USAID's MCH Program Component 5: Health Systems Strengthening

Quarterly Report October–December, 2017

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Acronyms

AOP	Annual Operational Plan
CHX	Chlorhexidine
DAP	District action Plan
DDO	Drawing and Disbursing Officer
DGHS	Director General Health Services
DHIS	District Health Information System
DHO	District Health Officer
DHPMT	District Health and Population Management Team
DOH	Department of Health
DPWO	District Population Welfare Officer
FM	Field Manager
FP/MNCH	Family Planning/Maternal, Newborn, and Child Health
GB	Gilgit Baltistan
HR	Human Resource
HSS	Health Systems Strengthening
HSSC	Health System Strengthening Component
ICT	Islamabad Capital Territory
IHS	Integrated Health Services
IR	Intermediate Result
JSI	John Snow Inc.
LHW	Lady Health Worker
M&E	Monitoring and Evaluation
M&S	Monitoring and Supervision
MCH	Maternal and Child Health
MIS	Management Information System
MNCH	Maternal, Newborn, and Child Health
MNHSR&C	Ministry of National Health Services, Regulations and Coordination
MSDS	Minimum Service Delivery Standards
MSI	Management Systems International
MSPH	Master of Science in Public Health
MTBF	Medium-term Budgetary Framework
PHCC	Punjab Health Care Commission
PKR	Pak Rupee
PMDC	Pakistan Medical and Dental Council
PPHI	People's Primary Healthcare Initiative
PWD	Population Welfare Department
SHCC	Sindh Health Care Commission
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

I. Executive Summary

The Health Systems Strengthening (HSS) Component completed operational activities in the October–December 2017 quarter. During this time, a key operational activity was technical assistance to restructure the Government of Sindh's Department of Health (DOH) human resources. The HSS Component team reviewed the organograms of DOH Secretariat, Director General Health Services (DGHS) Sindh, and district health offices to revise and solidify roles and project DOH responsibilities over the next 10–20 years. The HSS Component facilitated a meeting between the DOH Sindh and the World Bank to identify and respond to provincial and district-level weaknesses and needs. At the DOH's request, the World Bank agreed to provide financial support for the construction of a new multi-story building for the health secretariat.

In this quarter, HSS oversaw a remarkable improvement in the implementation of the monitoring and evaluation (M&E) system by DGHS Sindh, as 83 percent of planned visits were completed by the district health office teams and checklists were uploaded to the online monitoring and supervisory system. Almost 60 percent of the visits held during the reporting quarter were verified through mobile phones. The mobile phone confirmation has increased by 24 percent since the last quarter. This improvement is an outcome of repeated advocacy with the district and provincial authorities, including the MOH, on the importance of data validation and using high-quality data to make decisions.

District performance on the district health and population management team (DHPMT) scoring index remained satisfactory, as 83% (19 of 23) districts scored more than 80 percent (scoring 9 points out of DHPMT eleven points criteria) during the reporting quarter. The DGHS established a provincial committee to review and discuss district report outcomes and progress made during DHPMT meetings. The DGHS then reported back to all district health officers and DHPMT focal persons. As a result, most districts received feedback on their DHPMT scoring through a structured template. The feedback encourages all district health office teams to consider DHPMT eleven criteria points while conducting quarterly DHMPT meetings and ensures that the performance of each district is monitored at the provincial level.

HSS Component's technical support for institutionalizing the medium-term budgetary framework continued. This support will continue until 2018 under the newly-funded Integrated Health Systems Strengthening/Service Delivery (IHSS-SD) project. In addition, JSI will continue to support the Sindh Health Care Commission (SHCC) for the next two years under IHSS-SD.

HSS Component's technical and financial assistance continued at the federal level to strengthen and improve the coordination of health functions between the federal and provincial governments. HSSC supported the Ministry of National Health Services, Regulations and Coordination (MNHSR&C) to convene a health and population think tank meeting on human resources (HR) in health, which is one of the most critical factors in the provision of high-quality preventive, promotive, and curative services. Ensuring both an adequate number of staff and an appropriate skill mix must be considered when making HR decisions. This is especially true when considering increasing the workforce at the community level (lady health workers, midwives, and paramedics), which should be a priority of the federal ministry to link Global Strategic Framework

and provincial strategies with National HRH building blocks (evidence based strategies, legislations & regulations; health workforce labour market; health professional education; and HRH information system). The HSSC also helped the MNHSR&C to assess the progress of the Punjab Health Care Commission (PHCC) in its effort to restrict all forms of quackery in Punjab, per its established mandate. A final draft of the assessment has been submitted to PHCC for feedback.

Gilgit Baltistan (GB) has been included as a part of Pakistan Health Information System and is now ready to report to online district health and other management information systems. A total of 42 master trainers in GB have been trained, and district health information system trainings have been rolled out to the entire region.

