District Health Officers	KPIs	Key Performance Indicators
AJK	Azad Jammu and Kashmir	KPK	Khyber Pakhtunkhwa
AMR	Anti-microbial Resistance	LHS	Lady Health Supervisor
AOP	Annual Operational Plan	LHV	Lady Health Visitor
BHU	Basic Health Unit	LHW	Lady Health Worker
CBOC	Capacity Building Oversight Committee	LHW-MIS	Lady Health Worker Management Information System
CHS	Community Health Sciences Department	LMO	Lady Medical Officer
CHX	Chlorhexidine	MCH	Maternal and Child Health
CMWs	Community Midwives	M&E	Monitoring & Evaluation
COP	Chief of Party	M&S	Monitoring and Supervision
DAPs	District Action Plans	MIS	Management Information System
DGHS	Director General Health Services	MNA	Member of National Assembly
DHIS	District Health Information System	MNCH	Maternal, Newborn, and Child Health
DHO	District Health Officer	MNHSR&C	Ministry of National Health Services, Regulations and Coordination
DHPC	District Health and Population Committee	MSPH	Master of Science in Public Health
DHPMT	District Health & Population Management Team	MTBF	Medium Term Budgetary Framework
DHQ	District Headquarter	PHDC	Provincial Health Development Center
DOH	Department of Health	PHIS	Pakistan Health Information System
DPT	Diphtheria, Pertussis, Tetanus	PIMS	Pakistan Institute of Medical Sciences
EDO (H)	Executive District Officer (Health)	PIRS	Performance Indicators Reference Sheet
EPI	Expanded Program on Immunization	PKR	Pak Rupee
ERU	Economic Reform Unit	PPHI	People's Primary Healthcare Initiative
FATA	Federally Administered Tribal Areas	PWD	Population Welfare Department
FP&PHC	Family Planning & Primary Health Care	RHC	Rural Health Center
HFA	Health Facility Assessment	RMNCH	Reproductive, Maternal, Newborn, and Child Health
HHF	Heartfile Health Financing	SDGs	Sustainable Development Goals
HPSIU	Health Planning, System Strengthening & Information Analysis Unit	SHC	Sindh Health Care
HR	Human Resource	SOPs	Standard Operating Procedures
HSA	Health Services Academy	THQ	Tehsil Headquarter
HSS	Health Systems Strengthening	WHO	World Health Organization
IR	Intermediate Result		
ISO	International Standards Organization		
JSI	JSI Research & Training Institute, Inc.		

I. Executive Summary

Health Systems Strengthening (HSS) Component's activities sustained significant momentum during the last quarter (Q4) of project's year 3. HSS Component has worked to address the communication disconnect between the district and province. To improve the coordination and governance at the district level, District Health & Population Management Team (DHPMT) meetings continued to improve planning, monitor progress and improve coordination among Department of Health (DOH), Population Welfare Department (PWD) and Peoples Primary Healthcare Initiative (PPHI). To institutionalize DHPMT meetings, HSS Component has reduced the provision of hands-on support to district health offices so the district health officers (DHOs) and their teams take over the responsibilities and ownership of the DHPMT meetings. In this regard during the reporting quarter, Standard Operating Procedures (SOPs) for step by step implementation of DHPMT meetings were prepared jointly and approved by DGHS Sindh to be displayed in the districts. This is a step to self-reliance for strengthening district level health systems.

Monitoring & Evaluation (M&E) Cells have been established in five districts to review performance data and in the DGHS Sindh office to monitor the overall progress of all the programs within the province and districts. For this purpose, M&E system has been devised to collect, compile and disseminate updated progress of all the programs, especially on the Key Performance Indicators (KPIs) through the Sindh province M&E Dashboard. This will mitigate disconnect between the province and districts.

The capacity of district and provincial level health managers as well as the staff of DGHS Sindh office and vertical program managers was improved through trainings on monitoring and supervisory concepts, and hands-on support for proper utilization of online Monitoring & Supervision (M&S) system. After completing the training on online M&S plans, the district managers implemented around eight to 10 planned monitoring visits per month, against one to two visits in the past in their respective districts. In few districts, the monitoring visits were around five to seven. However, districts where the trainings have just finished have started planning M&S visits. This will achieve the essence of accountability and governance to strengthen health systems at grassroots.

The HSS Component received nominations from DOH for provincial and district level health managers for short courses at Agha Khan University. Nineteen health managers are currently enrolled in Master of Science in Public Health (MSPH) at Health Services Academy (HSA). For first batch of health managers who have graduated from HSA in MSPH, a deployment plan along with job descriptions was presented to Secretary Health. This will address HR gaps in health sector of Sindh province. Moreover, the debriefing session of this batch was also held with USAID Training of Pakistan Project and DOH Sindh.

HSS Component continued to provide technical assistance to institutionalize Medium Term Budgetary Framework (MTBF). A budget of PKR 300 million was approved in this context. Preparation of next year's budget was discussed with a team of Economic Reform Unit Finance Department Sindh. This year each district will prioritize diseases and KPIs with their teams without support of HSS Component. This is a step towards sustainability of the effort.

HSS Component organized an orientation workshop for the newly appointed Board of Commissioners for Sindh Health Care (SHC) Commission. Policy documents, SHC Commission rules and regulations were shared with the commissioners. A roadmap for program activities for next year was prepared. Consensus was built on the nomination of different committees. A budget of PKR 20 million was approved for accelerating the operationalization of SHC Commission while the summary for PKR 80 million was submitted. The budget allocations to institutionalize MTBF and making operationalization of SHC Commission swift show Government of Sindh's commitment to ameliorate the RMNCH situation in the province.

HSS Component completed dissemination of health facility assessment (HFA) findings at 11 districts utilizing DHPMT platform. Planning and Development department Sindh is using health facility assessment reports for the development schemes and Project Cycle-1s as and when required. The Public Private Partnership Node is using the reports for contracted out facilities. PPHI has used the findings to prepare plan for next year.

HSS Component received second consignment of around one million CHX tubes (of the total 2.1 million that USAID donated) from Nepal. Based on MNHSR&C's distribution plan, for CHX tubes, to different provinces and regions: 722, 000 will ship to Punjab DOH; MNCH program of KPK will receive 214,000 while 1800 and 53,000 will be delivered to Baluchistan DOH and AJK DOH respectively. Thematic Working Group for M&E convened a meeting to discuss the inclusion of CHX indicators in health facility MIS (DHIS) and community based health care service delivery systems (LHWs MIS and CMWs MIS.)

With HSS Component's technical backstopping, the MNHSR&C prepared and circulated the final draft of National Health Vision document to the representatives of provinces and other stakeholders for their buy-in. Followed by the provincial health ministers' endorsement of the draft, it is now being formatted and edited by JSI Head Quarters. Once final version is ready it will be sent to law authorities for wetting before tabling it as a bill in the parliament.

In addition, a draft National Policy for Antimicrobial Resistance (AMR) Containment prepared by MNHSR&C with the technical assistance of the HSS Component is in final review stages. HSS Component supported MNHSR&C to qualify the final audit for ISO 9001:2015 certification of Quality Management System. HSS Component also provided technical assistance to MNHSR&C for development of IHR action plan/road map, at national level, for next five years through IHR unit. In next quarter, technical assistance will be provided to hold provincial consultations.

HSS Component's partner Heartfile Health Financing (HHF) paid for 101 people's critical medical care, totaling PKR 6,842,070 (US \$ 64,731) which they otherwise could not have afforded. Since project inception, 990 clients have received financial support for life-saving care and treatment. For sustainability of this health intervention, a sustainability plan has been finalized and will be approved in the next Heartfile Board of Governors' meeting. The financial model of the sustainability plan provides exact figures and numbers as baseline required to sustain HHF in long run, in terms of its operational plus patient assistance costs.

