Health Services Strengthening Assessment Report

MSH Assessment Team
Kathleen O'Sullivan, Team Leader
Kimberly Hirsh
John McKenney
Saeed Osmani
Judy Seltzer
Steve Solter

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Leadership, Management and Sustainability Program
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org/lms

MSH MANAGEMENT SCIENCES for HEALTH
strengthening health programs worldwide

784 Memorial Drive
Cambridge, MA 02139
USA

Tel: +1.617.250.9500
Fax: +1.617.250.9090
www.msh.org

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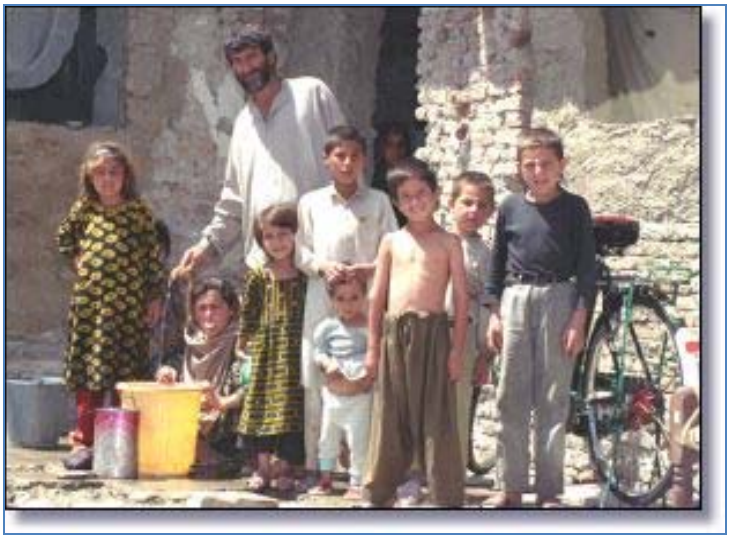

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Introduction

The Challenge

There is a good deal of activity in the health sector in Pakistan, with considerable energy going into activities at district level and below. Pilot projects, demonstration projects, innovative approaches to service delivery at BHUs—all this and much more is in progress without concurrent development of the systems needed to ensure that these innovations and new approaches can be sustained and properly managed over the long term. Although the main goals of the MOH are reduction of maternal and child mortality and unwanted fertility, these goals are often lost sight of at provincial and federal levels where national policy and actual service delivery at ground level are not closely linked.

The most important challenge facing the Pakistan Health Systems Strengthening Project (HSS) is to support the exciting initiatives that focus on service delivery and mortality and fertility reductions that are being implemented in health facilities and communities around the country. This will require strengthening systems at federal and provincial levels, which support the setting of standards, the use of information, the management, development, and deployment of human resources, the financing of services, and the strengthening of leadership and governance practices. These systems are primarily the responsibility of the federal and provincial levels; notwithstanding, in many cases these systems are weak, and, as a result, the important models being developed in communities, health facilities, and in district offices cannot be maintained or scaled.

Consider this: When half of the doctors working at health facilities are absent on any given day, when there are no female health professionals at a BHU, when the data reported to Islamabad are never used for decision-making at the local level, when minimum standards of service delivery or clinical competence are not being met, when the great majority of Pakistanis prefer to pay out-of-pocket for low quality private sector care rather than attend government health facilities—when this is the reality in much of the country, no experiment at district level will succeed for long.

How can the health system in Pakistan provide quality health services in the face of:

- a lack of quality standards to support the delivery of an essential service delivery package
- a de-motivated and unsupported health workforce
- insufficient financial support and accountability
- the absence of a financial safety net for the poor
- an information system that is fragmented and not used for decision-making?

To address this myriad of challenges, the HSS Project will apply the following principles and approaches:

- Build on what already exists, rather reinventing the wheel
- Focus on the reduction of preventable mortality among women and children, as well as unwanted fertility

- Concentrate on ensuring that an Essential Service Delivery Package (ESDP) is accessible to all Pakistanis, and the services are delivered meeting quality standards
- Strengthen the links between federal and provincial levels, as well as between provinces and districts, to ensure that systems exist to enable exciting new initiatives to be scaled-up
- Increase the effectiveness of Lady Health Workers at community level by improving the systems supporting their work
- Support new approaches to incentivizing health workers, by identifying the ideas that work and having those ideas built into the health system
- Develop the capacity of health staff to use the information they routinely collect in order to prioritize better and make better decisions regarding health management
- Strengthen the leadership and management skills of federal and provincial health staff
- Support the MOH in using data collected through routine systems and special research studies to formulate evidence-based policies

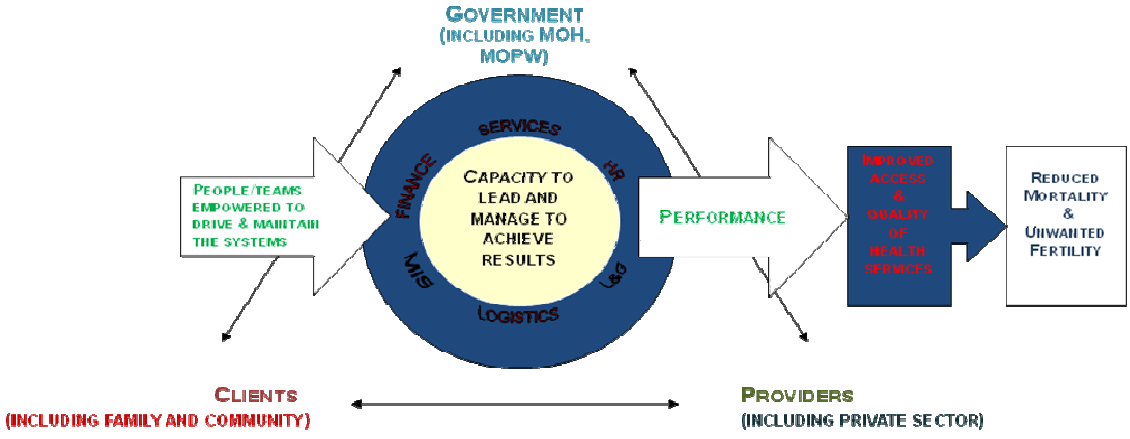
The HSS Objective

The HSS Project's objective is to reinforce the leadership practices, management systems, workforce capacity, and quality standards required to make the Essential Service Delivery Package available to as much of the population as possible.