As HSS Component comes to a close, it has conducted an end-of-project dissemination workshop at the provincial level to share best practices on strengthening health systems. The Minister of Health Sindh Dr. Sikandar Mandhro expressed his gratitude to USAID and the HSS Component team for their efforts to support DOH Sindh in improving maternal and child health services in the province.

II. Activities and Results

IR 3.1 Increased Accountability and Transparency of Health Systems

3.1.1 Use of information for advocacy to improve reproductive, maternal, newborn, and child health services

In light of recent changes to the health department, Department of Health (DOH) Sindh has decided to make structural adjustments and asked the Health System Strengthening (HSS) Component to provide technical assistance. The HSS team reviewed the organograms of DOH secretariat, Director General Health Services (DGHS) Sindh office, and district health offices. As it reviewed existing functions, HSS suggested revisions to DOH job descriptions and structures to accommodate its projections for DOH responsibilities over the next 10–20 years.

HSS Component facilitated a meeting between DOH Sindh and the World Bank on October 18, 2017 at which participants assessed of provincial- and district-level weaknesses and needs. Among the identified weaknesses were the Integrated Disease Surveillance & Response System, the Drug Regulation Authority of Pakistan, out-sourcing contract management, procurement, financing, service delivery, nongovernmental organization management, in-service trainings, and planning development and research. The final assessment will be jointly reviewed, and a proposed structure will be presented to the chief secretary and chief minister followed by a notification from Services and General Administration Department (S&GAD) Sindh. As a long-term strategy, DOH asked World Bank for financial support to construct a new multi-story building for health secretariat. World Bank Representative Dr. Inam ul Haq indicated that the Bank will provide this funding, subject to a written request through Planning & Development and Economic Affairs Division.

The secretary health assured support for the accelerated initiation of health systems strengthening activities in the province. He suggested that the HSS team work closely with Project Director Automation (a newly approved DOH project) to establish M&E Dashboard at the health secretariat to review Information systems for evidence based policy decisions. The secretary health identified an office space for refurbishment to establish the technical unit/monitoring and evaluation (M&E) cell. HSS has initiated a process to renovate the identified space allocated by DOH.

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

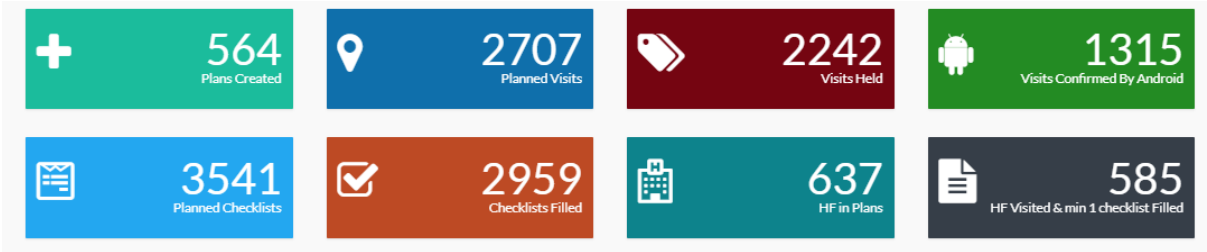
DOH recognized that the secretariat does not have enough technical staff to support policy/strategy, donor coordination, or human resources on a daily basis. Although HSS has developed links between districts and DGHS office over the last four years, still provincial and district links are weak. The lack of technical communication between the DGHS Sindh, the secretariat, vertical programs, and district health managers have limited access to new and/or revised policy/strategy documents and delayed policy deployment. The DOH has recognized the

need to track implementation, develop analytical skills, and increase the use of information available through the web-based M&E dashboard. The new M&E technical unit will facilitate all these necessary functions.

