



USAID's MCH Program Component 5: Health Systems Strengthening

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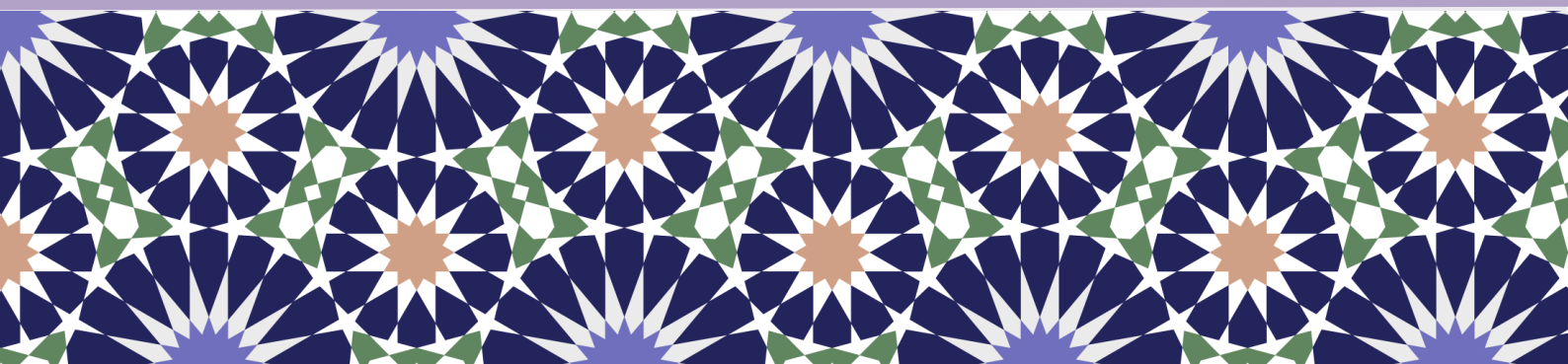


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Acronyms

ADHO	Assistant District Health Officer	MTBF	Medium-term Budgetary Framework
AIPH	APPNA Institute of Public Health		
AJK	Azad Jammu and Kashmir	PFMSU	Public Finance Management Support Unit
AOP	Annual Operational Plan		
AORs	Agreement Officer's Representatives	PHC	Punjab Healthcare Commission
		PKR	Pak Rupee
CEO	Chief Executive Officer	PMDC	Pakistan Medical and Dental Council
CHX	Chlorhexidine		
CMW	Community Midwife	PPHI	People's Primary Healthcare Initiative
DAP	District Action Plan		
DEO	District Education Officer	PPP	Public Private Partnership
DG	Director General	PRISM	Performance of Routine Information System Management
DGHS	Director General Health Services		
DHIS	District Health Information System	RMNCH	Reproductive, Maternal, Newborn and Child Health
DHO	District Health Officer	SDG	Sustainable Development Goal
DHPMT	District Health & Population Management Team	SHC	Sindh Healthcare
DOH	Department of Health	SHIS	Sindh Health Information System
ERU	Economic Reforms Unit	SOPs	Standard Operating Procedures
FATA	Federally Administered Tribal Areas	UNICEF	United Nations Children's Fund
		USAID	United States Agency for International Development
FP/MNCH	Family Planning/Maternal, Newborn, and Child Health	WHO	World Health Organization
FY	Fiscal Year		
GB	Gilgit Baltistan		
HR	Human Resource		
HSS	Health Systems Strengthening		
ICT	Islamabad Capital Territory		
IR	Intermediate Result		
JSI	John Snow Inc.		
KPIs	key performance indicators		
LHV	Lady Health Visitor		
LHW	Lady Health Worker		
MCH	Maternal and Child Health		
MCHIP	Maternal and Child Health Integrated Program		
M&E	Monitoring and Evaluation		
MIS	Management Information System		
MNCH	Maternal, Newborn, and Child Health		
MNHSR&C	Ministry of National Health Services, Regulations and Coordination		
M&S	Monitoring and Supervision		
MSDS	Minimum Service Delivery Standards		
MSPH	Master of Science in Public Health		

I. Executive Summary

This quarter culminated with the successful completion of three key activities. First, the final shipment of USAID-funded chlorhexidine (CHX) arrived from Nepal. HSS Component provided the CHX to other implementing partners and it was distributed across Pakistan as per the ministry of national health services, regulations and coordination (MNHSR&C)'s plan. Second, in response to HSS Component's advocacy with department of health (DOH) Sindh, secretary health Sindh directed the constitution of the medium term budgetary framework (MTBF) committee for health Secretariat Sindh. This initiative has been instrumental in sustaining need-based budgeting in the province. Third, a presentation on the web-based integrated dashboard to the Minister of Health Sindh contributed to the strengthening of health systems in Sindh. Since that presentation, the minister's team is making judicious use of the online health information system to track the health care delivery performance of districts. This has marked the initiation of a transparent and improved governance system in Sindh's health system.

HSS Component, on behalf of director general health services (DGHS) Sindh, advocated with the office of secretary health Sindh to release the district action plan (DAP) budget of PKR 364 million to districts. This budget will help the district teams implement activities currently planned under the annual operational plan (AOP) 2017-2018.

Since the existence of monitoring and evaluation (M&E) cells at district level is crucial to strengthening the health system, this quarter, with the technical and financial assistance of HSS Component, Ghotki and Larkana districts inaugurated their respective M&E cells. HSS Component also supported DGHS Sindh to organize the 12th provincial performance review meeting to assess the performance of district health and population management teams (DHPMTs), quality of district health information system (DHIS) data, status of DAP implementation, and field monitoring visits. During the provincial performance review meeting, it was noted that all district health officers now have chaired DHPMT meetings in their respective districts.

HSS Component helped the MNHSR&C convene a provincial coordination meeting in Quetta, Baluchistan on "Provincial Health Linkages for Coordination of Thematic Areas & SDGs under Health and Population Think Tank." The meeting primarily focused on the progress of the National Health Vision thematic areas and Pakistan's achievement of the sustainable development goals (SDGs). HSS Component also helped the MNHSR&C assess the progress of the Punjab Health Care (PHC) Commission in its effort to restrict/limit all forms of quackery in Punjab, per its established mandate.

As HSS Component comes to the end, the project has spent much of the quarter holding dissemination workshops at the district level to share best practices on strengthening health systems. Twenty-four districts held dissemination workshops with the HSS Component's team.

