FROM PASSIVE TO ACTIVE AGENTS OF CHANGE:

Fostering a Paradigm Shift in the District Planning Culture in Sindh Province, Pakistan

Districts now are taking an active role in determining what actions they need to take to improve health outcomes. **The revitalized DHPMTs use data to conduct action planning and budgeting and are a critical part of district success.**

RATIONALE

The health sector in Pakistan has undergone a paradigm shift in recent years. Stewardship, policy-making, and strategic decision-making were moved from the central to the provincial levels, in accordance with devolution policies set forth in the 18th Constitutional Amendment (2010). The Strategic Framework of the Sindh Health Sector Strategy 2012–2020 further established the province's role in leading medium- and long-term operational planning.

As a result, districts now are responsible for translating strategy into action and must change the organizational and fiscal planning culture accordingly. What was once a more passive role for districts as implementers of actions decided at higher levels has become active as they determine their own actions and contribute to strategic decisions to reach development commitments and improve health outcomes.

District health and population management teams (DHPMT) are key district-level decision-making bodies. The Health System Strengthening Component (HSS Component) of USAID's Maternal and Child Health Program revitalized DHPMTs in all 23 intervention districts in Sindh Province. The revitalization has facilitated district-level coordination and decision-making and strengthening fiscal and operational planning to improve health service delivery. As part of the revitalization process, the HSS Component built DHPMT capacity to conduct participatory decision-making, evidenced-based planning, and performance-based budgeting. DHPMTs are now able to overcome many district-specific challenges on their own.

APPROACH

The process was built upon an "inside-out" philosophy, building upon existing structures and processes from within by supporting key stakeholders to lead and steer the process forward. This was foundational to the capacity-building approach and ensured acceptability, sustainability, and accountability within this new planning culture. While the HSS Component provided intensive technical assistance during the first year, this was gradually reduced as the skills and capacity of district-level players was strengthened.

The first step was to build consensus among provincial stakeholders. The section officer public health at the Department of Health (DOH) Secretariat notified the development of district action plans and the revitalization of DHPMTs in all districts. The Director General Health Services was nominated as the focal person for this activity. District health planning committees (DHPCs) were instituted in compliance with provincial notification.[1] Each DHPC comprises eight to ten representatives, including senior health managers, Department of Education representatives, district health officers, district managers of the People's Primary Healthcare Initiative, and district population welfare officers.

Next, the HSS Component facilitated an expert-led workshop to conduct a situational analysis of each district and create district analytic profiles. The analysis was structured on the World Health Organization's health system building blocks, which focus on six core components: 1) service delivery; 2) health workforce; 3) health information systems; 4) access to essential medicines; 5) financing; and 6) leadership and governance. The analysis identified health issues and system-level challenges specific to each district to ensure that planning would address the specific needs of each district. In addition, Multiple Indicator Cluster Survey and Pakistan Social and Living Standards Survey data were used to identify district-specific challenges.

The HSS Component facilitated a series of workshops to enhance the planning skills of DHPC members. The workshops focused on real-life scenarios to ensure practical application of skills. Participants identified problems in their own districts, which were then prioritized based on a framework of magnitude and severity of the problem, vulnerability to intervention, political expediency, and cost-effectiveness of the proposed solutions.

Technical assistance to build financial skills and ensure financial integration in planning was provided to rationalize the financial support needed to operationalize the plans. The HSS Component engaged the Economic Reforms Unit of the Sindh Department of Finance to train district teams on the medium-term budgetary framework (MTBF). The MTBF, which was implemented

1 Number: SO (IV-PH)-HSSP-USAID/2013; dated 11 July 2013.

Following devolution, districts now are responsible for translating strategy into action and are working to change the organizational and fiscal planning culture. Here, Mr. Qadir Bux Abbassi and Dr. Waseem Sheikh are having a focus group to resolve coordination and accountability issues. (Photo by Veronique de Viguerie/ The Verbatim Agency for JSI)

in several departments, including energy, education, and agriculture, was initiated by the Sindh Department of Health (DOH) as part of its reform agenda. The MTBF is a budgeting approach that uses output-based instead of incremental budgeting, which allocates resources based on an incremental increase from the previous year's budget. The MTBF instead aligns budgets along performance targets, which helps ensure that interventions advance health and development objectives.[2]