3.1.3 Implementation of monitoring and evaluation system DGHS Sindh Hyderabad

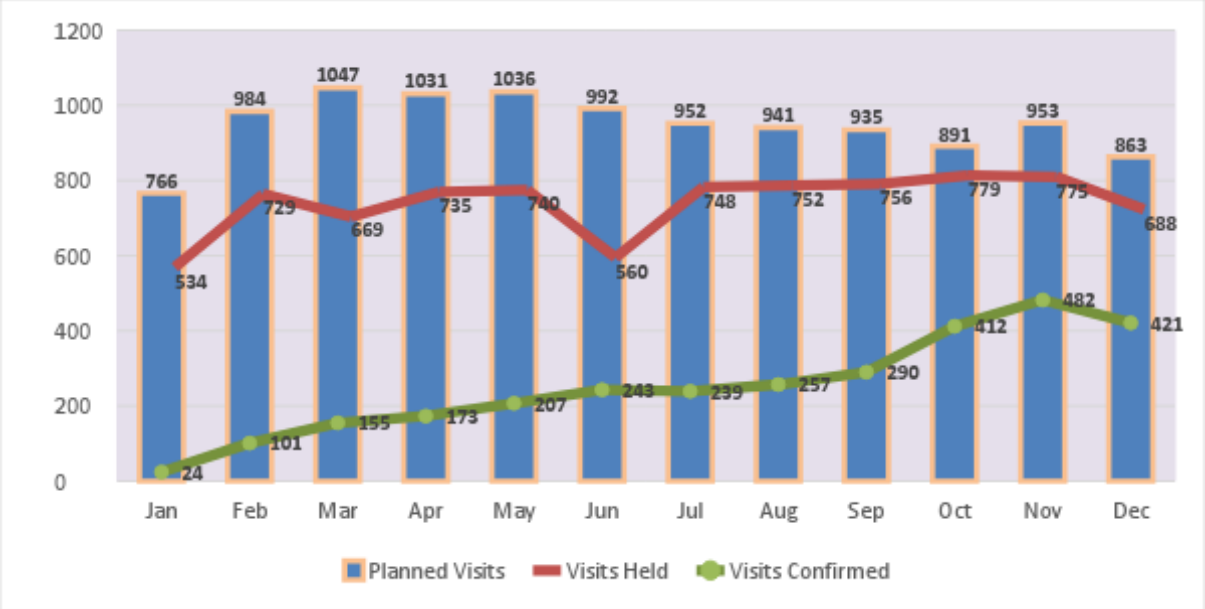
During the reporting quarter, the HSS Component continued advocacy for greater resource allocation and to use data generated from the web-based dashboard to make informed decisions. Periodic advocacy meetings with the DGHS and program managers of all vertical programs were held. It is now routine practice to provide written feedback on errors identified in district health information systems (DHISs) and other management information systems (MISs) reports to district health officers (DHOs) to improve the quality of reporting.

HSSC continued to provide technical support to provincial-level managers and focal persons to strengthen the monitoring and supervisory (M&S) system. District health and population management teams (DHPMT) and provincial focal persons on quarterly basis review online DHPMT performance, including meeting outcomes, performance analysis, and provide feedback to districts. The DHIS provincial coordinator is responsible for reviewing and analyzing online M&E dashboard data. The HSS Component field managers provided technical assistance to the district health office teams to fill reporting and data consolidation gaps. Areas of focus included completeness and accuracy of reports, including analysis and feedback on the lady health worker (LHW) MIS, review of DHIS compliance, online district action plan (DAP) MIS reporting, and online planning and implementation of M&S field visits.



This use of information has resulted in improved medical stock and performance of vertical programs. During the reporting quarter, 83 percent of planned visits by the district health office teams to complete and upload checklists on the online M&S system were completed.

Almost 60 percent of the visits during the reporting quarter were verified through uploading photographs on mobile (see chart below). Mobile confirmation has increased by 24 percent since the last quarter. This improvement is a result of the HSS Component's repeated advocacy efforts with the district and provincial authorities, including the Minister of Health. The capacity of provincial health authorities has been improved to ensure regular follow up and review of the performance of district health office teams on monitoring and supervisory field visits.



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 committee

The DGHS established a provincial committee comprising three DGHS office staff to review the outcomes and progress of DHPMT meetings and provide feedback to all district health officers and DHPMT focal persons.

District DHPMT meetings

During the reporting period, twelve districts received feedback on DHPMT scoring through a structured template. Nineteen districts scored more than 80 percent on the DHPMT scoring index, which means that 83% (19 of 23) districts scored nine and/or above points out of DHPMT eleven points criteria) during the reporting quarter. Eleven districts (Dadu, Hyderabad, Sujawal, Thatta, Matiari, Tando Muhammad Khan, Kashmore, Naushero Feroze, Sukkur, Shikarpur, and Ghotki) maintained their scoring index. Three districts (Sanghar, Shaheed Benazirabad, and Badin) improved scoring since the previous quarter. However, it was observed that performance of seven districts (Jamshoro, Tando Allah Yar, Larkana, Khairpur, Tharparkar, Kamber, and Umerkot) diminished. Jacobabad did not conduct the meeting within its specific time period. The reason cited was the retirement of the DHO).

3.2.3 Provide technical support to institutionalize medium-term budgetary framework (MTBF)

The HSS Component provided assistance to DOH Sindh to convene a meeting of MTBF committee in November, 2017 at the office of Special Secretary Administration Sindh. This assistance included the preparation of a working paper, presenting context, and apprising the participants

of the MTBF implementation status and inputs under HSS Component on rationalized and need-based budgeting. Participants were also briefed on support from the MTBF Cell in the Economic Reform Unit and Budget Wing of Sindh Finance Department. The discussion focused on actions to be taken in preparation of next year's budget (2018–2019). The following actions were agreed upon:

1- Review and preparation of budget strategy paper (BSP)

The DGHS office will review and update the final year BSP in consultation with Health Department additional secretaries technical and development to prepare and present the draft BSP 2018–19 during the next meeting, which is scheduled to take place in the next quarter.