II. Activities and Results

IR 3.1 Increased Accountability and Transparency of Health Systems

3.1.1 Use information for advocacy to improve RMNCH services

Advocacy can improve reproductive, maternal, neonatal and child health (RMNCH) services. The HSS Component's team presented the web-based integrated dashboard to the minister of health Sindh. The team explained how online management and information systems can track the progress of health indicators and how information can be used for evidence-based decision-making. The minister of health appreciated HSS Component's efforts to design and scale up this intervention and recognized how the dashboard integrated all the management information system (MIS) of vertical programs. The minister requested the following modifications:

1. The time and date of monitoring and supervision (M&S) visits must be displayed online, with corresponding field coordinates.
2. The health managers must only be permitted to upload their photos after the completion of the M&S field visit. Currently the online system allows the photo upload prior to performing the visit.
3. Health managers should be mandated to upload their filled checklists within a week of their M&S field visit. A CHECK modality must be introduced into the system to ensure compliance on the timely submission of the checklists.

Following the presentation, the minister of health reviewed the performance of some districts. He called district health officers (DHOs) and respective focal persons directly to rectify gaps. He also stipulated that concerned officials who had not conducted their M&S field visits should provide an explanation. If continued, the tool can increase the oversight of supervisors and can help establish improved lines of accountability.

The minister of health Sindh requested HSS Component to conduct a weekly analysis with his team to identify gaps. This collaboration will enable his office to take corrective measures against poor performing districts, while simultaneously building the capacity of the provincial team to effectively use the integrated dashboards.

The HSS Component's team also shared district analytical profiles of Sindh, the findings from health facility assessments, district and provincial reports, and district action plan (DAP) and M&S manuals with the minister of health.

3.1.2 Provide technical support to DOH to improve governance by strengthening planning, monitoring, supervision, and evaluation (secretariat level)

Skilled human resources are necessary to improve planning, monitoring, supervision, and evaluation, resulting in improved governance. Dr. Saqib Sheikh, who was supported by HSS Component to earn a master's degree in science health policy and management from Agha Khan University, was posted with Secretary Health to provide technical support in public health. Unfortunately, HSS Component's

efforts to refurbish monitoring and evaluation (M&E) unit at the secretariat stalled, due to conflict between two public departments of Government of Sindh on the ownership of the space. The secretary health is seeking support from the chief secretary to get this issue resolved.

3.1.3 Implement monitoring and evaluation system (DGHS Sindh Hyderabad)

The HSS Component's team continued to provide technical support to provincial level managers and focal persons to strengthen the monitoring and evaluation system and improve the monitoring of health system performance. Provincial district health and population management team (DHPMT) focal persons should continue assisting with the online review of DHPMT performance, including meeting outcomes, performance analysis, and sharing feedback with districts. And provincial district health information system (DHIS) coordinators should continue to be involved in the review and analysis of online M&E dashboard data. The HSS Component's team supported the district health office teams to develop interventions to address gaps in reporting and consolidation of data, with a focus on completeness and accuracy of reports (including analysis and feedback on the lady health worker (LHW)-MIS, review of DHIS compliance, online DAP-MIS reporting, and online planning and implementation of M&S field visits). Although the number of confirmation of visits improved during the quarter, they are still very low (39% of the visits conducted in September, 2017).

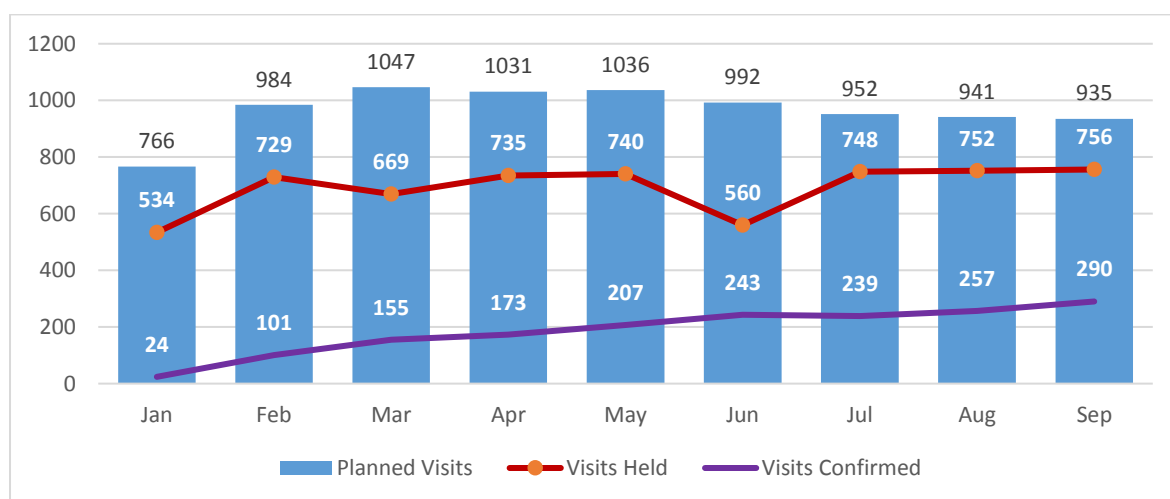


Figure-1: Supervisory Visits Planned vs Held vs Confirmed

IR 3.2 Improved Management Capacity of Health Department

3.2.1 Provide technical assistance for sustainability of district health system strengthening interventions

Provincial DHPMT Review Meeting for the Quarter April-June 2017

The sustainability of district health system strengthening interventions must be assured in order to improve health outcomes. Regular convening of provincial performance review meetings to assess and rank district performance on health indicators is included in sustainability mechanisms introduced by HSS Component. In this context, Directorate General Health Services Sindh organized

the twelfth provincial performance review meeting on August 4, 2017 to review the performance of DHPMT meetings conducted during the quarter April-June 2017. The Director General Health Services (DGHS) Sindh, Dr. Mohammad Akhlaque, chaired the meeting. Meeting participants included DHOs, district representatives, preventive programs' in-charge, provincial managers, and representatives of Jhpiego and PPHI. Deliberations were held on the performance of DHPMTs, quality of DHIS data, status of DAP implementation, and field monitoring visits. Gaps and appropriate actions to rectify these gaps, at different levels, were identified. Office of Directorate General Health Services Sindh expressed concern on the poor attendance, reported to be nine only, of district education officers (DEOs) in DHPMT meetings. The participants of the meeting shared ideas on how to increase DEOs' participation rate. District scoring on DHPMT meeting criteria was shared: district Hyderabad, Dadu, Tando Allah Yar, Thatta, Larkana, Kashmore, Khairpur, Naushero Feroz, Shaheed Benazirabad, Sukkur, Tharparkar and Umerkot ranked the highest while district Sujawal and Shikarpur were ranked lowest. Summary of considerations of the provincial performance review meeting were:

1. Representatives from local bodies, now functional, must be requested to participate in DHPMT meetings.
2. Feedback to health facilities must be provided on a regular basis.
3. The process of drafting meeting minutes requires further action and improvement.
4. Attention must also be given to taking appropriate measures to increase participation of notified members in DHPMT meetings.
5. Explanation letters must be issued to DHOs who did not attend the provincial performance review meeting.
6. DG Health will request the Secretary Health to post specialist doctors in district Mirpurkhas, Sanghar, Naushero Feroze, and Tando Muhammad Khan.
7. DG Health should direct DHOs in the Karachi division to begin organizing DHPMT meetings.
8. DHOs should ensure that there is availability of medicine, at health facilities, at all times.
9. DHOs should ensure the installation of a biometric system in their offices as well as health facilities so attendance may be improved.
10. DHOs have been directed to submit the progress of DAP implementation to the office of Director General Health Services Sindh.
11. Instructions by the Supreme Court order regarding waste management and safe drinking water must be followed.
12. Monitoring and supervisory reports should be filled out in a timely manner.
13. The details of personnel files of grade 1 to 15 officials should be sent to the office of Directorate General Health Services Sindh.
14. Litigation issues should be reported timely.

District DHPMT meetings for the Quarter July-Sept, 2017

While reviewing district performance on the DHPMT scoring index, it was found that 21 districts, except Badin and Tando Allahyar, scored more than 80% during the reporting quarter. Ten districts (Ghotki, Hyderabad, Jacobabad, Larkana, Mirpur Khas, Naushero Feroze, Sanghar, Thatta, Tharparkar, and Umerkot) maintained their scoring index, during July to September, 2017, compared to the previous quarter when there were only six districts. Six districts (Jamshoro, Kamber, Mititari, Shikarpur, Sujawal, and Tando Muhammad Khan) improved their scoring, during July to September

2017, as compared to the previous quarter. This reflects the commitment of DHPMTs to improve the state of health in their respective districts (Figure 2).



Figure 2: DHPMT Meeting Scores on an 11-point scale during current and previous two quarters

District Action Planning:

HSS Component's advocacy efforts led to PKR 364 million being allocated by the finance department for DAP budgets for fiscal year (FY) 2017-2018. DOH is in the process of releasing the DAP budget to the cost centers for implementing activities planned under the annual operational plan (AOP) 2017-2018. In addition, HSS Component's team members continued support to all districts in uploading details of planned activities for the AOP 2017-2018 in the online DAP system. During this reporting quarter the HSS Component's team supported district DAP coordinators and finance department personnel in uploading actual activities conducted during the previous quarter as well as uploading their financial expenditures as per their account codes. The HSS Component's team discussed in detail the implementation progress and expenditure details of AOP 2016-2017 with the district team and highlighted factors that impeded the progress of DAP activities. The figure below indicates the total amount released with total expenditures recorded and reported through the DAP online system.

The table below describes the targets set for FY 2016-2017, with planned activities for two quarters and the reported percentage.

Budget Released vs Expenditures				Activities Target vs Planned vs Reported			
330.87M Budget Proposed	50% % Released	165.44M Budget Released	17% % Expenditures	M&S Visits	46% % Planned	Trainings	14% % Planned
165.44M Budget Released		27.37M Expenditures		18,969 Target	59% % Reported	1,986 Target	62% % Reported
				8,681 Planned		276 Planned	
				5,101 Reported		171 Reported	

DAP Planned and Reported Activities (2016-2017)

The table below indicates reporting by “activity group.” Monitoring and supervision reported almost 56% of expenditures, whereas only 11 % of community events and training expenditures were reported.

Activities Target, Planned & Reported						
Sr#	Activity Group	Target	Planned	Reported	% Planned	% Reported
1	Monitoring and Supervision	18,969	8,681	5,101	45.76%	58.76%
2	Printing	15,487,900	58,035	50,035	0.37%	86.22%
3	Community Events	1,841	221	218	12.00%	98.64%
4	Training	1,986	276	171	13.90%	61.96%
5	Repair and Maintenance	0	0	0	0.00%	0.00%

Activity Group wise Budget Proposed, Released & Expenditures						
Object Code	Activity Group	Budget		Expenditures	% Budget Released	% Expenditures
		Proposed	Released			
1	Monitoring and Supervision	Rs. 34,160,700/-	Rs. 19,068,000/-	Rs. 10,795,860/-	55.82 %	56.62 %
2	Printing	Rs. 69,433,700/-	Rs. 0/-	Rs. 145,000/-	0.00 %	0.00 %
3	Community Events	Rs. 37,137,352/-	Rs. 19,857,000/-	Rs. 2,315,562/-	53.47 %	11.66 %
4	Training	Rs. 188,295,061/-	Rs. 125,212,000/-	Rs. 14,035,076/-	66.50 %	11.21 %
5	Repair and Maintenance	Rs. 1,845,000/-	Rs. 1,298,000/-	Rs. 74,652/-	70.35 %	5.75 %
Total		Rs. 330,871,813/-	Rs. 165,435,000/-	Rs. 27,366,150/-	50.00%	16.54%

DAP 2016-2017 Reported Expenditures

Inauguration of district Ghotki and Larkana M&E cell:

HSS Component provided technical and financial support to all district health offices to establish M&E cells. In August, USAID deputy mission director (Sindh and Baluchistan) inaugurated district M&E cells in Ghotki and Larkana, respectively. USAID AOR, Deputy Commissioner Ghotki Mr. Ejaz Ali Shah, HSS Component’s chief of party Dr. Nabeela Ali, representatives of the districts’ health office, population welfare department and PPHI also attended the inauguration. With the institutionalization of these cells, it is envisioned that access to information and governance will continue to improve throughout the province.