The HSS Strategy

MSH considers a successful health system to be comprised of six critical components (see Figure 1): a minimum package services, supported by quality management and clinical standards; sound human resources policies, procedures, and management, including an incentive system; transparent leadership and governance practices that engender commitment and accountability; a functional logistics and supply chain management system; a strong and pervasive information system that allows informed decision making, evidence-based policy formulation, and health data; and, finally, a health financing policy that promotes financial fairness and innovative approaches to alternative financing of basic health services.

Figure 1: MSH's Definition of a Health System



MSH asserts that by capacitating human resources to strengthen and install these components, performance will improve, both in terms of the management of health services, and their effective delivery, leading to important reductions in priority health areas, such as maternal and child mortality and unwanted fertility rates.

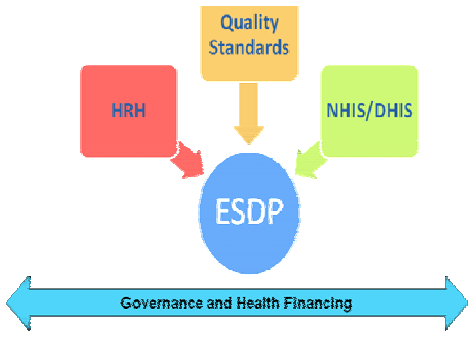
The HSS Project will center on an anchor activity, three supporting areas of intervention, and two cross-cutting components.

The anchor activity will be the packaging and implementation of the Essential Service Delivery Package (ESDP), based to the extent possible, on the minimum package used in the Punjab Rural Support Program (PRSP), a contracting-out mechanism for management of the BHUs. This experiment with the outsourcing of facility management has generated both increases in the volume of services delivered, and reductions in service delivery costs, all effectively at no higher per capita expenditure than previously realized by the public sector (see Figure 1).

To complement the ESDP and ensure its consistent delivery across health facilities, a number of quality standards will be developed and monitored routinely. Moreover, an aggressive and comprehensive workforce strategy will be developed to improve the attraction, selection, retention and training of staff; cadre classification; compensation; and distribution of both professional and non-professional health staff. Additionally, a health information system that coordinates the DHIS with provincial, district, and sub-district planning and national policy development will serve to monitor the impact of the ESDP on reducing mortality rates.

The cross-cutting components of governance and health financing will center on further defining and operationalizing the governance functions of the provincial and district levels – particularly the District Health Management Teams, while improving the Federal Ministry of Health's capacity to formulate evidence-based policies around health care financing, human resource development and deployment, private sector regulation, and public-private sector partnerships. This may involve strengthening the National Health Policy Unit, or, as appropriate, expediting and supporting the establishment of the Pakistan Health Research Council.

Figure 1: The HSS Priority Areas



The HSS Project will reinforce the priorities contained in the Proposal for the Institutional Strengthening of the Federal Ministry of Health (January, 2008), which focus on improving the leadership and governance of Pakistan's health system as *the* critical precursor for fortifying the health system and achieving better health outcomes. The proposal also calls for improved health ethics and greater commitment to public health, better communications strategies, a conducive work environment, increased staff motivation and retention, workforce development programs, and a much strengthened management information system, and use of data for decision making.

Essential Service Delivery Package

The March 2009 draft of Pakistan's National Health Policy calls for the development and implementation of an "Essential Service Delivery Package" (ESDP), which will help Pakistan achieve the Millennium Development Goals 4 and 5. As made clear in the National Health Policy draft, the ESDP "will be a series of specific health services and standards of care and not only a set of physical infrastructure, staff, equipment, and supplies." For example, the core package at the Basic Health Unit (BHU) level consists of the following services:

- Curative care for common illnesses (including first aid and provision of essential medicines)
- EPI (plus) services
- Integrated management of neonatal and childhood illness
- Nutrition advice/services
- Prenatal and postnatal care
- Birth preparedness counseling
- Newborn care
- Treatment of diseases like malaria, TB, hypertension, diabetes, and skin infections, etc.
- Family planning counseling and services including IUD insertion and removal services
- Information and education for empowerment and change (family members, pregnant women, parents, traditional care providers, etc.)
- Training and management support for community-based lady health workers

The HSS Project's mission is to expand the resources and reinforce the management systems and quality standards devoted to extending the ESDP to as much of the population as possible, especially the poorest families living in remote areas.

Challenges and Strategies

The following table summarizes the main challenges and strategies that the HSS Project will need to address to support effective implementation of the ESDP throughout Pakistan, particularly at the provincial level (ESDP-P). Much work has already been done in a similar vein. For example, the Punjab Provincial Health Department has already developed a "Minimum Service Delivery Package" but has not begun implementation as yet. The HSS Project will build on work at federal, provincial, and district levels, which are attempting to focus management and resources on the most important services and interventions in order to have a major impact on maternal and under-5 mortality, as well as reducing unwanted fertility.

Clearly there are many challenges to operationalizing the ESDP, so that all major partners and stakeholders, in both the public and private sectors, are involved in developing a consensus regarding the final package and demonstrate both buy-in and a sense of ownership.

In addition to gaining agreement on and commitment to the ESDP at all levels of the health system, it will be important to document and communicate the ESDP and its corresponding protocols in a way that

is clear and sensible to all cadres of health staff. Also critical will be capturing the results of implementing the ESDP-P through the DHIS, so that its impact is recorded and reported.

The primary strategy to be employed by the HSS Project will be advocacy. The Project will work with all stakeholders to make a case for the ESDP to be the driver behind financial, information, human resource, and pharmaceutical decisions. It will promote bottom up planning and reporting, and will serve as a platform for members of the Pakistan community to exercise their patient rights both as consumers of the public or private sector services.