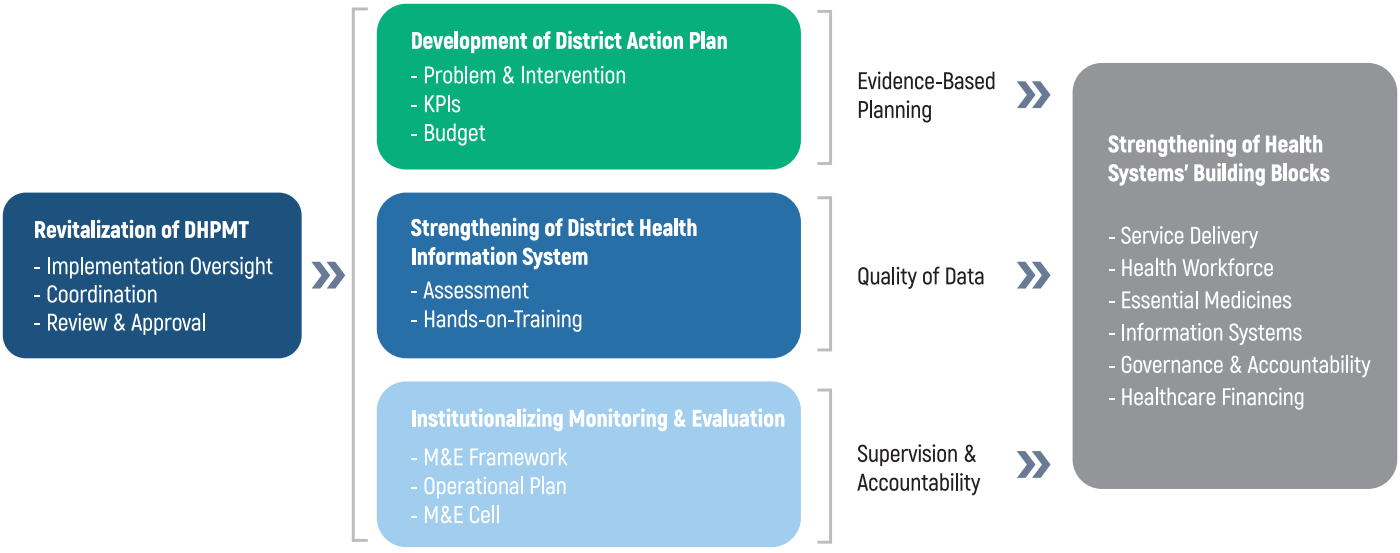
ACCOMPLISHMENTS

As a result of the work of the DHPCs, oversight of the Directorate General Health Services, and the capacity-building support provided by the HSS Component, all districts for the first time have independently developed district action plans (DAPs) covering fiscal years 2015–18. The DAPs address both macro and micro needs by focusing on provincial priorities while targeting district-specific health and health systems problems. The DAPs outline key health challenges, identify specific interventions to address root causes, and identify gaps in resources and requirements. Provincial annual operational plans based on the information from the DAPs were created for fiscal years 2015–16, 2016–17, and 2017–18.

Reforming the planning and budgeting process using a comparable standardized framework at the district level leads to more efficient use of resources, more targeted use of funds, and greater accountability for policy implementation. This framework can help improve the standardization of systems, leading to better service provision and ultimately use by the people the system is designed to benefit.

2 Specific forms required under the MTBF and used include BCC-II (estimates of regular expenditure); BCC-III (details of staff on sanctioned posts for regular expenditure estimates); and BCC-IX (performance indicators and targets).

FIGURE 1: Capacity-building Components of DHPMT Revitalization



The Sindh DOH prepared budgets and performance targets based on the MTBF for fiscal year 2015–16 at the cost-center level. Fourteen quarterly DHPMT meetings were held in each HSS Component intervention district and there were 11 provincial performance review meetings and regular quarterly DHPMT meetings in 23 districts (excluding Karachi). The resultant outcome-based analysis produced at each meeting was made available online (via the Sindh dashboard) to ensure transparency and accountability.

To help ensure sustainability of the DAP process, the HSS Component built the capacity of critical personnel to sustain the systems beyond U.S. government support by training 580 cost center staff in planning, performance-based decision making, and related skills. It also trained 81 master trainers and 405 staff involved in budget preparations in the MTBF process.

All districts in Sindh have action plans in place that outline challenges, pinpoint interventions to address the challenges, and identify resource requirements and gaps.

Using the results of DHPMT review meetings, the HSS Component worked with stakeholders to advocate with politicians, policy entrepreneurs, and other key decision makers and planners in the Sindh Departments of Health, Finance, and Planning and Development. As a result, the government of Sindh allocated an additional budget of PKR 330.8 million for fiscal year 2016–17 for staff training, monitoring and supervisory visits, and conducting health care awareness community events.

THE WAY FORWARD

Sindh Province has taken sigificant steps toward a sustainable health care system by integrating a systems approach to planning with a performance-based financing framework. Despite these achievements, efforts to ensure a supportive environment to institutionalize the approach are still needed. Administrative structures, policies, and procedures must continue to be supported at all levels so that staff responsible for implementation and oversight can conduct their functions effectively and responsively. Strengthening the skills of the monitoring unit and technical wing of the Health Secretariat to review performance and support implementation of decisions at the provincial level is essential.

Results from DHPMT review meetings, the DAP and MTBF processes, and advocacy caused the government of Sindh to allocate an additional budget of **PKR 380 million for staff training, monitoring and supervision visits, and more.**

Ensuring adequate skilled staffing and resources can help sustain the action planning approach. Positioning a planning officer to oversee the district level will help ensure targeted attention and support to district-level efforts. Annual reviews and updates of resources available at health facilities will guide purchasing or reallocation of resources to ensure optimal functionality. Additionally, a MTBF oversight committee including senior field managers and officials from the health and financing departments is required for periodic follow up of budget preparation, approval, releases, and expenditure.

In addition to capacity, adequate funding is needed to achieve the most efficient use of resources. Strengthening the budget section of the Health Secretariat will help ensure appropriate oversight of budget preparation and reporting. Online mechanisms to help streamline budget preparation and expenditure reporting as well as tracking how funds are used will increase transparency, efficiency, and accountability. The goal is to ensure that the interventions designed are responsive to stakeholder needs. While significant advances have been made in the district planning processes, efforts to institutionalize and sustain the approach and processes for the benefit of the people of Sindh Province must continue.

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.