HSS Component’s best practices dissemination workshops held across Sindh:

Since HSS Component is coming to a close, the project held dissemination workshops at the district level in Sindh to share best practices on strengthening health systems. Dissemination workshops were successfully completed in all 24 districts. Each dissemination workshop started with an overview of the goals, objectives, and strategies of the HSS Component. Each intervention/strategy adopted was discussed in detail, and recommendations were provided, with an emphasis on how HSS Component’s strategies should be sustained by the department of health (DOH) Sindh. All stakeholders participated including representatives from HSS Component, the development sector, district health offices, population welfare office, PPHI, and vertical programs.

3.2.2 Provide technical assistance to assess quality of DHIS

Since the Sindh Health Information System dashboard has been designed and implemented, it has been upgraded to not only include DHIS reporting but also to serve as a monitoring and supervisory system. One of the analytical reports includes the submission of accurate and timely reports every month. The report shows the number and percentage of facility in-charges who submitted monthly reports by the due date. Data accuracy is considered as reported by the district DHIS coordinator

using data validation checklists through monitoring and supervisory visits. Currently, the Sindh HIS dashboard includes the indicator “percent of health facilities submitting timely, complete, and accurate DHIS reports” and can be obtained for all those facilities where data validation checklists have been filled and submitted by DHIS coordinators/DHOs/assistant district health officers (ADHOs). The data accuracy of the DHIS reports for the month of August 2017 shows there has been an increase in the percentage of accurate, timely, and complete reports in Sindh:

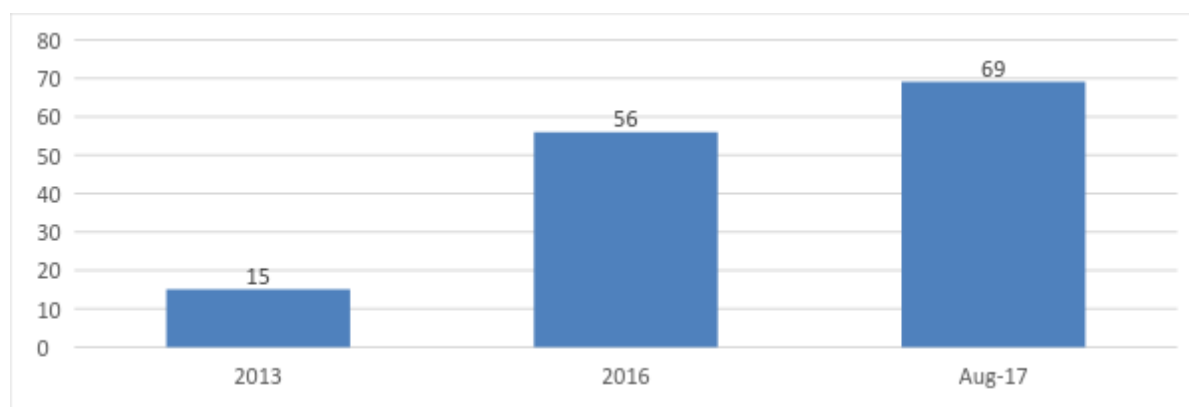


Figure-3: Accurate, Complete and Timely Submitted Reports in 2013, 2016 and August 2017

Data timeliness

The submission of monthly reports by health facilities within the specified time frame is important for compiling district and provincial reports and for using information for real-time decision-making. The assessment studied the timing of last month’s progress reports submitted by facilities’ in-charge to DHOs as well as verification of the reports from the DHOs. Between 2013 and 2017, there was an increase both in the timely submission and receipt of reports by district offices.



Figure-4: Percentage, of facilities, by timely reports submitted and verified from the DHO (2013, 2016 and August 2017)

Regular reminders and feedback provided after monitoring and supervisory visits resulted in improvement of timely submission of DHIS reports from 48% in 2016 to 99% in August 2017.

Data completeness

Data completeness determines the value of aggregated reports. Incomplete monthly reports undermine data use produced at the facility level because it lowers its quality and inevitably contributes to poor management and decision making. Incomplete data suggests a lack of training and/or poor motivation of staff.

For data completeness, the Instructional Manual on DHIS 2010 states the following:

- “Fill in all items of the report. Never leave blank a possible entry. If the number of the item is zero, fill in 0.”
- “For activities that are normally not performed in the health facility, the reporting section can be crossed out and overwritten by ‘Not Applicable’.”

Data completeness was assessed by examining the number of cells in monthly reports that were left blank, i.e., neither filled with “0” nor crossed out as “Not Applicable (N/A).” Online data of PRISM showed that there was significant improvement in overall data completeness for all facilities, from 56% in 2016 to 69% in August 2017.

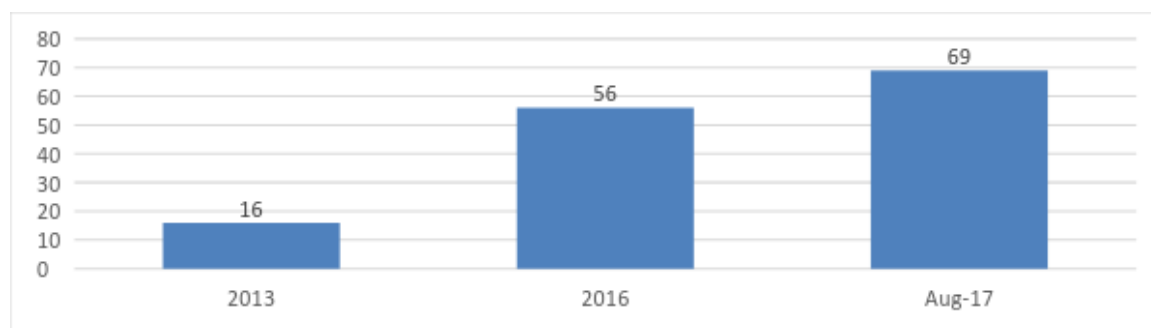


Figure-5: Data completeness (%) reported in 2013, 2016 and August 2017

Data Accuracy

Data accuracy is the most important determinant of data quality. Accuracy implies that information recorded on different instruments is consistent throughout the system, which includes the generated monthly report and any other applicable intermediate reports. To prepare monthly reports at the facility level, data must be transferred from the registers to the monthly reporting formats. The level of data accuracy was assessed by cross matching the data in reports with data documented in the registers (records).

To assess data accuracy and completeness, the last (previous) month’s reports, using 19 data elements, were randomly selected. The randomly selected indicators were matched with the reported figures in the last month’s report submitted at the district level.