Challenges	Strategies
Getting ESDP component of national health policy approved	Advocate with USAID and other Implementing Partners to get national health policy approved
Getting approval and ownership at federal level and 4 provinces	Work across vertical programs and federal and provincial levels to identify the most impactful services to be included in the package
Getting the ESDP-P well documented and communicated to health staff	Produce and disseminate provincial-specific versions of the ESDP-P guidelines
Achieving acceptance and use of the ESDP-P at all levels (district, facility, community)	Orient provincial, district, facility, and community levels in implementation of ESDP-P guidelines
Aligning donors and Implementing Partners with the implementation of the ESDP-P guidelines	Advocate with donors, and Implementing Partners to support the implementation of the ESDP-P through work plans and commitment of the MOH, MOPW
Achieving significant impact of the ESDP-P on maternal-child mortality and fertility rates, through greater utilization of high quality services at all levels, especially at the community and BHU/RHC levels	Monitor and evaluate results, and use them to improve the way the ESDP-P is implemented
Regulating the private sector, which serves up to 80% of the population and yet is not required to adhere to a set of quality standards	Involve components of the private sector in the delivery of the ESDP and reward them for complying with the standards-based approach

Activities and Deliverables

The proceeding table lists an illustrative sample of activities to be executed and their corresponding deliverables. "Quick hit" activities are indicated in **red** font.

Strategies	Activities	Deliverables
Advocate with USAID and other Implementing Partners to get National Health Policy approved	1. **Assist in establishing ESDP Task Force with the MOH once National Health Policy approval has been obtained.** 2. **Include in Task Force all stakeholders including private sector representatives.**	• An ESDP Task Force is established and functioning. • Agreement is achieved regarding the detailed components of the ESDP consistent with the National Health Policy.
Work across vertical programs and federal and provincial levels to identify the most impactful services to be included in the package	1. **Simultaneously with the federal Task Force, establish together with the four provincial health offices a similar provincial Task Force.** 2. **The provincial Task Force will establish each province's version of Punjab's MSDP.**	• An ESDP-P Task Force is established and functioning in each province. • Agreement is achieved regarding the services to be incorporated into the each province's ESDP, using the MSDP in Punjab as an example.
Produce and disseminate provincial-specific versions of the ESDP-P guidelines	1. Once there is an agreed-upon ESDP, produce and disseminate province-specific versions of the ESDP-P (Essential Service Delivery Package—Provincial) guidelines.	• Province-specific versions of the ESDP-P (Essential Service Delivery Package—Provincial) guidelines are produced and disseminated.
Orient provincial, district, facility, and community levels in implementation of ESDP-P guidelines	1. Schedule and hold a series of orientation sessions with MOH and private sector to ensure that officials at all levels are appropriately oriented regarding the ESDP-P guidelines.	• A series of orientation sessions are scheduled and held with MOH and private sector to ensure that officials and providers at all levels are appropriately oriented regarding the ESDP-P guidelines.
Advocate with donors, and Implementing Partners to support the implementation of the ESDP-P through work plans and commitment of the MOH, MOPW	1. Hold advocacy sessions with donors and implementing partners to support effective implementation of the ESDP-P at facility and community levels. 2. Produce and disseminate materials that make a case for the ESDP-P. 3. Develop guidelines for donors and implementing partners so they can incorporate the ESDP into work plans. 4. Work with PPHI and the MOH (primarily at provincial level) to include indicators in the PPHI contracts, which reflect key interventions from the ESDP designed to reduce mortality and unwanted fertility.	• Advocacy sessions are held with donors and implementing partners to support effective. implementation of the ESDP-P at facility and community levels. • Materials are developed and distributed to donors and implementing partners. • Donors encourage implementing partners to incorporate the implementation of the ESDP in their annual work plans. • PPHI contracts include indicators that reflect ESDP impact.

Strategies	Activities	Deliverables
Monitor and evaluate results, and use them to improve the way the ESDP-P is implemented	1. Work at federal and provincial levels to set up a monitoring system to determine the extent to which the ESDP-P is actually being implemented at the different facility levels and at the community level. 2. Develop reporting formats that contain suggestions about corrective to action when deficiencies are identified.	• A monitoring system is installed and functioning at the federal and provincial levels. • A format exists to capture changes that need to be made to the ESDP-P and its delivery.
Involve components of the private sector in the delivery of the ESDP and reward them for complying with the standards-based approach	5. Work with other stakeholders to identify incentives that can be used to improve the effectiveness of the ESDP-P in the four provinces, particularly with private sector providers. 6. Establish demonstration projects to determine which incentive schemes are feasible and sustainable and can be scaled-up within both the public and private sectors.	• Several incentive schemes are identified for use in the provinces and with the private sector. • A series of demonstration projects are set up and the "best bet" incentive schemes are identified for application in the public and private sectors.

Quality Standards

Currently there are currently a number of attempts underway in Pakistan to establish a quality standards-based approach to health facility service. Most of these attempts focus on a list of measureable indicators, largely management centered, using assessment teams to visit health facilities to determine which and how many of the quality standards are being met. Some programs have also developed clinical quality standards for specific health conditions; others are looking at the possibility of establishing accreditation systems for health facilities or training institutions. Nonetheless, these attempts are mostly fragmented, occurring at different levels of the health delivery system. The HSS Project will systematically develop, in close collaboration with MOH officials and private sector providers, a set of national, as well as provincial, quality standards (both facility and clinical quality standards) that can be implemented at the district level and below, and which can lead to higher quality services and more impact on mortality and unwanted fertility.

Challenges and Strategies

The table below illustrates the kinds of challenges the HSS Project will need to address. Key amongst these challenges is building consensus regarding clinical quality standards and a corresponding standards-based approach to health facility service delivery that will sustain those standards. In addition, these quality standards need to be integrated into clinical guidelines and implementing partner programs. Finally, but no less important, is the need to provide an impetus for adherence to the facility and clinical quality standards.