II. Activities and Results

IR 3.1 Increased Accountability and Transparency of Health System

3.1.1 Policy advocacy for RMNCH

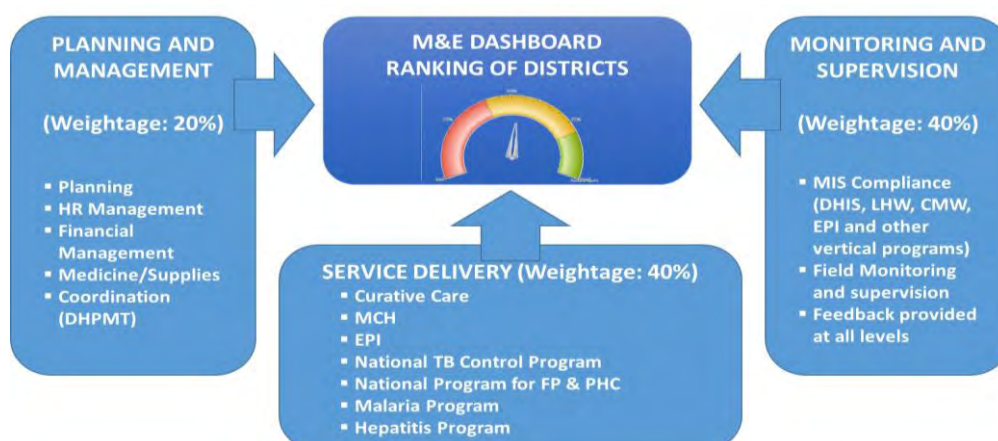
On Aug. 4, 2016 the Choked Pipes documentary was screened at MNHSR&C by CEO of Heartfile Dr. Sania Nishtar. The occasion was attended by the Minister of State for Health Saira Afzal Tarar, Federal Secretary Health Mr. Muhammad Ayub Sheikh, Director General MNHSR&C Dr. Asad Hafeez, USAID Pakistan Health Office Director Ms. Sangita Patel, USAID Pakistan Maternal Child Health Team Leader Ms. Monica Villanueva.

The Minister of State for Health Saira Afzal Tarar appreciated the effort and advised for a wider dissemination of the documentary in Pakistan. The HSS Component will use the documentary for advocacy purposes with Government of Pakistan and Government of Sindh along with donor/development partners to expand the ambit of universal health coverage reforms for protecting the poorest of the poor.

3.1.2 Provide technical support to strengthen supportive supervision, monitoring and evaluation functions

M&E Cells have been established within the district health offices to input performance data and in the DGHS office to monitor the overall progress of all the programs within the province and districts. For this purpose, M&E system has been devised to collect, compile and disseminate updated progress of all the programs, especially on the KPIs through the Sindh province M&E Dashboard. The system provides structure for facilities and districts to follow submission timelines and ensure accuracy, consistency and relevance for reporting on progress. M&E Dashboard reflects the overall ranking of all the districts of Sindh. The performance of KPIs through M&E Dashboard is being used to monitor the ranking of overall district performance based on three domains: Planning and Management; Service delivery; and Monitoring and Supervision.

Figure 1: M&E System Ranking of Districts: Domains For Improvement



Planning and Management domain includes HR management; availability of medicine and coordination among the stakeholders; service delivery domain includes performance of curative care and vertical programs and domain of M&S consists of supervisory visits and compliance on all management information systems and providing feedback. Development of the online Monitoring and Supervisory checklists completes the system of monitoring the quality of health services with continuous supervisory support to the service providers.

The capacity of district and provincial level health managers as well as the staff of DGHS Sindh office and vertical program managers was improved through trainings on monitoring and supervisory concepts, and hands-on support for proper utilization of online M&S system. The seven programs' checklists (MNCH, LHW, EPI, TB, Hepatitis, Malaria, and Nutrition Support Program) were standardized and an M&S Manual was produced. Standardized monitoring and supervisory

Picture 1: Refurbished M&E Cells



tools/checklists along with user guidelines are available online. During the reporting period, after completing the training on online M&S plans, the district managers started developing online M&S visits plans. It has been noticed that the capacity of the vertical program managers is weak in filling the supervisory checklist which is proposed to be developed with the assistance of provincial vertical program technical team during next quarter. Furthermore, the supervisory plans submitted could not materialize as the District Action Planning (DAP) budget/funds have not yet released by the Finance Department of Sindh. During the reporting period the refurbishment of M&E Cells in district Thatta and Mitiari is complete while it is in process in district Sanghar and Tando Allah Yar. The assessment and contracts for other districts M&E cells have been completed and the work is expected to complete within the next quarter.

3.1.3 Provide technical assistance to strengthen district health system

The districts have emerged as a discrete unit in the past few years. The planning, implementation and budgeting is now carried out at district level. HSS Component has worked to address the communication disconnect between the district and province.

To improve the coordination and governance at the district level, HSS Component has introduced several interventions, one of them is DHPMT meetings which focused on to improve planning, monitor progress and improve coordination between DOH, PWD and PPHI. In this regard during the

reporting quarter, SOPs for step by step implementation were prepared jointly and approved by DGHS to be displayed in the districts.

Since the HSS Component is entering into its Project Year 4, the focus is on sustainability of the district health systems interventions. Cluster Coordinators contract for two years concluded. The district health offices have taken over the responsibilities and ownership of the DHPMT meetings. During this quarter, all the DHO teams successfully conducted their DHPMT meetings without any delay except Larkana district. In eleven districts, HSS team presented the Health Facility Assessment findings in their respective DHPMT meetings and detailed discussions were held how to improve the situation of health facilities. In rest of the districts, HFA findings will be presented in the next quarter DHPMT meetings.

HSS team also observed the proceedings of the last meetings and noticed that district teams have become self-sufficient in holding these meetings with efficiency. It was found that meetings were highly interactive; majority of districts held meetings within 100 days; nearly all the aforementioned districts issued minutes of meetings within two weeks of the meeting; in more than 3/4th of the district aforementioned, follow-up was done on actions that provincial authorities need to take for the resolution of district level issues falling within provincial jurisdiction; almost in every district, activities were conducted jointly with other stakeholders i.e. PPHI, PWD, and Education Department etc.; and in 3/4th of the districts' DHPMT meetings, KPI data was reviewed.

The HSS Component team, however, continued to support provincial M&E cell and focal persons at Directorate General Health Services Sindh. During this quarter, provincial directorate health services provided feedback to all districts about performance of 11th DHPMT quarterly meetings, and feedback on District Health Information System (DHIS) data quality performance.

Annual Operational Plans 2016-17

The DOH has successfully shifted from regular budgeting to MTBF in the last two years. MTBF requires operational costed plans. The HSS Component has built the capacity of all the district health offices to prepare annual operational plans. In this context, planning templates were shared and telephonic follow-up was done. To perform the planning exercise, District Action Planning Committee (DAPC) members will jointly work in office of respective DHOs. The HSS Component provided technical assistance for preparation of SOPs on DAPs [Details in annex I (a)].

PKR 330 million was allocated as DAP budget to Sindh Secretariat cost center. A proposal was initiated through DGHS Sindh for distribution of funds to the district cost centers. The HSS Component supported DGHS Sindh for developing divisional distribution plan of these funds. This matter is now under consideration of the Department of Health.

Family Planning 2020 review was carried out under the chairman ship of Dr. Azra Pechuho, MNA & Chairperson Oversight Committee for Public Health Programs with focus on the scope of LHWs program in improving family planning status. Job descriptions were reviewed and recommended for revision. The training modules were reviewed to upgrade knowledge and skills of LHWs. The availability of contraceptives and its distribution mechanisms through LHW program was also discussed.

Provincial DHPMT Performance Review Meeting could not be held till date due to continued busy schedule of the Director General Health Services Sindh; and notification is issued to conduct the meeting on October 06, 2016. The HSS Component technical team is providing required support in organizing this meeting at the office of DGHS Sindh, Hyderabad.