2- Preparation of budget 2018–2019

The deputy secretary budget will issue the instructions to all drawing and disbursing officers (DDOs) to initiate the process. He will also consolidate information related to final year budget use and key performance indicators received from DDOs for review in the next meeting.

A list of master trainers was presented to the committee, as was a list of all cost center staff trained on budgeting using MTBF. The deputy secretary budget will write letters to master trainers to conduct refresher trainings for staff at cost centers in the respective districts.

The DAP focal person at DGHS Sindh will call a meeting of all DDOs in Hyderabad and Karachi to discuss budget preparation as early as possible. It was suggested that DOH Sindh may approach the Public Finance Management Support Unit (PFMSU) in the finance department to explore the possibility of refresher trainings for accounts staff on budget preparation.

3- Prioritizing operating expenses demand for next year budget proposal

The deputy secretary budget will present priorities of operating expenses demand based on information compiled in individual district budgets.

4- Annual development program

The deputy secretary budget will coordinate with the additional secretary development to release next year's annual development program, which will outline the priorities of the province.

5- Online dashboard for financial performance evaluation

HSS Component team displayed the online DAP-MIS dashboard and its use to track progress on implementation of all activities planned under annual operational plans both in terms of physical targets and financial utilization.

6- Release of funds for AOP 2017–18

While discussing release of funds for annual operating plan (AOP) 2017–18, the deputy secretary budget pointed out the delay in receiving a response to his letter from DGHS Sindh about budget use of AOP 2016–17. The focal person DAP from DGHS Sindh office provided hard copies of the expenditures of AOP 2016–17. The deputy secretary budget assured that funds would be released upon receiving the report from the DGHS Sindh.

3.2.5 Provide technical support to the Sindh Health Care Commission

USAID IHSS-SD Activity will support the Sindh Health Care Commission (SHCC) until April 2019. This support will include an orientation of new staff roles, establishing a complaints management system, and creating public awareness of SHCC functions. In addition, SHCC will be supported to collaborate with health care providers and professional bodies such as Pakistan Medical Association. They will also be supported to initiate public and private sector health facilities registration; organize a census of private health care providers at all levels; and develop an inspection mechanism and train human resources to conduct inspections. The DOH Sindh agreed to the proposed technical assistance, which will occur with the support from the IHSS-SD activity.

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

Since the inception of the HSS Component, technical and financial assistance continued to strengthen and improve the coordination of health functions between the federal and provincial governments. The health and population think tank core group meeting on human resources in health was supported because it is the most critical factor in provision of high-quality preventive, promotive, and curative services. One of the challenges in Pakistan's public sector is inadequate staffing, job satisfaction, and work environment. The overall health sector also faces an imbalance in the number, skill-mix, and deployment of the health workforce, which is compounded by inadequate resource allocation at various health care levels. As a result, there are geographical disparities in coverage between provinces, districts, and rural-urban areas. The Government of Pakistan is cognizant of the health sector HR crises. As the burden of disease evolves in Pakistan, it is imperative that human resources are rationalized according to need in years to come. The objectives of the meeting were to deliberate on the gaps in current practices regarding HR development, deployment, regulation, management, retention, and motivation; roles of various regulatory bodies such as Pakistan Medical and Dental Council (PMDC) and Nursing Council; role of private sector in addressing HR challenges in the country; and HR reforms needed to reach Sustainable Development Goal 3 targets.

The meeting was attended by federal minister and director general of MNHSR&C, representatives of provincial departments of health, UN agencies including World Health Organization (WHO), donor agencies, development partners, civil society, academia, and the Population Welfare Department (PWD). International experts also attended the meeting.

DHIS implementation in Gilgit Baltistan (GB)

The DHIS was implemented in GB in October 2017. The launch began with an orientation attended by DHOs of all 10 districts of GB and was chaired by the secretary GB and the DGHS. The orientation explained elements of DHIS and how it will be brought online and integrated with the Pakistan Health Information System. The HSS Component provided technical and financial assistance to train 42 master trainers to conduct roll-down trainings on DHIS throughout the entire region. Following the training-of-trainers, three model trainings were organized in Gilgit, Hunza, and Chillas and 105 health professionals were trained.

GB is now ready to report online DHIS and other MISs. The province is now part of Pakistan Health Information System.