To address these complex challenges, the project will focus on building consensus and ownership of the facility and clinical quality standards at the federal, and particularly at the provincial, level, as well as with implementing partners. Furthermore, an accreditation system will be implemented to ensure minimum quality at health facility level and to support an incentive system.

Challenges	Strategies
Gaining consensus and ownership around a standards-based approach to health facility service delivery	Develop and achieve consensus and ownership of standards-based management approach to health facility service delivery
Gaining consensus and ownership of a set of clinical quality standards at the provincial level	Develop and achieve consensus and ownership of clinical quality standards at provincial level
Integrating the work of all implementing partners to ensure that their activities support adherence to facility and clinical quality standards	Collaborate with other implementing partners at all levels, and the private sector, to ensure facility and clinical quality standards are adhered to and supported, i.e. supply chain management
Instituting a system that recognizes high performing facilities, and identifies underperforming facilities and highlights the areas for performance improvement	Create 1) an accreditation system to ensure minimum facility and clinical quality standards are adhered to at health facility level, and 2) and accompanying incentive system

Activities and Deliverables

The proceeding table lists an illustrative sample of activities to be executed and their corresponding deliverables. "Quick hit" activities are indicated in **red** font.

Strategies	Activities	Deliverables
Develop and achieve consensus and ownership of standards-based management approach to health facility service delivery	**Conduct a brief workshop bringing together all those organizations and individuals working on facility-based quality standards (including clinical standards) to reach a consensus on:** **a. the main purposes of the standards** **b. how different actors can collaborate** **c. a strategy for field testing and monitoring.**	• There is agreement on the purpose of the quality standards. • There is agreement on how each player can contribute to the implementation of the quality standards. • There is a strategy outlining how the quality standards will be field tested and monitored.
Develop and achieve consensus and ownership of clinical quality standards at provincial level	**Work with the different vertical programs and other partners in the MOH, NGOs, and implementing partners to identify all the different clinical quality standards currently in use or being developed (such as Performance-Based Management, Performance Improvement, and other methodologies) and come up with a universal set of clinical quality standards, from which provinces can select the most relevant.**	• A set of universal quality clinical standards, which are used at the provincial and district levels, and which incorporate as appropriate, standards developed by other implementing partners. • Lady Health Workers are using the clinical quality standards.

Strategies	Activities	Deliverables
Collaborate with other implementing partners at all levels, and the private sector, to ensure facility and clinical quality standards are adhered to and supported, i.e. supply chain management	1. Work with each of the four provinces to assist them in defining the version of facility and clinical quality standards that fit their situation most closely, trying to keep the standards very similar to those at the federal level. 2. Solicit the input of respected Professors of Pediatrics, Medicine, and Obstetrics-Gynecology on the clinical quality standards. 3. Solicit the input of implementing partners working in complementary areas, such as supply chain management, and infectious disease control, for the facility-based management and clinical quality standards. 4. Coordinate with all implementing partners at field level to ensure that the standards developed at federal and provincial levels are practical and realistic and that measurable improvements can take place that have a significant impact. 5. Work with private sector representatives and with the MOH to determine how quality standards could be developed for private practitioners to contribute to reducing maternal and child mortality and unwanted fertility.	• Each province has a set of facility-based management and clinical quality standards that are based on the federal level standards. • The quality standards – facility and clinical – are compiled with input from public health thought leaders and other implementing partners responsible for complementary intervention areas. • Implementing partners working in complementary areas, such as supply chain management, and infectious disease control, incorporate the facility-based management and clinical quality standards into their efforts. • Quality facility and clinical standards result in measurable improvements in the quality of ESDP and the quality of facilities delivery the ESDP. • Develop a simple contract with private providers so that they commit to adhere to basic standards regarding family planning and treating diarrhea/pneumonia in children in return for recognition from the MOH and free health education materials, etc.[1]
Create 1) an accreditation system to ensure minimum facility and clinical quality standards are adhered to at health facility level, and 2) and accompanying incentive system	Work with the appropriate units at the MOH Federal level to create an accreditation system and accompanying incentive system.	• An accreditation system to ensure minimum quality facility and clinical standards. • The accreditation system is tied to a package of incentives.

NHIS/DHIS

The HSS Project maintains that strengthening the Health Information System (HIS) in Pakistan should contribute to continuous performance improvement of services, and result in better health status of the Pakistani population. This push for a better performing HIS is particularly critical in light of the government's 2001 devolution to the districts, who are now charged with decision making related to the

[1] This has already been done on a pilot basis in Pakistan and proved very successful

management of health resources, improving the health services provided by primary and secondary care facilities, and monitoring the work of Lady Health Workers at community level. [2]

No single source provides all the information required for planning and monitoring health services. Nonetheless, information for ongoing health program activities is easily and more efficiently obtained through routine data collection, or an HIS, which is why improving the HIS at all levels (the DHIS at the district level) has emerged as a priority for Pakistan, and a feature of the HSS Project.

At the federal and provincial levels, the MOH needs information to support policy, planning, and monitoring functions. Without these regular flows of information, provincial and federal level leaders are compromised in their ability to govern and provide the necessary management, financial and quality assurance oversight to the institutions in their jurisdiction.[3]

Challenges and Strategies

The main contributors to the weak HIS include: lack of data quality assurance mechanisms, low motivation and capacity to execute HIS tasks, and weak institutional mechanisms for HIS tasks. Perhaps the weakest of these mechanisms is the failure to routinely use information for performance improvement or planning at the district and provincial levels. This is compounded by inadequate organizational support for HIS, including the absence of ownership and accountability at provincial and district levels. Finally, information is not managed in a performance-based, output-oriented manner[4].