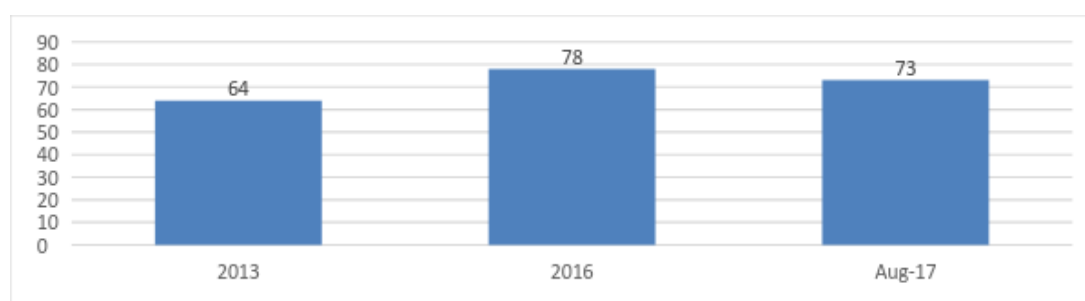


Figure-6: Data Accuracy (%) of Monthly DHIS Reports in 2013, 2016, August 2017

3.2.3 Provide technical support to institutionalize MTBF

Rigorous advocacy by the HSS Component’s team culminated in the successful formation of a medium term budgetary framework (MTBF) committee (Annex - I) which will review priorities and define ceilings to cost centers. This initiative will sustain the MTBF approach to promote the practice

of need-based budgeting. Following the notification, the HSS Component's team supported the DOH Sindh to prepare a detailed activity matrix against each term of reference of the MTBF committee. In addition, assistance was provided to finalize the roles and responsibilities of MTBF committee members and develop a timeline for effective compliance. Coordination was facilitated with other departments in DOH Sindh for timely compliance as per the planned activity matrix.

A meeting was held with the senior program officer of the Economic Reforms Unit (ERU) and the Finance Department with a focus on expediting the process of MTBF and ensuring the effective role of ERU to support functions of the MTBF committee. The ERU team assured their support for the MTBF committee members in preparation of need-based budget estimates. The HSS Component's team shared the activity matrix with ERU for their review and suggestions. Necessary adjustments proposed by ERU in the activity matrix were later communicated to head of MTBF committee for modification and further action.

HSS Component conducted a study on cost centers to support DOH Sindh to: 1) improve nomenclature of cost centers according to functional classifications outlined in the budget book; 2) creating uniformity among different types of cost centers; and 3) adjusting linkages between health facilities and different cost centers so that budget estimations at the cost center level may be improved. HSS Component supported a study and review of cost centers, and the findings were shared with the budget section of DOH Sindh and ERU team to review and suggest necessary actions.

HSS Component's team drafted guidelines for all cost centers and shared with DOH and the public-private partnership (PPP) Node to collect the required information in time for the preparation of budget estimates for the following year. An analysis of non-development budget allocations for primary health care was prepared and findings were shared with the Public Finance Management Support Unit (PFMSU) in the Finance Department. The purpose of the meeting was to discuss the highlights of the analysis and to request a review and finalization of budget proposals for the Sindh Government. After a review by PFMSU experts, the primary health care budget allocation was finalized (Annex - II).

3.2.5 Provide technical support to the Sindh Health Care Commission

HSS Component continued providing technical and logistical support to the Sindh Health Care (SHC) Commission to complete the operationalization phase of the commission. Succinct brief of activities, carried out, is as follows:

1. Human Resource (HR) Committee meetings:

HSS Component supported the HR Committee of SHC Commission to convene meetings during the reporting quarter to review, and suggest modifications to the draft job descriptions of relevant positions. After finalizing the job descriptions the HR committee approved the necessary amendments and the finalized job descriptions of 50 positions to be hired for the directorates of anti-quackery, finance, monitoring & evaluation, licensing and accreditation, complaints, clinical governance and trainings, and business support. The HR Committee approved 21 positions to be advertised for the next phase of recruitment.

2. Complaint Management Committee meeting:

The HSS Component's team assisted the Complaint Management Committee to prepare the commission's regulations on "complaints" inclusive of: a) scope of complaints and medical negligence; b) lodging a complaint; c) complaint handling; d) procedure of investigation; e) powers of inquiry officer/committee; f) disposal of complaints; g) representation against the orders of the CEO; and h) appeal against the orders of the commission. The HSS Component's team facilitated a meeting of the Complaint Management Committee to review, suggest modifications to draft resolutions and approve the final version of the document.

3. Executive Committee meeting:

The HSS Component's team provided technical assistance to Executive Committee in preparation of the commission's regulations including: a) the SHC organization; b) registration of healthcare establishments; c) licensing of healthcare establishments; d) inspection of healthcare establishments; e) categorization of healthcare establishments; f) records; g) anti-quackery regulations; h) miscellaneous regulations; i) schedule-I (Application for Registration, Provisional & Regular License and their renewal); j) schedule-II (Fees); and k) schedule-III (Registration Certificate, Provisional License, Regular License & Register for Healthcare Establishments). During the reporting period, the committee held a meeting to review and approve the regulations after making necessary amendments.

4. Board of Commissioner meetings:

The Board of Commissioners reviewed recommendations of the HR Committee, Complaint Management Committee, and Executive Committee, inclusive of i) job descriptions of staff of the three directorates, ii) the commission's regulations 2017, and iii) advertisement for publication of the commission's regulations 2017.

During the reporting quarter, a second meeting of Board of Commissioners convened to i) notify the approved job descriptions finalized by HR Committee; ii) approve the initiation of recruitment process for 21 posts in the next phase; iii) approve the acceptance of joining reports of selected directors; and iv) approve SHC budget for the final year 2017-18. During this meeting, the CEO shared different options of rental premises for the SHC office. The issue will be finalized after the release of funds for the commission.

5. Audit and Finance Committee meeting:

HSS Component assisted the Audit and Finance committee to review and finalize budget details of the SHC Commission during the current financial year.

3.2.6 Technical assistance to DOH Sindh to develop Essential Health Services Package for the Secondary Level

This activity will be conducted under SHC Commission.

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

During the reporting quarter, HSS Component provided technical and financial assistance to ministry of national health services, regulations & coordination (MNHSR&C) on the following:

1. Health & Population Think Tank meetings:

During the reporting period, HSS Component provided technical and financial assistance to MNHSR&C to conduct a one-day consultative meeting of the Health and Population Think Tank at the Health Services Academy in Islamabad. The meeting focused on how to strengthen the linkages between provincial- and federal-controlled area governments. The meeting encouraged the Health and Population Think Tank to speed up implementation on the eight thematic areas, approved in the National Health Vision 2016-25 with major focus on SDG-3 entailing 'Ensure healthy lives and promote well-being for all at all ages.'