Health and population strategic forum meeting

HSSC facilitated the inter-ministerial meeting of MNHSR&C. The meeting is a forum to periodically undertake policy and strategic discussions to strengthen the health and population sector in Pakistan and to review the progress toward national goals and targets. The meeting was chaired by Federal Minister Saira Afzal Tarar, with participation of secretary MNHSR&C, DG health MNHSR&C, health ministers of Azad Jammu and Kashmir and Baluchistan, and secretaries of other provinces.

Technical assistance to Pakistan Medical and Dental Council

This past quarter, HSSC provided the following technical assistance to PM&DC:

- Review Pakistan Medical & Dental Council (PM&DC) inspection tools used to evaluate the newly formed medical and dental colleges.
- Build the capacity of PMDC audit inspectors to use the revised inspection tools.

During the reporting period, a meeting was held with PMDC officials to finalize the scope of work on the assessment of existing tools, identify gaps with recommendations and propose revisions/ modification of minimum standards. After the PMDC committee approves the modifications, a plan to train PMDC inspectors will be developed.

In November 2017, a follow-up meeting was held to review the findings of the assessment and recommendations for revisions in standards to be incorporated in inspection tools. The meeting was chaired by Gen Khaliq Naveed and Registrar Dr. Azar Shah. The recommended modifications were presented to the PMDC committee; approval is pending due to the judicial decision to cease the approval authority of the PMDC council.

Technical assistance to assess progress of PHCC

The HSS Component supported the MNHSR&C at its request to assess the progress of the PHCC toward 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 health care establishment staff and surveyors; and 3) registration and licensing, including inspections.

The design of the assessment was based on the understanding that improving the quality of health care service delivery to ultimately improve morbidity and mortality outcomes requires attention to three levels: 1) process; 2) organization system and support; and 3) external environment. In the four years since activity initiation, the PHCC has established itself as a regulatory agency, with an effective approach, processes, and systems for implementing the mandate. Twelve MSDS and related training and implementation packages have been developed for Category I, II, and III facilities, with 10 more currently being drafted or conceptualized. Two-hundred-and-seventy-nine trainings have been conducted for 8,501 health care establishments and 11,037 participants; 35,396 public and private health care establishment have been

registered and 20,879 approved for licensing; 5,347 pre-assessments and 2,714 regular inspections have taken place; 1,067 complaints have been registered, with 76 percent (n=810) reconciled and 24 percent (n=257) disposed of/in process; and 3,668 anti-quackery reports filed, with hearings conducted for 1,784 and convictions for 1,366.

The draft report has been submitted to the PHCC for their feedback. The final report will be submitted in the next quarter.

3.2.8 Provide technical support to coordinate with federal and provincial governments in scale-up of CHX through partners (United Nations Children's Fund [UNICEF], Maternal and Child Health Integrated Program, & WHO)

During the reporting quarter, the following activities on CHX scale-up were performed:

CHX annual review meeting and way forward

A meeting was organized in December to strategize locally produced CHX procurement. The discussion focused on provincial plans for CHX scale-up, inclusion of CHX indicators in DHIS and relevant MISs, advocacy for including CHX procurement as part of regular budget cost; and CHX demand-creation activities. The newly registered local pharmaceutical companies for CHX manufacturing presented their market plans. Meeting participants included representation from all relevant public and private stakeholders including provincial health departments of Punjab, Baluchistan, Federally Administered Tribal Areas, Khyber Pakhtunkhwa, GB, Azad Jammu and Kashmir, and ICT. Development sector representatives (i.e., USAID, JSI, WHO, UNICEF, Sustainable Health Outcomes through Private Sector (SHOPS), United States Pharmacopeia (USP), and pharma industry [Akhai, ZAFA, Acto, and Aspin]) also attended.

CHX roll-down trainings in Islamabad Controlled Territory (ICT)

During this reporting quarter, CHX roll-down trainings were completed in three ICT rural health centers (Tarlai, Bara Kahu, and Sihala). Three-hundred- and-forty health service providers including lady health visitors and LHWs were trained.

Master training of tutors on CHX application

A training of trainers for ICT hospitals was organized at Pakistan Institute of Medical Sciences in November 2017, at which 25 master trainers, including gynecologists and nurses of Federal Government Poly Clinic Hospital, Capital Development Authority Hospital, and Federal Government Hospital Chak Shahzad were trained.

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

Similar to the HSSC financial support provided to DOH Sindh, PPHI health managers were supported to enhance their professional skills. Twenty-five mid-level PPHI health managers were enrolled in the Master of Science in Public Health (MSPH) program at APPNA Institute of Public Health in Karachi. All graduates will be placed in PPHI management positions.