The HSS Project will pursue a number of strategies to address these mounting challenges, starting with helping MOH staff and officials to appreciate the value of data for decision making, planning, budgeting and monitoring. It is assumed that once the value and utility of routine reliable data is known, especially its application to performance improvement, there will be greater motivation to collect it and use it. Another strategy is designed to protect Project counterparts from TA overload in the area of HIS by reviewing concurrent efforts by other donors and implementing partners so the duplication of efforts is avoided. :

The table below presents the HSS Project's primary challenges related to HIS, and recommends strategies selected to address them.

[2] National Action Plan for Improvement of HIS in Pakistan, Feb. 2007

[3] Ibid

[4] Ibid

Challenges	Strategies
Recognizing the importance of using data for decision making, planning and budgeting	• **Build the capacity of health staff to analyze routine data using dashboards, GIS and other tools in order to improve decision-making at all levels** • **Implement household-level surveys for immediate access to information**
Motivating the workforce at all levels to provide quality data.	**Design and implement incentive and recognition programs for the creation of timely and quality data.**
Ensuring sustainability and usability of the DHIS	• **Establish a unit in each province to support the districts in the use of data for decision making** • **Build the capacity of NHIRC to use data for decision making at the federal level**
Collecting valid data at all levels	**Monitor and evaluate the use of protocols that support data integrity and the data collection process**
Avoiding multiple efforts across implementing partners in the establishment of duplicative and competing systems	**Collaborate with other implementing partners at all levels to ensure protocols for data collection and quality receive support and are adhered to**
Establishing a feedback loop regarding service delivery performance	**Develop a communications strategy to produce and disseminate research findings and success stories from the field, including the community level, to public, government, and NGOs**

The HSS Project is particularly keen to conduct annual household surveys to capture data from community members who have received care from both the private and public sector. Household-level surveys can be implemented quickly and will provide valuable information for use in the implementation and continuous improvement of the ESDP and its delivery. MSH plans to partner with a local NGO to design and implement the surveys. The infrastructure is available, the technology exists, and the results are available for quick analysis of coverage, quality and presenting challenges. These surveys will also function as a reporting mechanism to capture success stories from the field that can be shared broadly.

Activities and Deliverables

The proceeding table lists an illustrative sample of activities to be executed and their corresponding deliverables. "Quick hit" activities are indicated in **red** font.

Strategies	Activities	Deliverables
Build the capacity of health staff to analyze routine data using dashboards, GIS and other tools in order to improve decision-making at all levels.	Use GIS, Dashboard and other statistical systems to present information to donors, implementing partners, and the public to demonstrate the effect of health care service delivery on the population.	Graphical display of information through GIS, dashboard and website.
Implement household-level surveys for immediate access to information.	**1. Get MOH support for household surveys** **2. Design the household survey with key indicators and focus on USAID's priority districts** **3. Contract with an NGO to conduct the rapid household-level surveys** 4. **Verify the information collected against government data (when it is available)**	Better planning for the delivery of health services that are based on the population's needs.
Design and implement incentive and recognition programs for the creation of timely and quality data.	Establish a performance-based reward system for: • Data collection at the health facility level • Data analysis and use of information at the district, provincial, and federal levels	Motivated staff **at** all levels.
Establish a unit in each province to support the districts in the use of data for decision making.	1. Establish HIS unit in each of the provinces. 2. Conduct on-going capacity building of staff at the district and provincial level in data use and information management. 3. Support the coordination and analysis of data from various sources (DHIS, household-level surveys). 4. Organize monthly District Performance Review Meetings to provide feedback on data quality and timeliness to the health facility level. 5. Organize quarterly Provincial Performance Review Meetings to provide feedback on data quality and timeliness to the district level.	• Skilled staff at the District and provincial level to analyze and process data, and interpret information. • Ranking of health facilities and districts by performance. • Continuous improvement in quality of data, knowledge sharing and usability of the DHIS. • Sustainability of the system and continuous use of information for decision making at all levels.

Strategies	Activities	Deliverables
Build the capacity of NHIRC to use data for decision making at the federal level.	Build NHIRC capacity to help provinces and districts institutionalize the use of information systems and how to present information for decision making.	Increased public awareness of the existing health situation
Monitor and evaluate the use of protocols that support data integrity and the data collection process.	**1. Pilot M&E process and use of DHIS system in selected districts with focus on routine information system for monitoring activities and scaling it up to other districts.** 2. Institutionalize data quality assurance procedures.	Timely, accurate data flow from the facility to the district and other levels Complete adoption of the M&E model nationwide
Collaborate with other implementing partners at all levels to ensure protocols for data collection and quality receive support and are adhered to.	**Facilitate NHIRC to coordinate regular meetings with the implementing partners on status of DHIS and use of health information for intervention and planning.**	Coordinated and efficient efforts across implementing partners
Develop a communications strategy to produce and disseminate research findings and success stories from the field, including the community level, to public, government, and NGOs.	1. Build the capacity of NHIRC to analyze data and produce information from DHIS and make it available on its website and communicate it to the public. 2. Advocate the importance of data for decision making at all levels.	Increased public awareness of the existing health situation

Human Resources for Health

Human Resources (HR) form the core of a functioning health system. People manage and deliver every program and service in the system. By written and oral accounts, Pakistan's HR system experiences dysfunction or lack of function at all levels across the health system.

The HSS Project will examine Human Resources for Health (HRH) from two levels: workforce development and human resources management (HRM) systems. Workforce development includes the composition of the workforce, including the definition of various cadres of workers, their numbers, and their distribution. It also includes the assessment and planning functions needed to staff a proper healthcare workforce in alignment with the needs of the population it serves, and with the package of services to be delivered (the ESDP).

HRM systems contain a full complement of policies and practices than enable effective hiring and retention of employees. Examples of HR systems are: recruitment, selection, compensation, incentives, recognition, and setting performance objectives and evaluating actual performance.

Challenges and Strategies

Pakistan has a critical shortage of healthcare workers[5]. This is known anecdotally, and also reported in various publications. Still, there appears to be limited knowledge of the existence of these reports, and no evidence of their use. Provincial health officials reported a hiring freeze was imposed by the government from 1994 to 2003.[6] Though the ban has been lifted, the Sindh province MOH reports that they currently carry 3000-4000 vacancies. With such a high vacancy rate, workforce planning and priority setting is rendered practically irrelevant.