IR 3.2 Improved Management Capacity of Health Department

3.2.1 Provide technical support to implement capacity building strategy (systems, institutions & individuals)

The improved capacity of Sindh health managers is a regular feature of HSS Component. This quarter, HSS Component, as a regular activity, received nominations from DOH for provincial and district level health managers for short courses at Agha Khan University. For health managers who graduated from Health Services Academy, a deployment plan (annex IV) along with job descriptions was presented to Secretary Health. Following his feedback, the job descriptions are being revised and expected to be finalized in Oct, 2016. Moreover, the debriefing session of the first batch of health managers, of Sindh, graduated from HSA in MSPH, was also held with USAID Training of Pakistan Project and DOH Sindh. The health managers were also informed of, during the debriefing session, about their eligibility to apply for USAID Small Grants Scheme to execute small scale health interventions and getting research papers published in peer reviewed journals. Nineteen health managers are currently enrolled in MSPH at Health Services Academy (HSA). Twenty-five managers of PPHI are enrolled in MSPH program at APPNA Institute of Public Health Jinnah Sindh Medical University, Karachi.

3.2.2 Provide technical support to improve the quality of DHIS/LMIS for evidence-based decision-making

To improve data visualization, access to information through different databases maintained by vertical programs, DOH, PPHI etc. is being synced. DHIS data of PPHI administered health facilities is now online. As a result DOH will not have to enter the data again because the DOH dashboard will now host the PPHI dashboard as well. A complete run down was demonstrated to the PPHI DHIS manager on use of managerial reports and dashboard of DHIS. PPHI staff was briefed on DOH Sindh DHIS indicators and the availability of indicator based reports in newly developed online DHIS. PPHI staff was also informed about the variety of analytical reports, provision of making custom reports using advance report options and how to use dashboard to track the specific health facility through drill down mechanism.

3.2.6 Provide technical support to the Sindh Health Care Commission

On Sep. 8, 2016 a briefing session was held for Board of Commissioners of SHC Commission for its operationalization. Newly appointed commissioners of SHC Commission were given orientation on the operationalization of SHC Commission. Policy documents, SHC Commission rules and regulations were shared with the commissioners and consensus was built on the nomination of different committees. Proposed budget for one year was presented. Minutes of meeting were recorded and later on shared with all the commissioners.

3.2.7 Capacity development for consortium partners and JSI staff

The HSS Component developed a Field Manager’s Guide for field managers to standardize the approach to backstopping at the health care facilities. Developed with the HSS Component’s program and field teams, the guide will support staff in executing their responsibilities towards backstopping in specific areas of data collection, availability of data, information utilization, demand creation for information, and promote coordination among stakeholders. The approach is envisaged to help educate health managers at all levels in data use, identifying information needs, and build analytic skills. Furthermore, some other HSS Component’s team members also attended capacity building meetings/trainings mentioned in table 1 below.

Table 1 – Capacity building meeting/trainings for JSI-HSS Component Staff

Date	Meetings/Trainings	Participants
July 12, 2016	Training of USAID Office for Inspector General on Fraud Awareness & Prevention at Hotel Movenpick, Karachi	HSS Component’s program manager learnt fraud prevention, fraud detection & reporting.
July 28, 2016	Ninth quarterly meeting of USAID Participant Training Working Group	HSS Component’s IT specialist and Manger M&E had an orientation on participant training resources and Trainet.
July 27, 2016	USAID’s fourth quarterly implementing partners’ meeting held at US Embassy Islamabad	HSS Component’s Deputy Chief of Party Dr. Arshad Mahmood and Manager M&E. This meeting was convened on thematic area of M&E (performance indicator collection, record keeping, analysis, and reporting.)

3.2.8 Health Facility Assessment

On Aug. 24, 2016 the HSS Component initiated the dissemination of health facility assessment (HFA) findings at district level, starting from district Badin. Later HFA findings of district Jacobabad, Kamber Shahdad Kot, Kashmore, Larkana, Mitiari, Shaheed Benazirabad, Sanghar, Shikarpur, Sujawal and Tharparkar were also shared. The platform of DHPMT meeting was and will be utilized for the dissemination of HFA findings. All the DHPMT stakeholders will be using these findings about the state of health services and the readiness of health facilities in their respective districts. Subsequently, all the district health and population management teams will address the gaps highlighted in the assessment to strengthen health systems.

Planning and Development department Sindh is using health facility assessment reports for the development schemes and Project Cycle-1s as and when required. The Public Private Partnership Node is using the reports for contracted out facilities. PPHI has used the findings to prepare plan for next year.

3.2.9 Provide technical support to strengthen and improve coordination of health functions at federal level and between federal and provincial governments

National Health Vision Document:

National Health Vision 2016-2025 policy document (developed as a sequel of series of consultative meetings with the provincial and regional stakeholders, NGOs, development partners, academia, researchers and civil society representatives) is a unified vision to improve health of Pakistani nation without disturbing the equilibrium of provincial autonomy. This policy document is knitted around thematic pillars: health financing, health service delivery, human resource for health, health information systems, governance, essential medicines and technology, cross-sectoral linkages and global health responsibilities. During the development of the vision document meetings were conducted in each of the province to obtain buy-in from the provinces. Each thematic pillar provincial workshops focused on detail discussion over the contents of the document as well as considered future implementation by the provinces. On Aug. 30, 2016 the MNHSR&C circulated the final draft of this document to the representatives of provinces and all other stakeholders in a national meeting held with the support of the HSS Component. Followed by the provincial health ministers' endorsement of the draft, it is now being formatted and edited by JSI Head Quarters. Once final version is ready it will be sent to law authorities for wetting before tabling it as a Bill in the parliament.

Audit of MNHSR&C for smooth implementation of ISO certification:

After successful completion of the final audit, the NQA- National Quality Assurance, UK has issued the certificate of ISO 9001 for MNHSR&C. the scanned copy of the certificate is hereby attached as Annex. With the support of HSS Component, MNHSR&C becomes the first government department/ organization to be certified against ISO 9001:2015 standard.

Technical assistance to MNHSR&C on Antimicrobial Resistance Containment policy paper:

The HSS Component provided technical assistance to MNHSR&C in the preparation of a national policy paper on AMR. The final draft was shared with MNHSR&C and the USAID for review. The USAID feedback was duly incorporated and draft was re-shared with MNHSR&C for their review and final inputs. In Pakistan, this unprecedented initiative will address AMR challenges and align Pakistan with WHO priorities outlined in the National Action Plan of 2016.

3.2.10 Provide technical support to federal and provincial governments in scale-up of CHX

The second consignment of around one million CHX tubes (of the total 2.1 million that USAID donated) arrived from Nepal. Based on MNHSR&C's distribution plan for CHX tubes to different provinces and regions: 722, 000 will ship to Punjab DOH; MNCH program of KPK will receive 214,000 while 1800 and 53,000 will be delivered to Balochistan DOH and AJK DOH respectively. Moreover, during Q4, Thematic Working Group for M&E convened a meeting to discuss the inclusion of CHX indicators in health facility and community based health care service delivery systems. All stakeholders agreed upon redefined indicators and these indicators will subsequently be included in these two databases. The add-on indicators (Use of CHX and Misoprostol) will help the Department of Health to track the progress of health service delivery.

3.2.11 Provide technical support to Federal Government in establishing International Health Regulation Unit

HSS Component provided technical assistance to MNHSR&C for development of IHR action plan/road map, at national level, for next five years through IHR unit. In next quarter, technical assistance will be provided to hold provincial consultations.

3.2.12 Developing a framework for HSS process evaluation

A critical component of health systems strengthening interventions is understanding not only if interventions are effective, but the ways through which the process of implementing interventions are effective. This is essential for a) articulating why and how activities worked, and b) understanding how to replicate activities at scale, particularly in other environments. A process evaluation has been designed to detect if there are needs for making adjustments in the ongoing activities, and to begin documenting why interventions have been effective. A process framework for DHPMT evaluation is submitted to JSI Home Office for their review and feedback. Later on, it will be submitted to USAID for review.

IR 3.3 Strengthened Health System through Public-Private Partnerships

3.3.1 Heartfile Health Financing

The Heartfile Health Financing (HHF) program disbursed a total of PKR. 6,842,070 among 101 beneficiaries for medical care under the HSS Component. Of these 101 beneficiaries, 34 were boys, 36 girls, and 31 women (annex II). A total of 980 clients have received financial support for health recovery since project inception date.