MNHSR&C convened a provincial coordination meeting in Quetta, Balochistan on "Provincial Health Linkages for Coordination of Thematic Areas & SGDs under Health and Population Think Tank." The meeting focused on the progress of the National Health Vision thematic areas and on how Pakistan can achieve the SDGs. Discussions on the challenges faced by the provincial government and its possible solutions were undertaken. Following these discussions, various provinces provided updates on the progress made by each of the respective provincial governments on the thematic areas of the National Health Vision. This helped to share best practices and lessons learnt by all provinces. The provincial meeting was attended by Minister of Health Balochistan, Additional Secretary DOH Balochistan, DG DOH Balochistan, representatives from various vertical programs, key officials from DOH Balochistan, representatives from UN agencies including WHO, donor agencies, civil society, academia, and the planning commission of Pakistan. The provinces and federally controlled area government officials including DG DOH Gilgit Baltistan represented their relative province/area.

2. Training on the use of DHIS for AJK health officials:

HSS Component supported a two-day workshop in Islamabad on the use and implementation of the DHIS in AJK region. Twenty-five participants from ten districts of AJK were trained on the efficient use of DHIS for evidence-based decision-making. The participants included district health officers, medical superintendents of district headquarter hospitals, and DHIS coordinators. As a follow up, eight districts of AJK (Bhimber, Poonch, Kotli, Bagh, Neelum, Hattian Bala, Mirpur, and Haveli) completed 40 DHIS trainings for almost 900 health care professionals from all levels of health facilities.

AJK DHIS (online) is now represented on the integrated online national dashboard.

DHIS software training for FATA

A two-day training workshop on DHIS software was organized for FATA in Islamabad. HSS Component trained twenty-four participants including DHIS coordinators from the FATA Directorate, district managers, and data entry operators from frontier regions and agencies.

3. Assessing the effectiveness of the PHC Commission:

HSS Component supported MNHSR&C to assess the progress of the Punjab Health Care (PHC) Commission towards its objective to restrict/limit all forms of quackery in Punjab. Three interactive participatory sessions were convened to review and evaluate the commission's processes. The three core areas assessed were: 1) Minimum service delivery standards (MSDS); 2) Training of healthcare establishment staff and surveyors; and 3) Registration and licensing, including inspections. To

evaluate the perceptions on the implementation performance of the PHC Commission, the HSS Component team conducted 44 in-depth interviews with internal and external stakeholders. Further inquiries were made to determine the factors affecting the current ability of the PHC Commission to implement effectively its mandate and consider factors affecting future performance. Results of this assessment are forthcoming.

3.2.8 Provide technical support to coordinate with federal and provincial governments in scale-up of chlorhexidine through partners (UNICEF, Maternal and Child Health Integrated Program, and WHO)

The final consignment of 975,000 CHX tubes was distributed to provinces and regions according to the below plan by the MNHSR&C:

Quantity of CHX tubes	Recipient
80,000	Department of Health AJK
240,000	Department of Health Balochistan
137,000	Department of Health FATA
22,000	Department of Health, Government of GB
150,000	MNCH Program Khyber- Pakhtunkhwa
200,000	Department of Health Punjab
51,000	Department of District Health ICT. Islamabad
100,000	MCHIP Karachi

Trainings on CHX Application in GB and AJK:

The trained master trainers of GB completed training on the application of CHX in the pilot districts of Gilgit and Skardu. This will ensure a consistent CHX application protocol is applied at scale. A total of 291 health care providers successfully attended the training at Gilgit and 424 health care providers at Skardu. The number of trainings conducted at Gilgit was 13 and 17 at Skardu. At AJK 28 trainings on CHX were completed in Muzaffarabad and Kotli. A total of 615 health care providers including community midwives (CMWs) and lady health visitors (LHVs) successfully attended the training.

3.2.9 Home office support to conduct process evaluation on selected interventions

With the assistance of JSI's Center Health Information, Management, and Evaluation, the HSS Component's team conducted a critical review of selected HSS Component's interventions with the objective to learn about the drivers of health system strengthening and inform next-stage programming in Pakistan. During the reporting period the report was published. Highlights of the report indicate:

- The culture of performance-based planning and management is taking hold slowly but the pace will pick up with increased demand for accessible and actionable data, which is essential to advance the reforms in governance.
- Access to real-time data has improved understanding of district-level operations among provincial decision-makers. No doubt some districts still lag behind in the reliability of reporting and management, however HSS Component believes that monitoring and supervision at district level, if practiced efficiently, will address this gap in the long run.
- Although district-level capacity has improved to make planning and budgetary requests informed by data and reflecting local needs, there is still a disconnect between the districts and the province and possibly a lack of appreciation among provincial-level actors for the extent to which districts have taken on the responsibilities and capacities needed to govern.

3.2.13 Provide support to strengthen the skills of PPHI mid-level managers in policy and planning; strategic thinking; change management; program and project management; communications; decision making; and delegation

Similar to HSS Component's financial support to DOH Sindh, PPHI health managers were supported to enhance their professional skills. Twenty-five mid-level PPHI health managers are enrolled in the Master of Science in Public Health (MSPH) program at APPNA Institute of Public Health (AIPH) in Karachi. After graduation all managers will be assisting the management of PPHI. PPHI is currently managing 1,140 (59 percent) of the 1,946 health facilities in Sindh.

IR 3.3 Strengthened Health System through Public-Private Partnerships

3.3.2 Provide technical support to improve stakeholders' coordination to strengthen health system

The HSS Component continued to provide technical support to the DOH Sindh to improve intradepartmental coordination at the district and provincial levels. This led to improved performance of health systems and effective implementation of activities, such as convening of DHPMT meetings within a specified timeframe, improving quality and timely reporting of DHIS data, and planning and executing monitoring and supervisory field visits.