Pakistan's Health Policy Task Force examines health personnel-to-population ratios, and finds that Pakistan falls far short of regional standards set by Iran.[7] The gap will only become further exacerbated with Pakistan's population growth projections, which are higher than its South Asian neighbors. The most severe workforce shortage is for nurses, Lady Health Visitors, and Lady Health Workers, and other female health workers. There is also a lack of non-service delivery professionals in the health management system.[8]

The following examples display themes where sound HR policies and practices are lacking:

- Recent graduates are not tracked for retention in the workforce.
- Staff selection is based on a patronage system, rather than a system of evaluation against job-relevant criteria.
- The performance evaluation system is used for punishment, rather than planning, feedback, or motivation.
- A study of 40 health facilities in Sindh by Arjaman and Associates showed at least 50% absenteeism rates for doctors[9].
- Annual salary increases of 1-2% per year do not keep pace with the cost of living.
- Facilities are disorganized and staff do not know who is responsible for their upkeep

Finally, as with other health care management professions, there is an absence of HR managers inside the system with appropriate training, or with the defined role of addressing these issues. HR professionals are needed to address gaps in both workforce development and HRM systems.

The table below presents the HSS project's primary challenges related to HR, and recommends strategies selected to address them.

[5] WHO Report 2006
[6] Interviews with MOH and MOPW officials from Balochistan and Sindh, April 10, 2009
[7] Report on Recommendations by Health Policy Task Force for Health Policy Formulation
[8] USAID/Pakistan Draft Activity Approval Document, December 2008
[9] Loevinsohn, Benjamin, check reference

Challenges	Strategies
Synthesizing information about the size, classification and distribution of the workforce	Determine the size, classification and distribution of the workforce at all levels of the heath system
Growing the number of female health workers, especially in rural areas.	• Collaborate with national level counterparts to better manage the scale up of interventions with community health workers. • Provide support to Lady Health Worker (LHW) training programs in the districts
Getting clarity regarding roles and responsibilities at all levels of the health system	Implement job descriptions for all cadres, at all levels of the heath system that support and align with the ESDP
Motivating staff across different cadres of the workforce in the public and private sectors	Establish and install a performance-based recognition protocol throughout the health system that links to the successful delivery of the ESDP
Installing Human Resources Management systems at all levels	Conduct a series of quick HRM assessments to allow provincial staff to identify priority HR systems and processes to develop and introduce
Improving management and leadership skills at all levels, particularly women	Introduce appropriate management and leadership development programs, into the federal, regional, district, and private-sector training institutions
Offering degree-granting programs to professionalize health care management, with a particular focus on enrolling women	Work with Health Services Academy to develop and introduce professional health care management curricula, and licensing programs
Retaining public sector employees, particularly in hard to fill posts	Establish a clear career path for public sector employees
Implementing the Health Workforce Policy under the National Health Policy draft	Support the Ministry of Health in the development of the National Health Workforce Policy

Activities and Deliverables

The proceeding table lists an illustrative sample of activities to be executed and their corresponding deliverables. "Quick hit" activities are indicated in **red** font.

Strategies	Activities	Deliverables
Determine the size, classification and distribution of the workforce at all levels of the heath system	1. Conduct a secondary analysis of recent workforce assessments. 2. Disseminate information to health managers at federal, provincial and district levels.	Report on the availability of gaps in workforce capacity and volume.
• Collaborate with national level counterparts to better manage the scale up of interventions with community health workers. • Provide support to Lady Health Worker (LHW) training programs in the districts	**Partner with institutions providing LHW pre-service and in-service training to build their capacity to design and deliver training programs and scale interventions.**	Increased numbers of LHWs, especially in rural areas. Interventions are brought to scale in a phased in manner.
Implement job descriptions for all cadres, at all levels of the heath system that support and align with the ESDP	1. Develop, implement and communicate job descriptions for all cadres that support the implementation of the ESDP and facility and clinical quality standards. 2. Customize job descriptions at the provincial and district levels for select districts (years 2-5) 3. Development of job descriptions for non service provider healthcare managers	• Common understanding of the roles and responsibilities for each cadres. • Documented job descriptions.
Establish and install a performance-based recognition protocol throughout the health system that links to the successful delivery of the ESDP	**Conduct focus groups of health care workers in focus districts to develop desired/effective no-cost, low-cost recognition systems.**	• A more motivated workforce • A menu of recognition programs that can potentially be applied by other districts.
Conduct a series of quick HRM assessments to allow provincial staff to identify priority HR systems and processes to develop and introduce	Conduct a series of quick HRM assessments in each province, with a provincial team of representatives, to identify priority HR systems and processes to develop and introduce better HRM practices.	• New HR systems and processed selected, developed, and implemented to increase the motivation and performance of workforce.

Strategies	Activities	Deliverables
Introduce appropriate management and leadership development programs, into the federal, regional, district, and private-sector training institutions	1. Conduct a survey of established federal, regional and district training institutions. 2. Selection institutional training partners and enter into contractual arrangements with them. 3. Introduce appropriate management and leadership development programs, using a variety of methodologies. 4. Market and deploy programs to private sector providers.	Increased skill and effectiveness of staff responsible for managing, as demonstrated by high scores on the standards-based management approach used at the facility level.
Work with Health Services Academy to develop and introduce professional health care management curricula, and licensing programs	Work with the Health Services Academy to develop and introduce professional health care management curricula, and licensing programs	Increased skill and effectiveness of new graduates in management.
Establish a clear career path for public sector employees	Establish a working group in each province of provincial, district, and facility level representatives to develop minimum requirements for each professional level and criteria regarding how to reach the next level.	• Documented career paths. • A more motivated workforce, signaled by higher retention rates.
Support the Ministry of Health in the development of the National Health Workforce Policy	Provide TA to the Ministry of Health in the development of the National Health Workforce Policy	A completed National Health Workforce Policy communicated to all levels of public sector.