HHF technology version 3

Having missed the initially envisaged timelines due to an unexpected Federal Board of Revenue regulation, both HHF and technology partner are working on new project timelines to be able to conclude this activity in time, despite a delayed start.

Sustainability plan

The sustainability plan has been finalized and will be approved in the next Heartfile Board of Governors' meeting. The financial model of the sustainability plan has suggested three options of sustained funding: 1) endowment fund only 2) endowment fund plus service charge and 3) service charge only. This financial model, therefore, provides exact figures and numbers as baseline required to sustain HHF in long run, in terms of its operational plus patient assistance costs.

Case study

Heartfile Health Financing intervention (the HSS Component is funding under USAID's MCH Program enabling the poorest of the poor to seek medical care) selected as a model for case study by Harvard University representatives to study the viability of this intervention in Pakistan (details annex I (a)). The representatives will analyse the probability of replicating this intervention in other parts of the world.

III. Coordination

The HSS Component continued to provide technical support to improve stakeholder coordination to strengthen the health system. Coordination is a cross-cutting activity i.e., involved in every intervention of the HSS Component: institutionalizing capacity-building efforts; facilitating the escalation of Sindh Health Care Commission; strengthening DHPMTs. Coordination meetings continued with vertical programs to review and discuss progress of all vertical programs. HSS Component was a member of the technical working group on Family Planning 2020 to develop institutional mechanisms for CIP implementation.

A series of meetings took place to discuss how to improve DHIS data as well as PWD (Family Planning data). Consensus was built to integrate DHIS and Family Planning data. The objective was to avoid re-entry of Family Planning data manually and both the departments will be able to access online data. As a result an online dashboard was developed integrating PWD/PPHI data. The staff was briefed on DOH Sindh DHIS indicators and the availability of indicator based reports in newly developed online DHIS.

Moreover, briefing on HSS program to newly appointed Secretary Health Government of Sindh was briefed during his visit to JSI Research & Training Institute Inc. head office in Islamabad, on Aug. 31, 2016. The secretary was apprised of all the health interventions that JSI team has introduced in Sindh, under USAID funded HSS Component of MNCH program. The Secretary appreciated HSS Component's team efforts and assured the support of DOH Sindh for the sustainability of health interventions. As per the secretary's request, JSI team will also provide the digital and manual record of all the technical assistance provided to DOH Sindh till date as ready reference in decision making. These program documents will include but will not be limited to LHW assessment, HFA reports, Capacity building strategy, Deployment plans, Health Care Commission concept, HMC plans etc.

IV. Monitoring, Evaluation, and Reporting

The HSS Component's senior manager M&E and program manager conducted several monitoring and evaluation activities to track performance of different health systems strengthening initiatives, introduced in Sindh, under the umbrella of the HSS Component.

In district Badin, Dadu, Hyderabad, Jacobabad, Kamber Shahdadkot, Kashmore, Larkana, Mititari, Mirpur Khas, Noushahro Feroze, Shaheed Benazirabad, Shikarpur, Sujawal, Sukkur, and Tharparkar, discussions were made with DHIS focal persons. Among the issues discussed were DHIS performance and quality of data recording & reporting, online DHIS & M&E dashboard, activities of district health managers related to field monitoring visit plans and refurbishment of district M&E Cells. The snags in compliance reporting of LHWs-MIS were also discussed with respective DHOs & their teams. They were requested to help the DHIS Coordinators in data analysis & providing feedback to the Secretary Health and DGHS for improvement. The HSS Component's monitoring team also shared the list of health facilities that did not submit their monthly reports to district teams for feedback.

The program manager HSS Component also attended meetings held on: Indicators of LHWs, EPI Task force, Sindh Health Care Commission and Annual Work Plan 2016-17.

Supportive supervisory visits are part of routine. All the findings are discussed with the health facility staff and the reports being sent to DHIS coordinator at the provincial level. The field managers will be visiting the health facilities along with the DHO office staff and/ or focal point persons of the vertical programs. These issues will be discussed during the visits as well as will be taken over in DHPMTs. Senior program manager M&E also conducted desk monitoring of monthly MIS of LHWs and observed that some LHWs were repeatedly reporting higher number of registered households than their registered population, which is not humanly possible. Therefore the feedback report was sent to provincial DHIS Coordinator at M&E Cell DGHS Sindh office with copy of screen shots of the LHWs reports of district Dadu, Ghotki, Noshahro Feroze & Karachi for information and provision of feedback on reports to the concerned program for corrective measures.

To assess the quality of training program at Agha Khan University, senior program manager M&E prepared the post training feedback form to get the feedback from participants of the standalone/short courses at Agha Khan University.

Reporting USAID PIRS Progress

The performance on the selected USAID reporting Performance Indicators Reference Sheet (PIRS) is described in the following table.

Indicator	Reporting quarter performance
Indicator – 5.3.2a: Number of trained health and population managers posted.	From July–September 2016, nineteen health managers, of Sindh, are currently enrolled in HSA MSPH degree program.
Indicator – 5.3.2b: Number of districts with improved institutional capacity scores in management and oversight of FP/MNCH.	<p>Percentage of health facilities reporting on DHIS: In 23 of 24* (96%) districts, all HFs submitted the DHIS reports by the due date.</p> <p>Districts receiving feedback on DHIS reports from the provincial M&E cell/vertical programs: The M&E cell provided feedback on monthly performance on different aspects of reports generated using DHIS to all districts.</p> <p>*Karachi is included in 24 districts because in this district, DHIS reporting is monitored.</p>

V. Issues and Challenges

- The issue of non-release of DOH allocated funds to districts hampers the smooth implementation of the activities leading to poor results. Due to this, monitoring activities couldn't be performed. Currently, matter is under consideration of the Department of Health that will forward the request to the Finance Department for disbursement through re-appropriation.
- Restriction on payment of General Sales Tax (GST) as per the interim guidelines on tax exceptions has severely impaired HSS Component's capacity to spend per our work plan and has slowed down burn rate. Correspondingly, all the suspended cases were presented to USAID and approval for tax exemption was granted accordingly. The USAID will be contacted again, in case if such situation arises.

- Participation of community members is though encouraging but nomination of elected community members in DHPMTs is yet a pending issue.
- Districts prepared monitoring visit plans but they were not followed due to non-availability of district-level funds.
- Frequent postings and transfers of Secretary Health and District Health Officers (DHOs) inhibit the smooth continuity of the health related activities at both provincial and district level.

VI. Activities Planned for Next Quarter

- Hold a series of meetings with DOH Health Sindh to review existing organizational structure to align with functions assigned to different sections (such as administrative, development and technical) to improve performance, through better utilization of available positions by adjusting designations and positions.
- Provide technical assistance for further gearing up the operationalization of Sindh Health Care Commission. A study tour for commissioners, Secretary Health and Minister for Health Sindh will be organized to visit Punjab Health Care Commission.
- Provide technical assistance to DOH for: implementation of AOP 2016-17 activities; preparation of AOP 2017-18 & medium term district action plan 2018-21, and Performance Based Budgeting; implementation of online monitoring and supervisory plans; sustaining DHPMT functions to improve governance at district level; strengthening district M&E Cells through utilization of funds allocated for AOP; improving management functions; disbursement of AOP 2016-17 allocation to the district cost centers; providing technical assistance to improve performance of quarterly DHPMT meetings, DHPMT meetings' performance assessment, and providing feedback to districts; the analysis of DHIS data quality performance and providing feedback to provincial and district level M&E cells.
- Two master trainers trained from each tehsil of Gilgit and Skardu will be responsible for roll down trainings in their respective Tehsil to the community level health care providers. Total 13 trainings are planned at Gilgit for 308 health care providers which include 235 LHWs, 15 CMWs, 8 LHSs and 50 facility based LHV and LMOs. 17 trainings are planned for Skardu district for 424 Health care providers which include 235 LHWs, 15 CMWs, 8 LHSs and 50 facility based LHV and LMOs. The trainings will include the importance of Chlorhexidine and its role in preventing umbilical cord infection; counsel pregnant women and associated family members on essential newborn care and Chlorhexidine application; demonstrate six steps of hand washing; demonstrate proper technique of Chlorhexidine application using a baby doll; recording and reporting system and replenishment mechanism.
- Two women medical officers' trainers from Skardu and Gilgit DHQ hospital will be responsible for imparting trainings to the facility based staff of their respective district. 2 trainings for each district will be convened at DHQ hospital of each district and will train 100 health care providers.
- CHX provincial action plan for Baluchistan, FATA and ICT are also planned in the coming quarter
- 20 health providers (Facility and community based) from AJK will be provide training of trainers (TOT) at PIMS Islamabad to become provincial master trainers.

