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CAPACITY DEVELOPMENT IN SINDH PROVINCE



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RATIONALE

With the adoption of the 18th Constitutional Amendment, Pakistan shifted oversight of health, population, education, and other social sectors to the provincial level (Khan and Malik, 2012; Zain Sheikh & Associates, 2010) and increased each province's financial and management power. Although a welcomed reform, decentralization created some challenges, including limited understanding and capacity of provincial staff to fulfill their new duties (WHO, 2012). To address this, capacity building became an integral part of both the Sindh Health Sector Strategy 2012–2020, which highlights the need to build the capacity of the Sindh Department of Health (DOH), and the Sindh Operational Plan 2014–2017. The Health Systems Strengthening Component (HSS Component) of USAID's Maternal and Child Health Program developed a capacity-building strategy to support Sindh's plans to manage the equitable provision of health services.

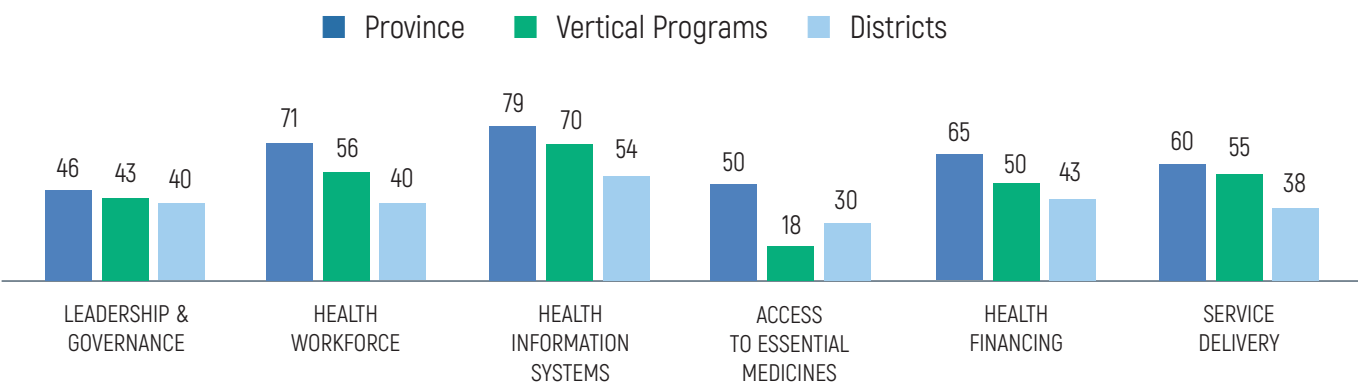
APPROACH

Capacity development within a health system is a continuous process that must be linked to meeting the health needs of a population, and therefore was at the core of the work performed by the HSS Component in Sindh. Through a combination of technical support, management, and accountability strengthening and developing and using tools, assessments, and trainings, the HSS Component worked closely with government counterparts to improve health outcomes in Sindh Province.

The HSS Component’s approach integrated building capacity at the individual, organizational, and systems levels to improve the health system holistically and sustainably. For example, to build leadership and management capacity effectively, interventions are needed at three levels. Training elevates knowledge and skills at the individual level; development of internal processes and resources such as supervision tools, data collection, and review procedures provide the organizational capacity to use the new skills; and effective HR policies provide the systems framework for deployment, retention, and promotion of newly trained managers.

The HSS Component conducted a capacity assessment that involved representatives from the three organizations responsible for delivering health and population services in Sindh: the Department of Health (DOH); Population Welfare Department (PWD); and People’s Primary Healthcare Initiative (PPHI). The representatives self-assessed their skills and abilities related to the WHO health system building blocks: 1) service delivery; 2) health workforce; 3) health information systems; 4) access to essential medicines; 5) financing, and; 6) leadership and governance. Results revealed various capacity gaps in all areas. Provincial scores for all organizations were generally higher than for vertical programs and districts. Health information systems and service delivery were strong at all levels. Leadership and governance scored poorly across the board, as did access to essential medicines, particularly for vertical programs (see Figure 1). The selection of district mid-level managers to receive individual capacity development was based on knowledge and skills gaps identified during the assessment process.

FIGURE 1. Average Capacity Assessment Scores (%) for Provincial and District-Level Managers, by WHO Building Blocks



The HSS Component supported a two-year master’s degree training program for public health professionals. The HSS Component worked with Sindh’s Capacity Building Oversight Committee (CBOC), which was created to identify and select training institutes, develop eligibility and selection criteria for candidates, and identify candidates for training opportunities. Health managers were selected from all districts of Sindh. Graduates gained skills to improve district and institutional performance through accredited training institutes. The HSS Component worked with DOH to develop a deployment plan to ensure that graduates were placed in appropriate jobs.

