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GENERATING DATA TO STRENGTHEN THE HEALTH SYSTEM:

Sindh Health Facility Assessment

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RATIONALE

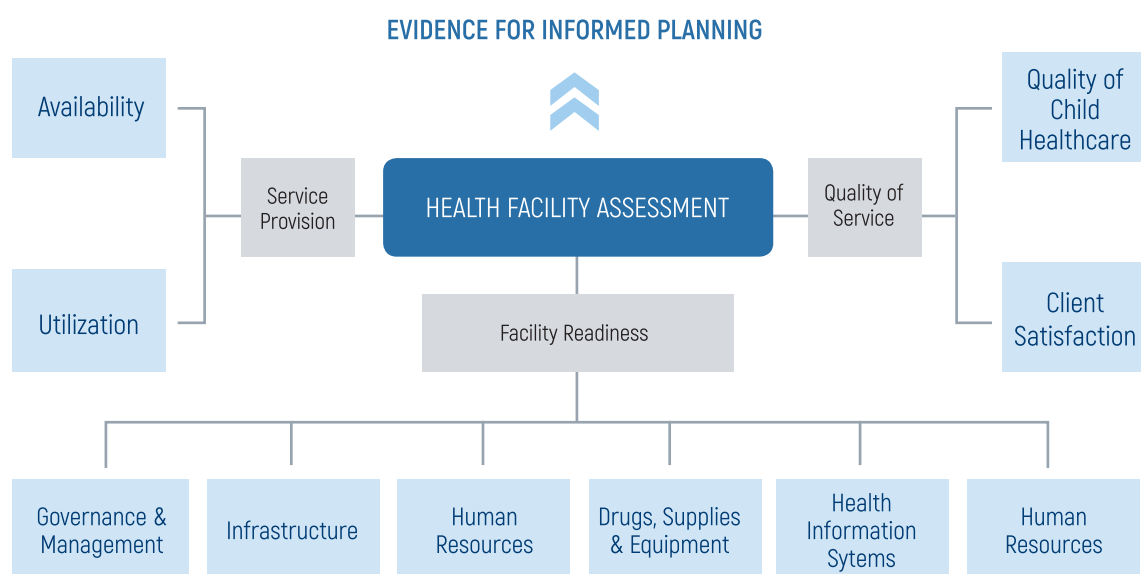
Health facility assessments (HFAs) are increasingly used to measure functionality and readiness. In Sindh, the health system faces multiple challenges, including aging infrastructure, deficient human resources, and insufficient quantities of essential medicines, supplies, and equipment. While the Government of Sindh is committed to implementing a reforms agenda through the Sindh Health Sector Strategy 2012–2020, comprehensive facility-level data was required to establish a baseline to measure future health investments. In 2015, the Sindh Department of Health (DOH) asked the Health Systems Strengthening Component (HSS Component) of USAID's Maternal and Child Health Program to assess all existing government health facilities in the province.



APPROACH

In partnership with the DOH, the HSS Component designed an HFA to generate evidence for informed planning and improved transparency among key stakeholders. All government health facilities (i.e., district headquarter hospitals [DHQs], taluka headquarter hospitals [THQs], rural health centers [RHCs], and basic health units [BHUs]) were assessed to ascertain general readiness for their mandated service packages including basic amenities, human resources, facility management, infrastructure, equipment, diagnostics, and medicines and supplies (see Figure 1).

FIGURE 1. The Health Facility Assessment Measured Readiness, Service Provision, and Service Quality