Just to corroborate the evidence, below are a few highlights of HSS Component's technical support, during the reporting quarter, to improve stakeholder coordination to strengthen health systems:

4. HSS Component's senior leadership held meeting with secretary health Sindh:

The HSS Component's team met with Secretary Health Sindh Dr. Fazlullah Pechuho. The HSS Component's team briefed the secretary health on the progress made on the district action planning online system and shared a brief of the AOP 2017-18. A presentation of the online DAP-MIS was also given to the secretary health. The secretary health was also asked to ensure:

1. Notification of MTBF Committee at health secretariat, Government of Sindh
2. Permission to start renovation work for establishing a monitoring cell at the health secretariat,
3. Release of funds for AOP 2017-18, and

4. Meeting with the World Bank on re-structuring of DOH Sindh.

The secretary health referred the first two matters to Special Secretary Health Mr. Aijaz Maheser. In reference to the release of funds for AOP 2017-18, the secretary health preferred to review the shared brief prior to taking any further action. The secretary health has agreed to a meeting with HSS Component and World Bank early next quarter.

1. HSS Component's meeting with special secretary health Sindh:

HSS Component held a meeting with a Special Secretary Health Mr. Aijaz Maheser and briefed him on HSS Component health interventions, especially district action planning and MTBF budgeting. The special secretary health reviewed a draft notification of the MTBF Committee and suggested changing Deputy Secretary (General) to Deputy Secretary (Budget) through a formal request to the secretary health for approval. The layout drawing of the M&E cell at the Secretariat was also shared with the special secretary health.

2. HSSC presentation on online integrated dashboard:

The HSS Component's team presented the online integrated dashboard to the chairman of the planning and development board and his team. He was briefed on the technical assistance provided to DOH Sindh to monitor progress on health indicators and use information for evidence-based decision-making. The chairman recognized and appreciated HSSC efforts to play a pivotal role in upgrading health systems at the district and provincial levels of Sindh.

3. Meeting of HSS Component's Chief of Party with Dr. Azra Pechuho and Begum Shahnaz Wazir Ali:

The HSS Component's chief of party had a meeting with Dr. Azra Fazal Pechuho, chairperson provincial oversight & coordination cell, and Begum Shahnaz Wazir Ali, technical coordinator of provincial oversight & coordination cell, to share HSS Component's accomplishments. HSS Component's chief of party apprised them of issues and challenges and the way forward to sustain HSS Component's interventions in Sindh. The HSS Component's chief of party also shared that handing over the interventions to DOH Sindh was completed after HSS Component built the capacity of DOH staff.

Dr. Azra Pechuho and Begum Shahnaz Wazir Ali acknowledged HSS Component's efforts and agreed to take deputy commissioners, of all districts, on board especially in the DHPMT forum. Dr. Pechuho also requested a review of the deployment plan for the newly trained managers, who completed master's degrees with the financial support of HSS Component.

4. HSS Component's meeting with the senior leadership of PMDC:

HSS Component's chief of party Dr. Nabeela Ali held a meeting with the president of the Pakistan Medical and Dental Council (PMDC), Dr. Shabbir Ahmed Lehri, to discuss the assistance being provided to PMDC. The meeting was a follow-up of a meeting held with General Dr. Abdul Khaliq Naveed, focal point person nominated by PMDC to review inspection tools being used by PMDC inspectors to assess the capacity, functions, and infrastructure of new medical and dental colleges requesting registration and recognition. Dr. Lehri suggested presenting the newly developed inspection tools before the PMDC Council for vetting and approval.

5. Support to DGHS Sindh Office for DAP implementation:

The HSS Component's team assisted the DAP focal person at the office of DGHS Sindh to follow up with districts that have not yet uploaded to the DAP-MIS their implementation progress and expenditures to complete DAP activities. In this context, necessary guidance was provided to health office teams of such districts.

III. Monitoring, Evaluation, and Reporting

Monitoring and evaluation is an essential requisite of health systems strengthening to ensure quality of care. During this quarter, the HSS Component's team travelled across Sindh to assess the progress of each health intervention and conducted follow-up meetings with concerned public authorities to rectify gaps.

M&E activities included:

1. HSS Component's team attended a meeting with DOH and LHW program officials to review and improve LHW-MIS tools. The HSS Component's team made sure the changes proposed during the meeting were in the draft on the revised version of the LHW-MIS tools.
2. HSS Component attended DHPMT meetings to ensure that district health office teams are now effectively using all the resources to organize these meetings. Sujawal and Shikarpur were noted as poor performing districts after attaining low scores on the DHPMT index. Health office teams were requested to pay closer attention to improve the quality of DHPMT meetings.
 - a. One of the observed reasons for low scoring of DHPMTs was little or no attendance by district education officers. To ensure their participation, education officers were contacted and briefed on the significance of this forum and requested to attend.
3. Directorate General Health Services Sindh and HSS Component's monitoring team observed the performance of DAP focal persons through online DAP system. Online DAP system revealed poor uploading of planned and reported activities. The system also indicated most of the districts failed to upload DAP related expenditures. To address this issue, HSS Component's field managers provided individual support to the poor performing DAP focal persons.
4. DHIS coordinators were encouraged to improve the quality of DHIS reporting by specifically focusing on the accuracy of the reports. During monitoring visits, it was observed that some health facilities were not filling in the DHIS tools properly. To ensure accuracy and completeness, respective health facility staff was trained. The reason cited was a lack of knowledge, given there was a rapid turnover of DHIS focal point persons at secondary health facilities. DGHS has issued memos to in-charge of all secondary health facilities to nominate a qualified person as DHIS focal point person.

5. During M&E visits, HSS Component's field managers observed that some district health officers, district focal persons, district manager-PPHI, district population welfare officer, and DEOs were not completely apprised of standard operating procedures (SOPs) of DHPMT, DHIS, MTBF, and district action planning. Health managers and focal persons were briefed on all of the relevant SOPs.
6. HSS Component's field managers provided orientation on tracking key performance indicators (KPIs) to district health office teams in order to improve district ranking.