IR 3.3 Strengthened Health System through Public-Private Partnerships

3.3.1 Supply-side health equity model in Sindh

A case study on Heartfile Health Financing was commissioned to assess the usability of the Heartfile Health intervention. The study was led by Rifat Atun, professor of global health at Harvard School of Public Health. As the mixed-methods study summarizes, "Heartfile Health Financing can be characterized as a complex innovation aimed at improving the health system in Pakistan. This required bringing together innovations in partnerships, technology, payment systems and care processes at multiple levels to overcome the major challenge of universal access to health care. By leveraging available technologies—such as cell phones that were already available for most of the population and required no major new investments Heartfile was able to develop a transparent and usable new model acceptable to all stakeholders. The controls built in the system helped to mitigate potential misuse of resources and the transparency features enabled tracking for individual patients on a web platform, linking doctors, patients, and service providers. The model appeared to be scalable and replicable in Pakistan, and potentially elsewhere."

Ernst & Young prepared two versions (Pak rupee [PKR] and USD) of the **Heartfile Health Financing Sustainability Plan** and proposed several options for sustainability/scale up. In the PKR option 1, all patient assistance costs (PAC) and total operational costs (TOC) are financed by government, and calculations are given for scale up of staffing requirements and TOC and PAC for various scenarios in the event of a provincial plug into Heartfile Health Financing. In option 2, TOC is financed through returns on an endowment fund, while PAC will be financed through restricted grants from donors, as it is currently. In option 3, TOC is financed through a mix of service charges on philanthropic donations and return-on-endowment fund. For the USD version, several scenarios have been projected combining partial returns from a social impact investing fund and service charge. Ernst & Young has shared the calculation model of the plan with Heartfile finance manager and has trained him on its use so in the future it will be possible to compute and model various projections based on need. Heartfile is already on its way to implementing option 3 of the PKR version, in which the current operations are being entirely supported through a service charge on philanthropic donations. Currently, a 15 percent service charge is being levied.

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

The HSS Component continued technical support to improve coordination among stakeholders. During the reporting quarter, a meeting was convened with DOH Sindh to discuss the legacy of this project under USAID's Maternal and Child Health (MCH) program.

Chief of Party convened a meeting with secretary DOH Sindh and his team to discuss the technical and financial support being provided through the existing mechanism and briefed the DOH on the proposed support that will continue through the USAID IHSS-SD project. Some of the support described include restructuring of DOH Sindh, SHCC, DAP, and MTBF preparation.

More specifically, the technical support proposed for DAP and MTBF include data collection to prepare the budget for next year, future target setting for key performance indicators, cost estimation for various operating expenses, and preparation, consolidation, and submission of rationalized and need-based budget proposals for all cost centers. A technical assistance oversight committee will be developed to prepare an MTBF strategy paper, conduct a budget ceiling review, follow-up with cost centers for timely budget submission, and review budget proposals.

In addition, HSSC will provide technical assistance to address district-level challenges including a request by secretary health Sindh to rectify the anomaly in the powers of DDOs at cost-center level. This situation arose after health facilities were contracted out to implementing partners such as Indus, IHS etc. Since these contracted-out health facilities are now being operated under the control of respective district health officers, there are ambiguities about the extent to which DDOs can exercise their jurisdiction. Due to this ambiguity, fund use at the cost-center level is low despite the fact that these centers have the budget to conduct their planned activities.

Furthermore, at the request of secretary health Sindh, the HSS Component will help DOH prepare cost center budgets for the 23,000 LHWs who are now government employees.

The end-of-project provincial dissemination was held at the Karachi Marriott hotel. The event started with the recitation of Holy Quran, and was followed by Nancy Brady, JSI senior technical advisor, who welcomed all participants and thanked Government of Sindh officials for their cooperation and collaboration with HSS Component's team during the project's four-year tenure. Next, Chief of Party HSS Component presented an overview of the project, elaborating on HSS Component's contributions to improve health systems through DAP, DHPMT, DHIS, M&S and M&E interventions. She also displayed an integrated on-line interactive health information dashboard that links all vertical programs' MISs with recent national, provincial, and district level health and social sector surveys.

District and provincial stakeholders expressed thanks and reiterated that HSS Component support improved the status and quality of their performance. PPHI District Manager Tando Allahyar mentioned the importance of DHPMT meetings and how they improved coordination among DOH, PPHI, and PWD. He noted that most local issues are now resolved with collaboration between the DHO and PPHI.

Ms. Sangita Patel, USAID Director Health presenting a souvenir to Dr. Sikandar Mandhro, Minister of Health Sindh

USAID Director Health Ms. Sangita Patel thanked the government for its collaboration with MCH program partners and congratulated HSS Component's team for the successful project's conclusion. She reiterated that USAID will continue its support to the Government of Sindh through Government-to-Government funding mechanism.

At the end, Minister of Health Sindh Dr. Sikandar Mandhro expressed his gratitude to USAID and HSS Component's team for helping DOH Sindh ameliorate the state of MCH in the province. He emphasized the importance of M&E dashboard for making decisions based on facts and evidence. He further added that all health professionals must comply with health protocols to improve the lives of the beneficiaries.