Cross-Cutting Components

Governance

In Pakistan, the Federal Ministry of Health is responsible for defining a vision, strategic planning, formulating policies, articulating policies, and setting ethical standards. The provincial health departments were meant to have similar roles within their own domains, with their core focus being the provision of guidance and regulations to the districts. More recently, however, the districts have been given responsibility for developing their own strategies and interventions based on their locally generated data and needs identified. Also, where provincial governments had responsibility for financing a major part of health service delivery within districts, recent political and administrative devolution has empowered district governments to serve as financial intermediaries, and 60% of the total health expenditure is therefore accounted for in district budgets. Still, major contributions for salaries and pharmaceutical procurements remain the responsibility of the provinces.

The roles, functions and spheres of decision-making across the public health system remain unclear and have contributed to a lack of motivation, accountability, transparency and a commitment to serve the

public. The public sector has been particularly negligent in its role as regulator of health services. There are large differences in the service delivery across districts especially in regard to primary health care services. Furthermore, little has been done to regulate the private sector, which covers nearly 80% of the population.

Presently, the provincial mechanism is being diluted when it should be strengthened to support devolution of governance and leadership functions.

Health Financing

It has been estimated that 75% of health expenditures are out-of-pocket payments to the private sector, while only 25% is contributed by the public sector. General taxation is a primary source of funding for the public sector; however, this is a limited revenue stream as Pakistan boasts a small formal sector and general taxation accounts for less than 20%of GDP. This also requires the public sector to compete for public budgets. As economic growth in Pakistan continues spurring the expansion of the private sector, other health financing schemes, such as private insurance, may flourish, but in the meantime, a number of new trends in health financing should be reviewed, such as social insurance programs, employee insurance schemes, private insurance programs, contracting out services, community based insurance co-operatives, co-payments, and equity health funds. Some of these models exist, such as Punjab Rural Support Program (PRSP) in Punjab and Sindh; the Provincial Health Foundations; the Zakat Fund; and the Bait-ul-Maal. However, none are being implemented at scale. And, although they all contribute in some way to greater financial fairness, and reduce the dependency on the public sector, the matter of catastrophic care remains largely unaddressed.

Challenges and Strategies

The primary challenges the HSS Project will address, and the strategies, with which we will address these challenges, are summarized in the table below.

The governance challenges relate to under-spending on public health services, providing insufficient leadership and oversight to the provincial level, establishing clear roles and responsibilities for different levels of the health system, and formulating evidence-based policies.

To address these challenges, the HSS Project will work with health sector counterparts to advocate for the resources – human, material and financial - to support the implementation of the ESDP, or the ESDP-P at the provincial level and below. Part of this advocacy will involve making a case for the increased coverage, reduced mortality, and cost savings that can be gained by implementing a minimum package of services. To help build the capacity of the Provincial Secretaries and their Directors to carry out their stewardship functions, and oversee the implementation of the ESDP, the HSS Project will place skilled management advisors, along with technical teams proficient in the areas of MIS, HRM, Quality Assurance, and Management and Leadership Development, in their units to provide ongoing technical assistance and coaching. Additionally, the Project will apply proven tools, such as the Responsibility and Authority Mapping Process (RAMP), to survey public health staff at different levels of the system to understand perceptions about functions and responsibilities at each level. Finally, we will strengthen

the National Health Policy Unit, and, to the extent possible, depending on it status, expedite and support the establishment of the Pakistan Health Research Council to create a research entity that can provide data to support informed policy-making. The Project will also assist these research bodies to publish and disseminate their findings and to promote their use in the formulation of sound public health policies.

The challenges in the area of health financing are many; therefore, the HSS Project will focus on those which can be addressed quickly and effectively.

A primary challenge is aligning funding with a evidence-based and focused health policies, rather than exclusively with changing priorities (i.e. those not related to critical MDGs, such as reducing child and maternal mortality, and combating major diseases). Compounding this challenge is the absence of viable, researched alternative financing mechanisms that can be introduced at scale to reduce private sector out of pocket costs, by improving the quality of the public health services.

In response to these challenges, the HSS Project will work from the sub-district level up to the provincial level, where block grants are given, to align the budgeting and planning processes, so that the ESDP is implemented without interruption due to inadequate resources. The Project will also endeavor to conduct a critical review select alternative financing initiatives, such as social insurance programs, employee insurance schemes, private insurance programs, contracting out services, community based insurance co-operatives, co-payments, and equity health funds to determine which be scaled up.

Challenges	Strategies
Governance	
Instilling political commitment to public health on the part of the federal government as seen by inadequate resources dedicated to health	Advocate for the resources – human, material and financial - to support the implementation of the ESDP, and build the leadership and governance capacity of federal level officials
Ensuring effective oversight at the provincial level	Place skilled advisors in the provinces to enable Provincial Secretaries and their Directors to better fulfill their roles as stewards of the public health system
Getting clarity about roles and responsibilities across senior staff at all levels	Apply the RAMP to public health staff to understand perceptions about functions and responsibilities
Using research findings to formulate public health policies	Strengthen the National Health Policy Unit, or expedite and support the establishment of the Pakistan Health Research Council to create a research entity that can provide data to support informed policy-making
Finance	
Aligning funding with a focused health policy, rather than with changing priorities	Align the budgeting and planning processes, so that the ESDP is implemented without interruption due to inadequate resources
Determining the best mechanism or set of mechanisms to reduce private sector out of pocket costs, by improving the quality of the public health services	Review select alternative financing initiatives, such as social insurance programs, employee insurance schemes, private insurance programs, contracting out services, community based insurance co-operatives, co-payments, and equity health funds to determine which might be scaled up.

Activities and Deliverables

The proceeding table lists an illustrative sample of activities to be executed and their corresponding deliverables. "Quick hit" activities are indicated in **red** font.