Reporting USAID Performance Indicators Reference Sheet progress

Indicator	Reporting quarter performance
Indicator – 5.3.2a: Number of trained health and population managers posted.	25 PPHI mid-level managers are enrolled in MSPH program at APPNA Institute of Public Health.
Indicator – 5.3.2b: Number of districts with improved institutional capacity scores in management and oversight of FP/MNCH.	<p>21 districts scored above 80% as an outcome of improved institutional capacity in management and oversight of FP/MNCH. The remaining two districts scored 80%.</p> <p>Percentage of health facilities reporting on DHIS: In 23 of 23* (100%) districts, all HFs submitted the DHIS reports by the due date for the reporting period.</p> <p>DAP synchronized with Essential Package of Health Services: All 23 districts have done this.</p> <p>Increased budget allocation in primary health care by at least 5% per annum: All 23 districts have achieved this.</p> <p>Four quarterly review meetings held and DHPMT quarterly meeting performance discussed: 21 of 23 districts scored 9 or more in DHPMT quarterly meetings.</p> <p>Districts receiving feedback on DHIS reports from the provincial M&E cell/vertical programs: The M&E cell provided feedback to all 23 districts on monthly performance on different aspects of reports generated using DHIS.</p> <p><i>*Karachi is the 24th district. Its DHIS reports are submitted but not monitored by the project.</i></p>

IV. Issues and Challenges

- Despite HSS Component's continuous technical assistance provided to provincial authorities in preparing annual operational plans, it is anticipated that this process may become irregular in the future due to non-involvement of provincial authorities. It is envisioned that HSS Component may extend its support to DOH Sindh in preparation of operational plans.

V. Activities Planned for Next Quarter

- HSS Component best practices and lessons learned will be disseminated at the provincial and federal level.

Notification of MBTF Committee at Health Secretariat Sindh



**GOVERNMENT OF SINDH
HEALTH DEPARTMENT**

NOTIFICATION

NO.SO (B)5-31/2014-15: Health Department Government of Sindh is pleased to constitute a committee responsible for formulation and preparation of the Health Department's budget proposals on MTBF.

2. The MTBF Committee shall comprise of the following:-
- | | |
|---|-------------------|
| 1. Special Secretary Administration | Head of Committee |
| 2. Deputy Secretary (Budget) | Secretary |
| 3. Additional Secretary (Development) | Member |
| 4. Additional Secretary (Technical) | Member |
| 5. Director General Health Services | Member |
| 6. Focal Person on District Action Plan 0/0 DGHSS | Member |
| 7. Co-opt member | Member |
3. The terms of reference of the committee include:-
- Analysis of the previous year's budget allocation and expenditures, and determine resources utilization capacities and gaps.
 - Identify sector objectives and priorities, inputs and outcomes and to link outputs to the budget.
 - Review available ceiling in line with departmental priorities and issue the cost centers with budget preparation ceilings that reflect the internal priorities for expenditure.
 - Provide guidance in regular resource gap analysis, and preparation of spending proposals matching resource availability.
 - Provide guidance in setting performance targets for the following year's budget proposals.
 - Review the annual budget proposals so as to ensure that they are consistent with the overall sector objectives and priorities, and targets set for the following year's budget proposals.
 - Provide the necessary analytical work to support the decision making.
 - Build capacity to support improved district action planning, to use appropriate methodologies for aligning budgets with available resources, and to implement the spending plans to achieve output targets.
 - Engage with the Finance Department on the detailed annual estimates and review annual budget proposals for economy, efficiency in line with the Budget Strategy Paper.

**DR. FAZLULLAH PECHUHO
SECRETARY TO GOVT. OF SINDH**

NO.(B) 5-31/2014-15

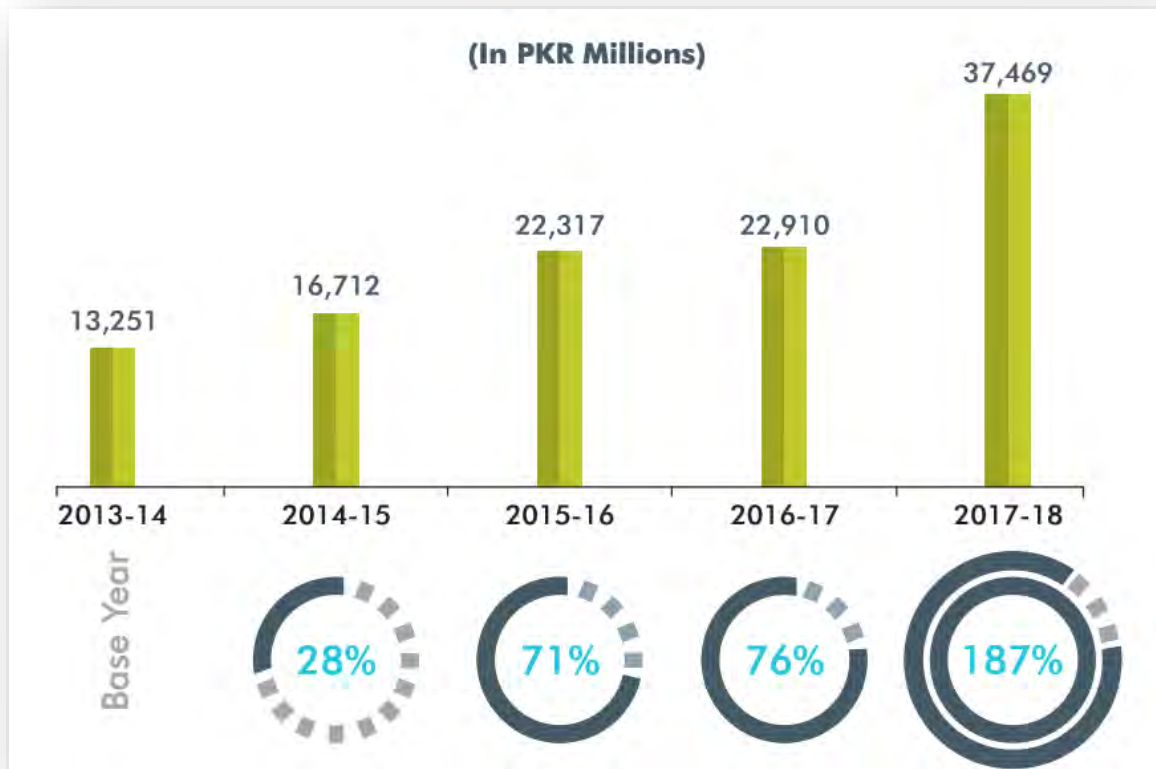
Karachi, dated the 8th August, 2017

A copy is forwarded for information & necessary action to:-

- The R.O. to Secretary Finance Sindh Karachi.
The P.S to Secretary Health Department Govt. of Sindh, Karachi.
The Officer/ Member concerned.
The Office Order file.



7.8.17
**(IRSHAD KHOKHAR)
DEPUTY SECRETARY (BUDGET & DEV)**

Budget allocation PHC (Non-Development) – historic trend

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.