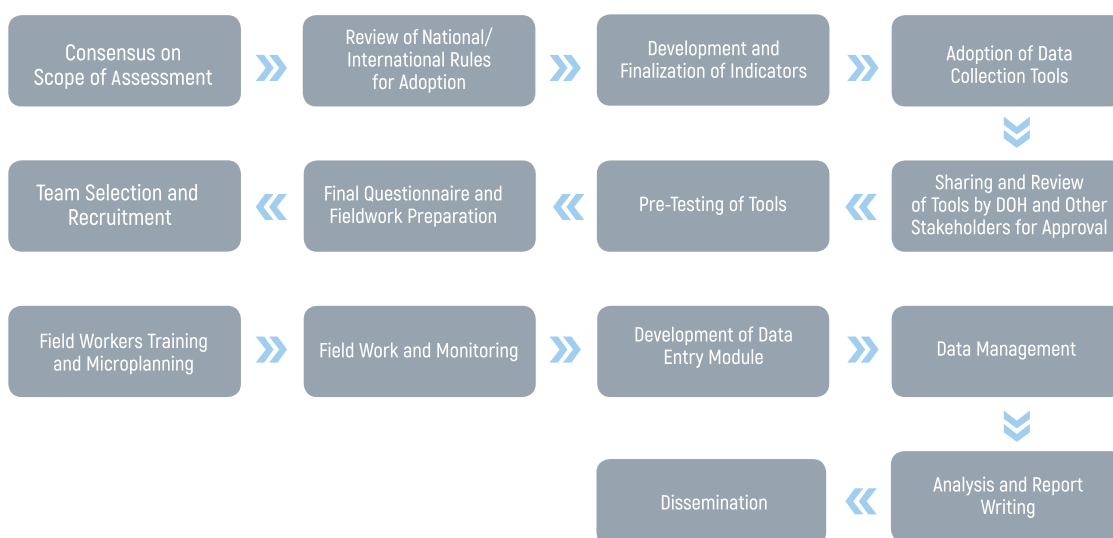
Nine-hundred-and-twenty-eight health facilities (15 DHQs, 58 THQs, 121 RHCs, 734 BHUs) in 23 districts, excluding Karachi, were assessed. Data collection medical teams used tools adapted from the service provision assessment of USAID's MEASURE Evaluation project and WHO's Service Availability and Readiness Assessment methodology. Robust monitoring and quality assurance activities were conducted throughout the data collection exercise to validate findings. The HSS Component employed quantitative techniques including interviews of facility in-charges and other staff members, along with physical validation and observation of facility records.

The HSS Component built consensus among key stakeholders from the initial design stage and followed a standardized methodology throughout the process (see Figure 2 for more on the process).



To improve the overall functionality and site readiness of health facilities, the Sindh DOH must close the human resource gaps that plague most health facilities in the province. (Photo by Veronique de Viguerie/The Verbatim Agency for JSI)

FIGURE 2. The Health Facility Assessment Process

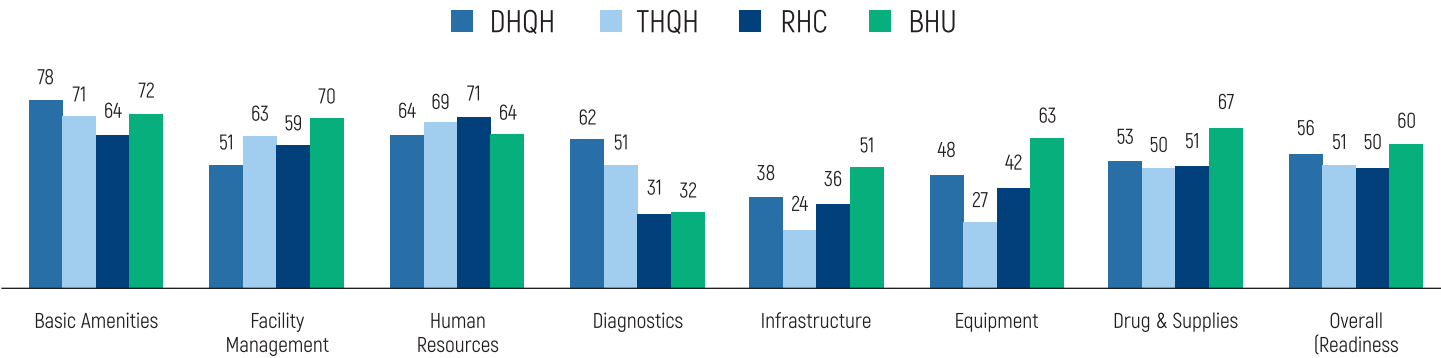




Women and children queue for services at Qasimabad Hospital in Hyderabad, which was one of 928 health facilities assessed by the HSS Component. The assessment provided the Sindh DOH with insight into how to improve service delivery. (Photo by Veronique de Viguerie/The Verbatim Agency for JSI)

While the HFA demonstrated critical gaps in functionality and site readiness at all levels of the health system (see Figure 3), it gave the Government of Sindh an evidence-based snapshot of human resources (HR) gaps, infrastructure deficiencies, and inefficient supply chain systems to inform future planning. The HSS Component followed up with specific recommendations for each level of care.