Dr. Sikandar Mandhro, Minister of Health Sindh

III. Monitoring, Evaluation, and Reporting

Third-party project evaluation

Management Systems International (MSI) was selected by USAID to perform a third-party evaluation of all components of the USAID MCH program. The following activities were performed during the reporting quarter.

Data quality assessment

A meeting with Ms. Sadia Hissam and her team was held in November 2017 at JSI. USAID/Pakistan program office asked MSI-PERFORM to conduct a data quality assessment (DQA) of indicator 5.1.3a, "Number of districts with improved institutional capacity scores in management and oversight of family planning/maternal, newborn, and child health (FP/MNCH)" of the MCH 5 Health Systems Strengthening Component.

The DQA looked at the data collection, storage, analysis, and reporting protocols and practices of the program. The HSS Component provided I the following documents to MSI:

- Latest M&E plan and approved HSS Performance Management Plan.

- Latest version of Performance Indicator Reference Sheet (PIRS) available for the selected indicators.
- Tools used to collect data for the indicators.
- List of trainings.
- Monitoring tools of DHPMT and DHIS.
- Performance of routine information system management report.
- Sample DHPMT scoring report.

The DQA is expected to be submitted to USAID during the next quarter.

Evaluation

After the team planning workshop in the previous quarter, MSI started field work early this quarter. MSI randomly selected a representative sample of districts and JSI helped the MSI team as needed including securing reference letters from: DGHS office to DHOs and the relative district health office team; secretary PWD for district population welfare officers (DPWOs); PPHI headquarter to district managers; and secretary education office to district education officers for their participation in the end-of-project evaluation exercise. All field work has been completed and MSI will submit the end-of-project report next quarter.

Monitoring HSS field activities by MSI team

For monitoring of HSS activities by MSI, HSS/JSI helped MSI team to get the reference letters from the DGHS office for letting the MSI team to collect data of HSS activities in the districts and facilities.

HSS field manager performance review on interventions sustainability

During the reporting quarter, the HSS Component senior management team conducted a performance review of all field managers to gauge the performance of individual field-level managers to identify challenges in the implementation of activities and discuss ways to reconcile them. Among challenges identified were that during the performance review, nearly all districts improved DHIS reporting timeliness and completeness, but according to the field managers, the quality of the DHIS and LHW-MIS needs improvement. The error reporting in DHIS and LHW-MIS have reduced in recent months but still needs significant attention. Supervisory visits may be planned to validate all errors in DHIS and LHW-MIS indicated in the online system. The visit to individual health facility may focus to discuss errors reported by individual staff of the health facilities. A few field managers (FMs) said that error reporting in LHW-MIS is due to a system in which LHWs submit hard copies of their reports to LHW supervisors, who then pay a random person at an internet café to enter the reports. In other districts, the LHW supervisors submit reports to the district health office data-entry operator, who enters them monthly. During the data entry process, the LHW supervisors are not present to rectify misreporting or errors.

According to all FMs, the **M&S system** has improved over time. In 2017, this was attributed to the release of DAP funds and the telephonic feedback by the MOH to individual health managers.

All FMs expressed that it was crucial for the DGHS office to take leadership role and be actively involved in coordinating, supervising, analyzing, and providing feedback on the quality of the

M&S visits for data validation. The FMs were of the opinion that the current supervisory staff at DGHS seems to be unable to address the issues highlighted by the districts. So far, the DOH Sindh, DGHS office has not initiated communication between the provincial and district M&E cells, and recommended analysis and provision of feedback on DHIS and DHPMT quality issues were not implemented. Another recommendation by FMs was to improve district health officer and vertical program focal persons' computer literacy because they enter their checklists and other computer related documents.

Coordination gradually improved among DOH, PPHI, and PWD at DHPMT meetings. However, participation of education department representatives remained the weakest link. In a few districts frequent transfers of DPWOs hindered the participation of PWD representative. All FMs suggested that if the DHPMT forum is chaired by the district management, the performance of DHPMT will improve. Following are district-specific observations:

- PPHI Tharparkar is a problem because it does not participate in the DHPMT meetings.
- DHPMT meeting minutes were previously uploaded by cluster coordinator. Now DHO asks FMs to write minutes but the FMs refused. Minutes are now taken from FM reports and uploaded by DHO staff.
- The DHPMT meeting conducted at Badin was not attended by a single notified member.
- In Naushero Feroz, the lack of education department participation during DHPMTs is a problem.
- In Shikarpur, coordination was good with PWD, education, and PPHI. PDWO wants to chair the DHPMT meeting and demanded more authority. Stakeholders turn over frequently, and three PDWOs were transferred in one year.