VII. Success Story

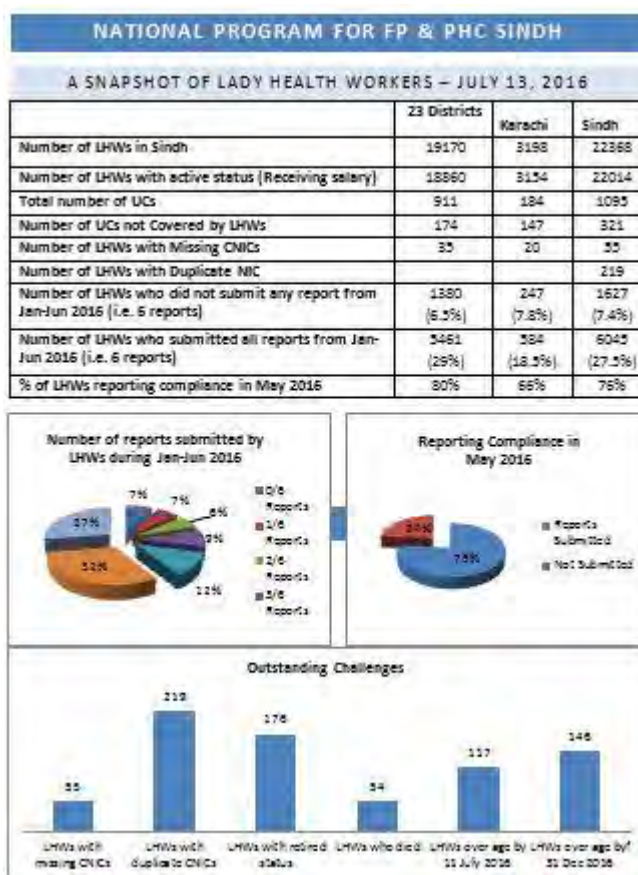
Strengthening LHW program in Sindh through data visualization and use of management information system

In Pakistan, a mother dies, in every 37 minutes, due to child-birth related complications. This has placed the country in the index of countries where maternal, newborn and child health care is in poor state. It is estimated that Sindh ranks third highest, after Punjab and Baluchistan, in maternal deaths, 2800 per year (Pakistan Demographic and Health Survey).

One of the flagship programs of Government of Pakistan is Family Planning and Primary Health Care program. Since 2012, the program has not received attention of policy makers and managers. This is partly due to lack of financial resources and partly due to lack of attention to improve the performance of LHWs.

The DOH Sindh requested JSI/HSS Component of USAID's MCH program to conduct a study in two districts to see the ground realities, strengths, weaknesses, challenges and opportunities to improve the program performance. The findings clearly identified gaps in operational planning, implementation and monitoring of the program and also looked at opportunities to improve the services offered to communities by the LHWs.

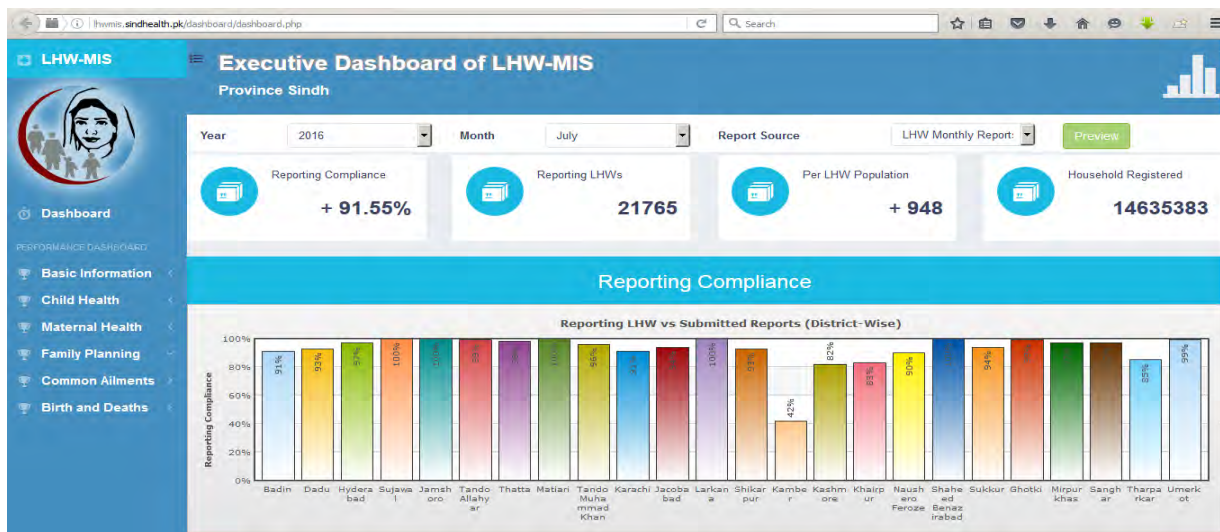
Tracking the performance of LHWs at community level was an uphill task. The district health offices had to review the LHW performance on manual basis as LHS used to submit the LHWs' performance reports in hard copies. To make easy the tedious LHW performance monitoring process; HSS Component, therefore, on the request of Department of Health Sindh provided technical assistance, under USAID's MCH program, to bring LHW-MIS online. HSS Component created 800 logins for district level LHSs to do data entry in LHW-MIS so that real situation of health care delivery at community level can be captured. For capacity building purposes, the HSS Component imparted the class room training and hands-on practice through 90 master trainers to 787 LHSs in Sindh for entering LHWs monthly report in LHW-MIS. Initial training was imparted for District Program Implementation Unit (DPIU) staff (District Coordinator, Assistant District Coordinator and Account Supervisor (Data entry responsibility)). The focus was to train district management staff on Use of LHW-MIS, data entry and Management



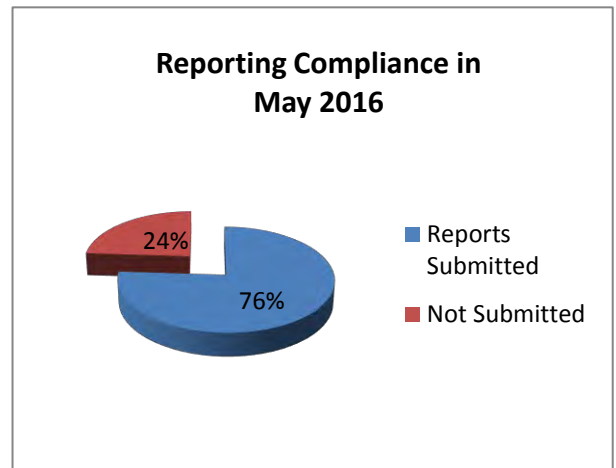
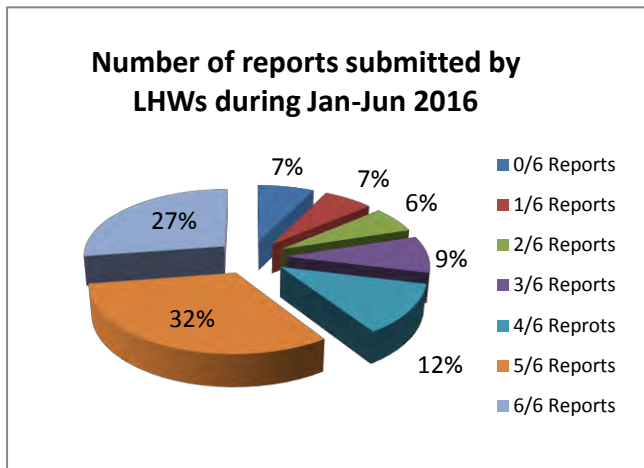
reporting and analysis. As per the direction and interest of the program management to provide training on data entry at the grass root level (LHWs), HSS Component imparted a second round of training involving DHIS Coordinator, DHIS Data entry and LHSs along with the DPIU staff as Master Trainers. As a result

This health management information system, being a vital entity to generate information for the review and analysis of ongoing family planning and primary health care program in Sindh, is first of its kind across the country.