Strategies	Activities	Deliverables
Governance		
Advocate for the resources – human, material and financial - to support the implementation of the ESDP, and build the leadership and governance capacity of federal level officials	**1. Conduct a review of the RSP in Punjab and Sindh to determine and publish increased coverage, reduced mortality, and cost savings that have been gained by implementing a minimum package of service, and outsourcing management.** 2. Use the findings to scale up the experience within these provinces. 3. Conduct a series of Leadership Development Programs and Governance workshops with national program directors.	• A report containing the findings from the RSP review. • A plan for scaling up the health services delivery and management model within the provinces. • A list of ways in which the contracting mechanism can be strengthened to protect all parties. • National program directors are clear about their leadership and governance functions and exercise them in their daily work.
Place skilled advisors in the provinces to enable Provincial Secretaries and their Directors to better fulfill their roles as stewards of the public health system	**1. Contract Provincial Management Advisors and members of their technical teams to support the provinces in their public health functions.** 2. Conduct Leadership Development Programs with the District Health Management Teams.	• A complete team of technical advisors is placed at the provincial level to support provincial and district activities. • DHMTs are skilled in leadership practices, such as negotiation, prioritization, results based planning, communications, work climate assessment, and mobilizing and inspiring staff to achieve desired results.
Apply the RAMP to public health staff to understand perceptions about functions and responsibilities	1. Adapt the RAMP tool to the Pakistan context and apply it to a sample of public health officials at all levels of the health system.	• A report that identifies areas of greatest ambiguity relating to responsibility and management authority across nine functional areas, and all levels of the system.
Strengthen the National Health Policy Unit, or expedite and support the establishment of the Pakistan Health Research Council to create a research entity that can provide data to support informed policy-making	**1. Review the status of the NHPU, including its annual plan, budget, documents, research agenda, and communications strategy.** **2. As appropriate, review the status of the Pakistan Health Research Council, including its charter and research and communications agenda.**	• Reports on the status and technical support needs of the NHPU and the PHRC, as well as a description of their distinct roles and agendas.

Strategies	Activities	Deliverables
Finance		
Align the budgeting and planning processes, so that the ESDP is implemented without interruption due to inadequate resources	1. Work from the sub-district level up to the provincial level, using the PIP tool, to align the budgeting and planning processes, so that the ESDP is implemented against priority health needs and without interruption due to inadequate resources	• A planning methodology, based on the PIP that encourages performance based planning and budgeting, which starts at the sub-district level and moves through to the provincial level.
Review select alternative financing initiatives, such as social insurance programs, employee insurance schemes, private insurance programs, contracting out services, community based insurance co-operatives, co-payments, and equity health funds to determine which might be worthy of scale up.	1. Conduct a critical review of alternative financing initiatives, such as social insurance programs, employee insurance schemes, private insurance programs, contracting out services, community based insurance co-operatives, co-payments, and equity health funds to determine which might be worthy of scale up.	• A report that details the pros and cons of each initiative and uses criteria to determine which are best positioned for scale up.

ANNEX I: Key Health System Indicators and Targets

Indicators	Baseline 2006-07	Benchmarks and Targets	
		2009-10	2014-15
HEALTH OUTCOMES			
<5 mortality rate (per 1000 lb)	94	78	55
Infant mortality rate (per 1000 lb)	78	66	43
Maternal mortality ratio (per 100,000 lb)	276	240	150
Total fertility rate	4.1	3.7	3.5
COVERAGE			
% of children (12-23 months) fully immunized (Disaggregation by gender and income)	76 (47)	78	85
Antenatal care at health facility	53	65	81
Tetanus Toxoid coverage	56	58	64
% of births attended by SBAs	36	46	72
% of institutional deliveries	32	40	60
Contraceptive prevalence rate - % (Disaggregation by gender and income)	30	33	37
TB - Case detection rate (SS+) - %	51	74	84
TB - Treatment success rate - %	87	87	91
% of families sleeping under insecticide treated nets in high risk areas	-	5	28
Prevalence of Hepatitis B&C	7		5
HEALTH SYSTEM OUTPUTS			
Health facilities utilization rate (curative) - Patients per day per facility	33	36	41
Patient satisfaction-% population utilizing public hosp & facilities	20	23	33

Indicators	Baseline 2006-07	Benchmarks and Targets	
		2009-10	2014-15
HEALTH SYSTEM INPUTS			
Min. govt. expenditure on health as % of GDP	0.57	0.72	tbc
Total expenditure on health per capita (Rs. Per person per yr)	305	481	tbc
Doctors per 1000 population	0.75	0.78	0.87
Nurses per 1000 population	0.34	0.38	0.49
LHVs per 1000 population	0.047	0.054	0.068
LHWs per 1000 population	0.54	0.61	0.67
Hospital beds per 1000 population	0.65	0.64	0.64
% of Health facilities with stock out of essential 5 medicines	72	64	40
RISK FACTORS			
IDUs always using new syringes	41	53	71
Malnutrition (weight for age) - %	36	35	30
Exclusive breast feeding	23.1	24	50

ANNEX II: Project Management Plan

Core Function	Federal	Provincial	District
SERVICE DELIVERY:			
Delivery of services			
Preventive and primary health care programmes			
Health education and promotion			
Advocacy, liaison and community mobilization			
HUMAN RESOURCE:			
Health professions regulations			
Medical colleges, nursing and paramedical schools			
Human resource development and training			
Integrated supportive supervision			
Human resource management			
INFORMATION:			
Data collection and use			
Surveillance and diagnostics			
Health Research			
Surveys			
FINANCING:			
Health financing			
Financial Management			
LEADERSHIP AND GOVERNANCE:			
Policy formulation and strategy development and review			
Legislation			
Business planning (includes resource projections & allocation)			
Micro planning			
Inter sectoral coordination			
Inter provincial coordination			
Inter district coordination			
Intra district coordination			
General management and administration			
Service Delivery Standards			
Public private partnership (PPP) regulation			
Public private partnership contracts			
Environmental health			
Disasters and emergencies			
Management of donor support			