



# Operational Plan to Implement

Phase I (2014- 17) of the  
Health Sector Strategy  
Sindh

صحت زندگی



The Sindh Government is committed to provide universal access to health care for all members of the society. As the second most populous province, the government is faced with several challenges which are further compounded by poor economic and industrial growth, security challenges, energy crisis and damage caused by natural disaster. To combat these challenges, a Health Sector Strategy (HSS), based on the existing situation was developed. To roll out the HSS, Department of Health has developed an operational plan aligned with Medium Term Budgetary Framework (MTBF) outlining a three year plan (2014-2017) detailing the underlying costs and monitoring and evaluation framework. The operational plan is focused on three priority areas of strengthening service delivery; governance and stewardship and improved healthcare finance. Implementation of the proposed three years operational plan will cost the a total of PKR 29.10 billion.

## Health Status in Sindh

With a significantly large population in Sindh, including Afghan refugees, social and health indicators are particularly poor (Table 1). Public sector spending on Health is only 4% of budget and is inefficient with higher expenditure on tertiary care in urban areas of Sindh, In addition, the burden of Non Communicable Diseases (NCDs), especially diabetes, hypertension, coronary artery disease and injuries is also high in the province. Further, Department of Health (DOH) Sindh is facing following major challenges

- Weak district accountability,
- Lack of strong and stable leadership in DOH and
- Extensively utilized (78%) unregulated, private health sector.
- Weak Primary Healthcare (PHC) infrastructure with 1 public sector frontline facility per 82000 population

**Table 1 - Current situation of Sindh**

Total Population	47 million
Population Growth Rate	2.8%
Infant Mortality Rate (IMR)	74
Maternal Mortality Ratio (MMR)	314
Skilled Birth Attendance	58%
Lady Health Worker (LHW) coverage	45%
Contraceptive use	17%
Fully Immunized children (12-23 months)	29%
TB case detection	59%
Malaria cases/1000	1.5
HIV/AIDS cases	3936
Public Sector Utilization	22%
Total Out of Pocket Expenditure	66%

Sources: Pakistan Demographic Health Survey (PDHS) 2012-13, Census 1998, Pakistan Social And Living Standards Measurement (PSLM) 2010-11

## Sindh Health Sector Reform Strategy, 2012-2020

The Sindh Health Sector Reform Strategy (HSS) identified a number of critical areas for action to improve health status in Sindh over period of eight years (2012-2020). The critical areas for reform were outlined as 7 Strategic Outcomes.



## Operational Plan – Phase I

A phased approach has been proposed with 'low hanging fruits' and immediate needs of the Health Sector picked for the Phase I Operational Plan (2014-2017), while remaining areas have been earmarked for the subsequent three year Operational Plan (2017-2020).

The Phase I Operational Plan has been organized along three broad thematic areas of strengthening Service Delivery, Governance and Finance with 15 Strategic Actions. A number of these only require policy actions and are not resource intensive, while others require significant shift in current budgetary spending as well as additional spending (Table 2).