ACCOMPLISHMENTS

Individual Level

One-hundred-and-sixty-three health managers completed long- and short-term training programs: 77 health managers completed two-year public health master’s degree programs; 86 health managers completed short-term training programs on strategic planning, human resources for health, organizational management, and monitoring and evaluation. Graduates returned to management posts at district or provincial levels with improved leadership and management skills. The HSS Component made a deployment plan that nominated each graduate for an appropriate position. The plan is under consideration by the DOH.

These health managers from Sindh are studying for a master's degree in public health at the Health Services Academy in Islamabad. When they graduate, the Sindh DOH will appoint them to appropriate positions in the province. [Photo by Mobeen Ansari for JSI]



Institutional Level

In 2014, the HSS Component assessed the Provincial Health Development Center's (PHDC)—the only capacity-development institution in the province—potential as a center for in-service training programs. The assessment identified areas for improvement and the need to develop linkages with other institutions in the province and the Health Services Academy in Islamabad. After reviewing the PHDC assessment, the DOH asked the HSS Component to develop a costed operational plan, which the Component delivered in 2016. Policy decisions on next steps are pending.

Three faculty members from the PHDC enrolled at Aga Khan University in the two-year master's degree in public health program. As part of in-service training, PHDC staff learned to prepare annual budgets for district action plans. In 2017, the DOH submitted a PC-1 to upgrade the PHDC to the Provincial Health Services Academy with technical assistance from the HSS Component.

Systems Level

The HSS Component helped each district in Sindh Province develop a district action plan in line with the medium-term budgetary framework (MTBF) that prioritized issues according to its respective health and service delivery system. One-hundred-and-five health managers were trained to develop district action plans and 580 staff were trained to use the MTBF, which will increase transparency of the role of district teams, the decision-making processes, and whether goals are achieved. As a result, Sindh Province received an 18 percent budget allocation increase over the previous year. For the first time, the budget included funding for in-service trainings, which were identified as a need during district action planning.

The HSS Component revitalized district health and population management teams (DHPMTs) to translate policy into action by building capacity for planning and budget preparation, coordination, and decision-making. Ninety-five percent of DHPMTs now use health data to make district-level health-sector decisions when they meet.

The HSS Component built the capacity of managers and policymakers to use Pakistan's new, web-based, integrated dashboard, which provides real-time health information to anyone with a log-in and an internet connection. 2,300 public-sector staff in 226 health facilities were trained to enter data into and use the online DHIS portion of the dashboard. Two-hundred health managers were trained to use the online monitoring and supervisory system, also part of the integrated dashboard.

HSS COMPONENT TRAININGS

1. 86 health managers completed short-term training programs (strategic planning, human resources for health, organizational management).
2. 77 managers (25 PPHI, 47 health, and five population department managers) completed two-year master's degrees in public health.
3. 200 health managers trained to use the online monitoring and supervisory system.
4. 580 health staff trained to develop a medium-term budgetary framework.
5. 105 health staff trained to develop district action plans.
6. More than 2,300 health facility staff trained to use the online DHIS.

Health managers participate in a course at Agha Khan University. JSI's capacity-building approach integrates capacity development at the individual, organizational, and systems levels. (Photo by Mobeen Ansari for JSI)



THE WAY FORWARD

The Government of Sindh has made several advances in developing the capacity of its health workforce, but much work remains. To continue capacity-development efforts, the HSS Component recommends the following systems-, organizational-, and individual-level actions:

- The DOH should consider developing a comprehensive HR policy that includes a clear career path for health care workers and HR policies, procedures, and functions. This policy would describe facility staffing norms, task shifting, recruitment and retention, performance management, and other core responsibilities to strengthen the management and governance structure (systems level).
- The DOH should consider continuing to support and institutionalize the CBOC, which helped implement the Sindh capacity development strategy (organizational level).
- The DOH should consider deploying master's degree graduates in open management positions at provincial and district levels and institutions (organizational level).
- The DOH should consider developing a comprehensive in-service training strategy that responds to the needs of the workforce, including non-clinical staff. This would ensure continuous quality training for all providers, strengthen the role of PHDC, and include routine post-training follow up for knowledge retention and learning application. As part of this policy, the DOH should develop and operationalize an HR management information system, including a training database to improve transparency and accountability, and create efficiency between DOH and donor trainings (individual and systems levels).
- The DOH should consider fostering a culture of data quality and push facilities to improve data quality. M&E cells can review data from facilities and districts and provide regular feedback to district and facility managers. In cases where individual skills are lacking, the DOH should invest in provincial- and district-level trainings on data analysis, presentation skills, and data use (organizational and systems levels).

The Health Systems Strengthening Component of USAID's Maternal and Child Health Program was a five-year cooperative agreement (2013-2018) implemented by JSI Research & Training Institute, Inc. (JSI) to develop and support cost-effective, high-quality, and integrated reproductive, maternal, newborn, and child health programs and services in Pakistan. The HSS Component supported the Federal Ministry of National Health Services, Regulations, & Coordination and Sindh Province's Department of Health to develop management systems and human resource capacity for a stronger health system and improved health services.