LHW-MIS Dashboard



The HSS Component’s Chief of Party Dr. Nabeela Ali presented a summary of LHWs’ program performance, in a meeting held on July 13, 2016, using LHW-MIS for information analysis purpose. The meeting was attended by high government delegates including Chairperson Dr. Azra Fazal Pechuho, secretary and Director General Health Sindh, focal person Family Planning 2020, LHW program officials, managers of all vertical programs for public health and USAID’s MCH program partners. While talking about the significance of this MIS, she said “The use of management information systems such as LHW-MIS is inevitable to strengthen health system by ensuring accountability and transparency at grassroots.” She apprised the meeting participants that there are total 22,368 LHWs in Sindh that are covering total 1095 union councils while 321 union councils are uncovered. She also added that there are total 22,014 LHWs with active status and receiving salary. She further emphasized “LHW-MIS has enabled Sindh DOH authorities to track LHWs with missing and duplicate Computerized National Identity Cards in addition to LHWs monthly reporting compliance.”



The information collected through management information system facilitates the health management authorities for evidence-based decision-making at all levels of health care system. As a result the LHW reporting compliance improved from 76% to 90% within 3 months from May to Aug, 2016. This data visualization helped in finalizing the Project Cycle-1 of LHW program. LHW-MIS, hence among other health interventions, is instrumental in cherishing the USAID’s support and Government of Sindh’s mission to improve maternal and child health. This shows if top leadership is committed and there is accountability and transparency, the situation improves dramatically. Thanks to Dr. Azra Fazal Pechuho.

VIII. Annexures

Annex I –

(a): Meetings

Activity ID	Activity	Meeting Details	Participants	Meeting Outcomes
3.1.2	Provide technical support to strengthen supportive supervision, monitoring and evaluation functions	On Sept. 1 and 2, 2016, meetings were held to discuss redefining & inclusion of indicators in MNCH and DHIS Sindh databases:	Program Director MNCH Dr. Sahib Jan Badar, Director General Health Services Sindh and his team, the HSS Component's team	All the agreed upon redefined indicators will subsequently be included in these two databases. The add-on indicators (Use of CHX and Misoprostol) will help the Department of Health to track the progress of health service delivery. The inclusion of indicators on Family Planning statistical collection and reporting will also become uniform across the districts.
3.2.1	Provide technical support to implement capacity-building strategy (systems, institutions & individuals)	On Aug. 15, 2016, a meeting was conducted, at DGHS Sindh, to review SOPs for finalization.	Additional Director (A&A) Dr. Mobeen Memon chaired the event. Among other participants were Deputy Director (Prevention) Dr. Iqbal Memon, DHOs of Badin and Naushehro Feroze, Accountants of DHO Office Naushehro Feroze, Mirpurkhas, Tando Allahyar and Badin and HSS Component's team.	The HSS Component team provided technical support to DGHS Sindh in preparation of SOPs on DHPMT, DAP, and MTBF Budgeting. The HSS Component's technical team carried out adjustments in planning and costing tools and updated the contents of Manual on DAP Planning, Implementation and Monitoring accordingly for distribution to district health planning committees during upcoming activities for preparation of annual operational plan and three year-medium term district action plan in each district. In addition, guidelines on preparation of DAP and AOP were also shared along with other related documents to facilitate districts in preparation of DAP and AOP. The office of DGHS Sindh dispatched these materials to each district.

Activity ID	Activity	Meeting Details	Participants	Meeting Outcomes
3.2.3	Provide technical support to institutionalize MTBF	On Aug. 5, 2016 a meeting was held, at office of Economic Reform Unit Finance Department Sindh, to discuss the preparation of next year's budget.	Senior Program Manager ERU Finance Department Mr. Amir Ansari chaired the meeting. The other participants included Mr. Abdul Basit (member MTBF budgeting team) and the HSS Component's team.	Preparation of next year's budget was discussed during the meeting. Mr. Ansari suggested initiating MTBF refresher training at the earliest. He also suggested that training on use of MS Excel for budgeting should become part of MTBF refresher training supported by ERU.
		On Sep. 9 and 22, 2016 meetings held respectively, at Government of Sindh Finance Department Economic Reform Unit, to discuss organizing refresher trainings on MTBF.	Senior Program Manager ERU Finance Department, Mr. Amir Ansari chaired the meeting. Among the other participants were Mr. Abdul Basit (member MTBF budgeting team) and the HSS Component's team.	<ol style="list-style-type: none"> 1. ERU will write a letter to DOH for nomination of master trainers/MTBF focal persons from all districts including Karachi. 2. Master trainers will participate in subsequent MTBF workshops for budget related district level to interact for smooth preparation of budget. 3. Each district would be asked to nominate following budget preparation staff: <ol style="list-style-type: none"> a. Cost center of DHO – 1 DDO (DHO) & 1 staff other than 2 master trainers. b. Cost center DHQ hospital – 1 DDO (MS) & 1 staff other than 1 master trainer. c. Cost center THQ hospital – 1 DDO (MS) & 1 staff from each hospital. d. Cost center of other institutions like paramedical school or secondary level hospital etc. - 1 DDO (Principal/MS) & 1 staff. 4. Number of participants from each district will be calculated using list of cost centers. 5. Around 30 participants will attend a workshop, and number of workshops will be calculated accordingly. 6. Workshop venues will be Karachi, Hyderabad and Sukkur. <p>It was decided that based on these points, a final proposal will be shared with ERU for their review and approval before initiating these trainings.</p>

Activity ID	Activity	Meeting Details	Participants	Meeting Outcomes
3.2.4	Provide support to enhance the capacity of DOH to implement human resource for health plan	On August 3, 2016 a meeting was held to discuss the status of revised DGHS Sindh organogram at DOH Sindh.	Government of Sindh Development Wing Section Officer Dr. Aijaz Khanzada and the HSS Component's team	The status of revised organogram for DGHS Sindh was discussed followed by the dispatch of case from DGHS Sindh to DOH.
3.2.5	Strengthen M&E of routine EPI in four districts of Sindh	On July 15, 2016, a meeting of EPI Task Force was held at EPI Directorate Karachi to reflect on the ongoing status of EPI status in Sindh.	The MNA & Chairperson Provincial Oversight Committee Reproductive Health PEI/EPI, Dr. Azra Pacheco chaired the meeting. The HSS Component's team along with other stakeholders including Sindh Department of Health, Project Director EPI, Agha Khan University, Indus Hospital and other EPI Task Force members represented at the meeting.	<p>The HSS Component's Chief of Party Dr. Nabeela Ali shared the accomplishments of the EPI pilot project in 4 districts (Jacobabad, Kashmore, Thatta and Tharparker). The summary of accomplishments presented were:</p> <ul style="list-style-type: none"> • Every child below two years children and pregnant women in four pilot districts were registered using door to door strategy • 90% of the target was accomplished after registration as the denominator of the target population was well defined <p>The Director General Health Services Sindh requested Dr. Nabeela Ali to organize a meeting for all partners working on EPI to follow one model of intervention to improve the EPI status in Sindh.</p> <p>Aga Khan University representative highlighted that they have implemented android intervention in district Tando Mohammad Khan to improve the EPI. The Indus Hospital representative shared that they have also implemented e-health intervention to trace the vaccination activities.</p>