DAP funds, through which districts conducted trainings and monitoring visits, were released for two quarters. When FMs were asked about the capacity of the DHO staff to develop DAPs/AOPs without the support of HSS, all FMs regretted to say that DHOs do not have the capacity to develop DAPs on their own. The online submission of DAP activities and expenditure was very poor.

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.	**19 districts scored above 80%; an outcome of improved institutional capacity in management and oversight of FP/MNCH.** **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. **DAP synchronized with Essential Package of Health Services:** All 23 districts have done this.

	Increased budget allocation in primary health care by at least 5% per annum: All 23 districts have achieved this. **Four quarterly review meetings held and DHPMT quarterly meeting performance discussed:** 19 of 23 districts scored 9 or more in DHPMT quarterly meetings. **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. **Karachi is the 24th district. Its DHIS reports are submitted but not monitored by the project*.

IV. Issues and Challenges

- The budget preparation support and use reporting are weak. A focal person to look after budget preparation on MTBF at DGHS Sindh needs to be nominated.
- Focal person for DAP at DGHS Office was recently promoted. No replacement has been announced, which is hindering implementation follow-up of DAP.

V. Project Close-out Plan

The project started its close out activities in September 30, 2017 and shared the plan with USAID. Annex 2 contains the updated close-out plan that shows staff reductions to be implemented in mainly three stages. Staff left in September and December 2017; more are scheduled to leave in February 2018. Limited staff will remain through to the end of the project period to perform the financial and administrative activities linked with the final close out. The project offices in Islamabad and Karachi will remain operational through the end of the project period as JSI plans to continue the operations of its newly awarded IHSS-SD Activity from those offices.

All administrative requirements including closeout of all contracts of the project will be closed during March 2018. The office lease agreements and logistics requirements linked to project offices such as utilities and office operations including security for its Karachi and Islamabad offices will continue through to the end of the project period.

VI. Annexures

Annex 1. Interview with Dr. Nadeem Hassan by Anne Austin

Of the estimated 2.6 million newborns who died worldwide in 2015, 9 percent were in Pakistan. In 2016, an initiative to deliver a life-saving inexpensive drug called chlorhexidine (CHX) to all newborns in Pakistan was launched by the Pakistani Ministry of National Health Services, Regulation, and Coordination, CHX National Working Group, and USAID's JSI-managed Health Systems Strengthening Component. This effort comprised one of the broadest coalitions Dr. Nadeem has seen in 15 years working in development. It was also the first time that drug manufacturers, the Drug Regulatory Authority of Pakistan, and USAID worked together to improve health outcomes.

Why is this so important?

The newborn mortality rate in Pakistan has been high over the last three decades, and recent estimates show that approximately 1-in-20 Pakistani newborns will not survive his/her first month.

Newborn infection is preventable but accounts for approximately 1-in-5 newborn deaths in Pakistan. CHX is a topical antiseptic that when applied to a newborn's umbilical stump, reduces infection and death. The WHO has recommended CHX for cord care in areas where newborn mortality is high. In Pakistan, studies suggest that CHX has the potential to reduce the risk of umbilical cord infection by up to 42 percent, and the risk of newborn death by as much as 38 percent.

So why are so many Pakistani newborns still dying of infections?

Tradition calls for the use of *surma*, a lead-based concoction, on a newborn's umbilical stump to prevent infection. But research indicates that placing surma (and other traditional remedies such as ash, oil, and cow dung) on umbilical stumps actually causes infection, rather than prevent it.

In 2014, national and provincial health departments and public and private stakeholders added CHX to Pakistan's essential medicines list. Although this was an important advancement, it did little to overcome the systemic challenges to CHX availability and use. Before the Health Systems Strengthening (HSS) Component, there was no coordinated CHX effort, protocol, or production. Partners worked in limited geographic areas—silos, essentially—to deliver CHX.

In 2015, USAID recognized the need for a coordinating mechanism to scale up CHX nationally and tasked JSI's HSS Component to streamline efforts among the Ministry of National Health Services, Regulation, and Coordination, provincial health departments, private drug manufactures, and development partners. JSI led a systems-based approach to develop consensus on national scale-up policies, guidelines, and standardized roadmaps for CHX scale-up in all parts of Pakistan.

What next?

The CHX working group that the HSS Component coordinated has broken down traditional development efforts and built consensus among partners that historically have had competing agendas. The working group has gained provincial and national support for the scale-up of CHX,

and full endorsement from WHO and UNICEF. USAID donated 2.1 million tubes of CHX to treat newborns until local production of CHX began in October of 2017.

As the national CXH coordinator, I can't help but feel optimistic. We have a strong coalition for CHX scale-up, and if collaboration and synergy continue, we will see the long-overdue reduction of newborn death rates in Pakistan. That will be something to celebrate.

Annex 2- Close-out Plan

Close Out Plan - HSS (Revised).xlsx

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.