FIGURE 3: General Parameters for Facility Readiness (%)



HFA findings included:

DHIS. The lack of availability and maintenance of DHIS tools in all facilities was alarming. Only 2 percent of all government health facilities had a complete set of DHIS tools.

The HFA found that only **2 percent of all government health facilities** had a **complete set of DHIS tools**.

Human Resources. An adequate supply of human resources is necessary to improve patient outcomes and delivery of high-quality health care services. The HFA showed significant gaps between vacant and filled staff positions for all cadres at all levels (see Table 1). For example, consultant doctor positions were less than 38 percent filled across all facilities and less than 48 percent of nurse positions were filled at DHQ facilities. On average, only 54 percent of all non-consultant doctor positions were filled across all health facility levels.

TABLE 1: Availability of Human Resources for Health in Sindh Province (excluding Karachi), 2015

	DHQH		THQH		RHC		BHU	
	SANCTIONED	FILLED	SANCTIONED	FILLED	SANCTIONED	FILLED	SANCTIONED	FILLED
Gazetted management staff	52	36	172	106	221	131		
Non-gazetted management staff	101	75	152	135	96	85		
Consultant doctors	247	93	509	108	190	65		
Non-consultant doctors	560	264	1,290	876	782	503	734	285
Nurses	393	190	536	401	104	80		
Paramedics	762	659	1,757	1,465	1,473	1,252	2,351	1,728
Support staff	1,379	1,201	2,805	2,382	1,798	1,612	3,101	2,600

Infrastructure and Equipment. The HFA evaluated the infrastructure of building components compared to the specific requirements for each level of care. Overall, facilities lacked a number of critical health departments and infrastructure components. The HFA revealed significant gaps in functional equipment, including critical service delivery areas such as intensive care units, inpatient service areas, casualty and emergency departments, and operating theaters. DHQs and THQs were largely under-resourced. The HSS Component developed a General Facility Readiness Index for each level of facility, summarized in Figure 3.

ACCOMPLISHMENTS

By January 2016, the HSS Component completed assessments of 928 health facilities in Sindh using a standardized methodology to inform the DOH of findings. Findings have been used to inform planning and decision-making about human resources and to serve as baseline for contracting out health facilities to implementing partners. The DOH is recruiting and placing staff to fill HR gaps.

Dissemination of findings was critical and the HSS Component produced 928 health facility-level reports (DHQH, THQH, RHC, and BHU), 23 district-level reports, and a provincial-level report and disseminated them to the provincial government of Sindh, all district health offices, and other stakeholders.

The health facility readiness assessment evaluated readiness at all levels, from basic health units to district hospitals. Here, children receive services in a hospital pediatric unit. (Photo by Veronique de Viguier/The Verbatim Agency for JSI)



The HSS Component held an HFA dissemination workshop at DGHS Sindh, at which all 23 district health officers and provincial officers participated. The HSS Component also held a joint meeting with the Sindh secretary health and his team in Karachi to develop a dissemination strategy for the HFA findings, with the goal of helping inform health planners. Finally, the HSS component held individual meetings with various stakeholders including the People's Primary Healthcare Initiative, vertical programs, and USAID Maternal and Child Health Program partners to share findings and discuss the way forward.



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Findings from the health facility assessment will help facility managers make decisions to improve health services. (Photo by Veronique de Viguerie/The Verbatim Agency for JSI)

THE WAY FORWARD

The HFA-generated data provides many insights into how Sindh's health system can be further strengthened to improve service delivery and ultimately health outcomes for the people of Sindh. First, the Sindh DOH might consider planning and prioritizing investments for improving health-facility readiness. The DOH should consider continuing advocacy efforts to the Government of Sindh and maintain dialogue on critical provincial health indicators and required government health spending. The roadmap approach of selecting priority programs for improvement and tracking their performance is highly recommended.

The DOH might close immediate HR gaps by filling vacant posts compared to the statement of new expenditures. This is a crucial step to improve the current health landscape. The DOH also might focus on strengthening THQs because they are more numerous than DHQs so more patients will benefit if investments are spent on THQs. In addition, staff who generate health information used for evidence-based decision-making are located at THQs. There is need to support the automation of data for continuous updating and assessing stocks. Automation will help health managers forecast accurate stock procurements to avoid shortages. Finally, the DOH should consider conducting HFAs on a periodic basis to assess the status of health service delivery in Sindh Province.

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.