Activity ID	Activity	Meeting Details	Participants	Meeting Outcomes
3.2.6	Provide technical support to the SHC Commission	On Sep. 8, 2016 a briefing session was held for Board of Commissioners of SHC Commission for its operationalization.	Commissioners: Justice (R) Abdur Rehman Faruq Pirzada, Mr. Nawaz Ali Leghari, Mr. Zahid Bashir, Dr. Hussain Bux Memon, Dr. Islamuddin Qureshi, Captain Dr. Iqbal Memon. Among the other participants were: convener for Sindh Healthcare Commission Dr. Aijaz Khanzada from DOH Sindh, team members of the HSS Component and Contech International.	Newly appointed commissioners of SHC Commission were given orientation on the operationalization of SHC Commission. Policy documents, SHC Commission rules and regulations were shared with the commissioners and consensus was built on the nomination of different committees. Proposed budget for one year was presented. Minutes of meeting were recorded and later on shared with all the commissioners.
3.2.8	Health Facility Assessment	On Fri Aug 19, 2016, the HSS Component's senior management team presented the Health Facility Assessment (HFA) findings to the Minister and Secretary for Health Sindh.	Other senior officers from the Department of Health were present during the presentation.	The HSS Component's effort was appreciated. Both the minister and the secretary reiterated that the findings of HFA will help them to prioritize areas especially human resource, equipment and medicine supplies which would improve the quality of health services. Minister of Health requested COP HSS Component Dr. Nabeela Ali to assist DOH to streamline DOH Human Resource data through an online database system.
3.2.10	Provide technical support to federal and provincial governments to coordinate scale-up of CHX at national level	On July 19, 2016 MNHSR&C convened a national level Thematic Working Group consultative meeting, at Islamabad, to steer discussion on the inclusion of CHX indicators in health facility and community based health care service delivery	Representation in this meeting was made from all the provinces and regions inclusive of provincial Director General Health, Director DHIS, provincial coordinators for LHW and CMW programs, and representatives of USAID and UNICEF.	Since the CHX initiative, after development of national and provincial scale up plan, is now moving to the implementation phase; a consensus is, therefore, built up on the devised data collection mechanism to make CHX an integral part of the existing health information system. Hence for the purpose of data collection on CHX indicators, a number of existing data sources were identified and agreed upon. These data sources include information driven from health facility based DHIS and community based MIS of LHW and CMW programs. This initiative will help the MNHSR&C to track the status of CHX use across country to fulfill its commitment of preventing neonatal sepsis

Activity ID	Activity	Meeting Details	Participants	Meeting Outcomes
		systems.		i.e. one among the leading causes of neonatal mortality rate in Pakistan.
3.2.13	Strengthen the capacity of DOH in improving public financial management and exploring options to bring equity and coverage challenges	On August 4 th – 5 th , 2016 a meeting, at office of Deputy Secretary (B&E-1) Finance Department Sindh, was held to discuss the processing of disbursement of AOP 2016-17 funds, and technical support required by Sindh DOH in this context.	Finance Department Deputy Secretary (B&E), Mr. Shahmir Khan Bhutto chaired the meeting. The other participants included section officer budget, public finance management consultant and the HSS Component's team.	<p>It was advised that DGHS should initiate a request for disbursement of DAP funds including funds utilization control and tracking arrangement. Subsequent to this DOH should submit Audit Copy to Finance Department for approval, and propose a mechanism to track spending of DAP funds. For this purpose constitution of a 'DAP Implementation and Reporting Committee' at district level, comprising of three members of DHPC with specific TORs, was proposed.</p> <p>In addition to this, Mr. Bhutto asked to provide information on district wise health facilities, their managing organization, functional status and SNE status. It was also informed that Finance Department will initiate orientation training of DDOs on SAP modules. Furthermore, Mr. Bhutto proposed that the HSS Component should support DOH in:</p> <ol style="list-style-type: none"> i. Tracking progress on KPIs achievement through incorporating a module in MIS Dashboard, ii. Identifying cost centers in aforementioned module by adding Code Numbers, iii. Adding allocation of regular budget to each cost center, and DAP funds iv. Reorganizing the list of all cost centers, and the attached HFs
3.2.13	Strengthen the capacity of DOH in improving public financial management and exploring options to bring equity and coverage challenges	On September 20 th , 2016 a meeting was held to discuss rationalization of cost centers at office of Deputy Secretary (B&E-1) Finance Department Sindh.	Finance Department Deputy Secretary (B&E), Mr. Shahmir Khan Bhutto chaired the meeting. Other participants included section officer of the Finance Department and the HSS Component's team.	<p>Finance Department was briefed on the review/analysis of cost center list completed this far. Analysis of cost centers of one district was also shared in detail. Mr. Bhutto appreciated the efforts and extensive work done. He requested to complete the analysis and share whole review/analysis on urgent basis. He added that list of cost centers would be rationalized and adjusted after due consideration at departmental level. However, as a first step nomenclature of cost centers based on functional classification would be revised for next year budget.</p> <p>Mr. Bhutto was agreed to support in doing field visits for consultations with respective DHOs, when requested. Accordingly, technical team will initiate field visits immediately after issuance of written instructions to DHOs.</p>

Activity ID	Activity	Meeting Details	Participants	Meeting Outcomes
3.2.14	Revitalization of LHW program especially strategy to cover uncovered areas	On July 13, 2016, a meeting was held to discuss the status of LHW Program at Emergency Operation Center Karachi.	Dr. Azra Pechuho, Chairperson Oversight Committee on Reproductive Health and PEI/EPI, chaired the meeting. Among the other attendees were the HSS Component's team members, Secretary Health Sindh, Director General Health Sindh, Focal Person Family Planning 2020 and LHW Program officials.	The HSS Component's Chief of Party, Dr. Nabeela Ali shared the contribution of the HSS Component by integrating lady health worker management information system (LHW-MIS) online at the district level. Further she produced evidence against some shortcomings in the program such as LHWs with duplicate National Identity Cards, and dead or retired LHWs. The presentation included district wise LHW summary.
3.3.1	Heartfile Health Financing	On Aug. 4 th and 5 th , 2016 HHF case study's orientation meetings were held.	The consultant for the case study and the Heartfile team	Case study consultant was briefed on HHF and its scope of work, HHF technology platform, internal processes, protocols and procedures and process safety checks. A road map was chalked out to travel to Sindh for data collection and getting key inputs from the staff and stakeholders involved in the program.

(b): Trainings

Activity ID	Activity	Title of Training	Details of Training	Participants	Results
3.1.2	Provide technical support to strengthen supportive supervision, monitoring and evaluation functions	Training on Monitoring and Supervisory System for DOH staff	Two days (July 12-13, 2016) training session was held for health managers from district Thatta and Tando Allahyar at DGHS Sindh office Hyderabad	<u>District Thatta:</u> DHO, ADHO, DHIS Coordinator, Focal Person MNCH, LHW, EPI programs and Medical Superintendent of RHC Gharo <u>District Tando Allahyar:</u> ADHO, DHIS Coordinator, and focal Persons of MNCH, LHW, EPI and Nutrition programs. <u>DGHS Sindh Office:</u> Provincial DHIS Coordinator, HMIS Coordinator, Deputy Director Health Education.	Hands on support provided for preparation, submission of monitoring plans & online field visit plans and how to use, fill & submit online the supervisory checklists.
3.3.1	Heartfile Health Financing	HHF newly hired project staff training held on Sep. 2 - 6, 2016	The newly hired project staff was given holistic overview of the program. In addition, training was imparted on all aspects of HHF technology platform along with particular emphasis on the system configurations. The staff was also briefed on how to screen and process invoices.	Heartfile staff	The new incumbent was successfully trained on her job description.

Annex II: Number of cases supported in respective hospitals during Jul – Sep 2016 through HHF

Health facility	# of cases supported	Segregated Data		
		Boys	Girls	Women
Liaquat University Hospital Hyderabad	38	11	7	20
National Institute of Child health Karachi	8	3	5	
National Institute of Cardiovascular Diseases Karachi	31	12	18	1
Pakistan Institute of Medical Sciences Islamabad	15	4	2	9
National Institute of Heart Diseases Rawalpindi	2	1	1	
Rawalpindi General Hospital Rawalpindi	1			1
Rehabilitation support centre of Umeed e Noor Islamabad	6	3	3	
Grand Total	101	34	36	31

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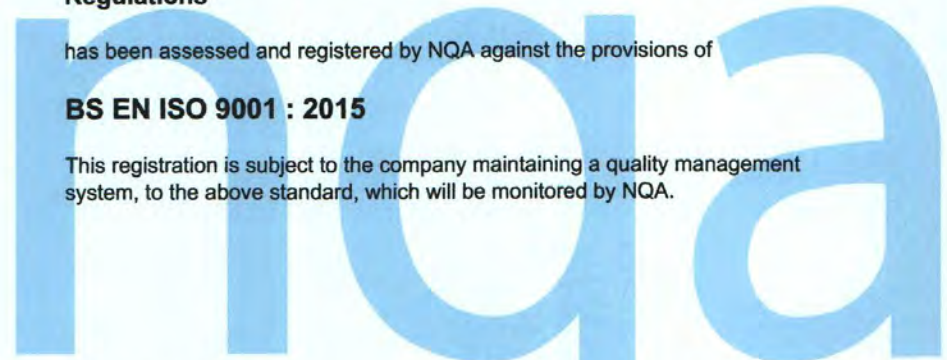
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Annex IV: Deployment Plan

Deployment Plan for Health Managers Graduated from the HSA and Agha Khan University

Background

Health Systems Strengthening Component of USAID's MCH Program

The Health Systems Strengthening (HSS) Component of USAID's MCH Program is a five year program funded by USAID, implemented by JSI Research & Training Institute, Inc., and its consortium partners, Contech International, Rural Support Programs Network and Heartfile, to develop and support innovative, cost-effective, integrated, and quality programs and services to strengthen health systems around reproductive, maternal, newborn and child health (RMNCH) services for improved health outcomes in Pakistan. The HSS Component is working to strengthen the capacity of the Department of Health (DOH), Government of Sindh (GOS), at the individual, organizational, and system's levels.

Capacity building of Health Managers

Considering the challenging situation of health care in Sindh and enhanced role of provincial and district health systems in policy-making and regulations, particularly in post devolution phase, it is required to address the management capacity gaps within Department of Health, Population Welfare Department and People's Primary Health Care Initiative (PPHI). Hence, JSI/Health System Strengthening Component of USAID's MCH Program included a well-defined training component in the annual work plan to offer short and long term training in the light of capacity assessment carried out for Sindh.

As an institutional arrangement, the Department of Health constituted and notified a Committee for Capacity Building of Health Managers under the chairmanship of Director General, Health Services. The Capacity Building Oversight Committee (CBOC) Sindh is mandated to identification / selection of training Institutes; setting up eligibility and selection criteria for candidates; selection of suitable candidates for the training opportunities. Copy of notification attached).

One of the key areas under the Capacity Building Strategy is to build the technical and management capacity of the Health Managers working at different levels and programs of the DOH. The HSS Component is supporting the DOH Sindh in developing a core group of public health managers working at provincial and district levels.

After completing Public Health Degree courses, the Health Managers will be able to use acquired skills and knowledge to strengthen and contribute to an overall improvement of management of health services at district and provincial levels.

Process of selection and training of Health Managers

A detailed criterion for selection of health manager was developed in consultation with the DOH, and implementing institutions that included the Health Services Academy (HSA) Islamabad and the Aga Khan University Karachi. In a preliminary meeting between HSA and the HSS Component, it was decided that a special batch of Masters in Public Health (MSPH) for the Sindh candidates (health managers of department of health and population welfare department) will be started. The selection

criteria of HSA for MSPH course were ensured. All candidates were selected on the basis of an entry test which was sourced out to the National Testing Services (NTS) Pakistan.

The NTS was established in July 2002 in response to the need for a standard testing service in the National Education Policy (1998-2010) and the Information Technology (IT) Policy of the Government of Pakistan.¹ It is an independent self-sustained organization that conducts tests and assessments for admissions, scholarships, recruitment and promotion purposes, which is governed by a Board. HSA admission committee was tasked with making the final selection, ensuring at least one candidate from each district of Sindh.

Selection Criteria for MSPH Course at the Health Services Academy

HSA is considered a premier research and teaching institution of public health in Pakistan that offers FCPS, MS in Public Health and MEDVC, M.Sc. in Health Economics & Management and a PG Certificate in Human Resource in Health. It is the only institution that offers Ph.D. in Public Health in Pakistan. The DOH was requested to nominate at least three candidates from each district, according to the following criteria.

1. The candidate should possess one of the following qualifications or an equivalent degree from a recognized university or accrediting body. a) MBBS (Bachelor of Medicine & Bachelor of Surgery). b) BDS (Bachelor of Dental Surgery). c) B Pharmacy (Bachelor of Pharmacy) or M Pharmacy (Master's in Pharmacy). d) BSc Nursing (Bachelor of Science in Nursing). e) DVM (Doctor of Veterinary Medicine). f) Master's Degree in a relevant subject such as Anthropology, Business Administration Public Administration (MPA), Executive Business Administration (EMBA of 2 year), Human Nutrition, Microbiology, Physiology, Psychology, Public Health Engineering, Statistic, Zoology, Environmental Sciences, Social Sciences, Education & other related sciences.
2. The candidate should be a permanent employee of the Department of Health / Department of Population Welfare, Government of Sindh.
3. The candidate should have at least eight years of service in the Department of Health.
4. Candidates working on management positions will be preferred.
5. At least 25% of the candidates should be female.
6. Minimum of 15 years active service remaining.
7. The admission test will have 50% weightage, 25% weightage will be given to English language skills, and 25% to analytical skills.
8. An Interview of shortlisted candidates.
9. Final result will be based on Academics (20%), Written Test Scores (50%), and Interview Score (30%).
10. An applicant's acceptance in the course is contingent upon the receipt of all required documents, including official transcripts, by HSA.
11. Each selected candidate will submit a surety bond to the effect that he/she will serve the DOH/PWD for at least 5 years.

¹ <http://www.nts.org.pk/about-us.html>

Selection Criteria for - MSc Health Policy & Management Program Course at the Aga Khan University

The Aga Khan University's Community Health Sciences Department (CHS) is well-known in public health circles for its quality education and research output. The two-year Master of Science (MSc) degree in Health Policy and Management (HPM) at the CHS targets program managers from NGO and public sectors, policy makers, health system researchers and health system academia, and is open to professionals from medicine, allied health professions, administration and social sciences.

The course was selected in consultation with DOH for Health Managers who are confronted with strategic and operational planning, policy analysis, institutional management and in health systems research and development.

The admission criteria decided included: clearance of Agha Khan University's merit list or entry through high grades achieved in Standalone Graduate Courses of Health Policy and Management. The course structure is of eight quarterly terms involving coursework, placement/internship and thesis.

Deployment of Graduates

The first batch of 29 graduates of HSA has been completed, while currently they have been instructed to report back to DOH. Since these health managers were selected from all districts of Sindh, appropriate posting, where relevant skills and experience can be utilized is of utmost importance. After the 2 years master's program, these health managers have the capacity to carry out planning for districts or institutions, decide key performance indicators, set targets for each indicator, review progress against set targets, identify issues and challenges and take corrective measures to improve the performance of a district or institution.

Few nursing graduates were also selected for the degree programs. It is recommended that their skills in public and preventative health can be utilized for managerial positions such as district coordinator LHW program.

List of Graduates

The tables list the graduates by of the programs, their parent departments and current posting and recommendations for proposed positions where their newly acquired skills can be better utilized.

For details please refer to the attached PDF icon.



Adobe Acrobat
Document

The Health Systems Strengthening Component is funded by the United States Agency for International Development and implemented by JSI Research & Training Institute, Inc., in collaboration with Contech International, Rural Support Programmes Network, and Heartfile Health Financing.