<b>Table 2: Operational plan Phase 1-Thematic Areas with strategic actions</b>		
<b>S No.</b>	<b>Proposed Strategy</b>	<b>Expected Output</b>
<b>A</b>	<b>Thematic Area: Strengthening District/ Health systems and Urban PHC</b>	
1	Improving Facility Performance and Outreach	Contracting out under-performing Talukas in 9 districts for EHSP provision Re-organization of PPHI Contract in 2 districts for EHSP provision for outreach and BHUs Roll out of Urban Health Care Scheme for EHSP Provision in 2
2	Strengthening Routine EPI in all districts	Targeted EPI Measures in 50% of Under-Performing Union Councils Strengthening Routine Immunization across all Districts
3	Enhancing Access to MNCH-FP Services	Strengthen frontline workers and outreach through CMW deployment, establishment of Birthing Stations, enhanced LHW support Strengthening referral systems for MNCH-FP through <5 years child clinics at RHCs-THQs; basic and comprehensive EmONC services; choice of 3 modern contraceptives across all facilities
4	Improving Under-Nutrition of children and pregnant & lactating mothers	Enhancing Preventive Health Measures and Micro-Nutrient Supplementation at Facility and Outreach across 9 districts Treatment of Malnourished Children at Civil Hospitals across all districts
5	Control of NCD through government civil partnerships	Initiating Measures for NCD Governance NCD Integration into PHC services: 5 townships Surveillance of NCD cases
6	TB/ Malaria/ Hepatitis/ HIV-AIDS	Integration of TB/ Malaria/ Hepatitis/ HIV-AIDS in EHSP Integration of reporting into DHIS Targeted harm reduction activities through NGOs for HIV control Enrollment of private sector in meeting service coverage targets Roll out of safe syringe program through government private partnerships
<b>B</b>	<b>Thematic Area: Governance, Stewardship And Accountability</b>	
7	Improving Stewardship and Planning	Thematic Area: GDepartmental Re-structuring for stronger governance Development of a permanent stewardship arm within DOH Annual Sector Wide Reviews Annual District Planning
8	Improving Efficiency of Vertical Programs	Shift towards integrated vertical programs: i) MNCH-Nutrition-LHW; ii) HIV-TB-Malaria-Hepatitis; iii) EPI Government civil partnerships for meeting service coverage targets District level trainings in partnership with PHDC for EHSP implementation Common Disease Surveillance Framework
9	Harmonizing Family Planning Inputs and Targets with DOPW	Reducing service overlaps with DOPW through coordination and information sharing Scientific forecasting systems for contraceptives supply to DOH facilities and LHWs procured by DOPW
10	Improving Human Resource Performance	Establishment of HR Unit and E-based HR-MIS Introduction of Administrative Cadre Expansion of Hospital Pharmacy Cadre Filling Staff Shortages in Rural Areas for Essential Health Service Delivery Package through Task Shifting and Allowances Integrating EHSP in Pre-Service Training of Doctors, Nurses and Paramedics
11	Private Sector Regulation and Partnerships	PPP Coordination Platforms and Frameworks for government civil partnerships Establishment of Sindh Health Commission Accreditation of public and private health facilities by Sindh Health commission
12	Strengthening Procurement of Services (Contracting out) and Supplies	Induction of Procurement Staff for Management of Contracting Out and of supplies Development of a database of reputable NGOs and supplier firms Manuals and trainings on cost and quality based procurement across province and districts Roll out of E-based Logistics Management Information System
13	Streamlining Essential Drugs Functions	Establishment of a Pharmacy Directorate coordinating all drug function Development and implementation of Provincial EDL Improving storage of medicines at district level Enhancing market surveillance through higher workforce of drug inspectors and strengthening of Central Drug laboratory
14	Monitoring and Evaluation	Establishment of a Performance Dashboard at DOH Strengthening and roll out of DHIS across all districts Annual Third Party Performance Assessments Ongoing Independent Surveillance for Priority Diseases

C	Thematic Area: Healthcare Finance	
15	Finance	Increase Efficiency of Existing DOH Allocations
		Enhancement of DOH Expenditure on Non-Salary Operational item and Preventive Programs
		Safety Nets for Catastrophic Expenditure through emergency
		Transportation and Health Equity funds
		Harmonized Investments with Partners, Industry and Philanthropy

## Implementation and Oversight

The Phase I Operational Plan will be implemented by various entities of the DOH and functionally coordinated by the Health Sector Reform Unit (HSRU). Implementation will involve

- Detailed planning for each of the Strategic Actions to integrate these as part of the Annual Development Plan (ADP) and the Operational budget including development of budget proposals for securing non-development allocations and PC I for development expenditure
- Development of a Rolling Action Plan to monitor progress on implementation of Strategic Actions;
- Annual and Quarterly Review systems to review both plan implementation and desired performance results.

## Monitoring and Evaluation (M&E)

Comprehensive, transparent and practical M&E is required to implement the listed Strategic Actions of the Sindh HSS operational Plan. Monitoring and Evaluation will comprise of the following elements:

- **In-House System:** Establishment of a Performance Monitoring Dashboard at the DOH which will include options for Human Resource Monitoring, Logistic Management Information System, Donor Mapping Systems, and District based fund utilization
- **Third Party Performance Assessment:** This will provide external performance assessment directed at Health Facilities assessment and Household Coverage Survey for key targets.
- **Third party managed surveillance system:** A Central Disease Surveillance System to track priority diseases will be developed in consensus with Vertical Programs, Partners and experts.

## Financial Implications

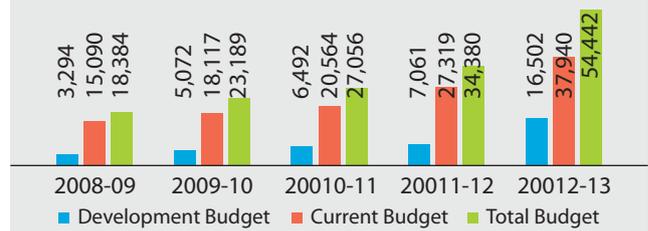
### Historical Trends

Sindh DOH is facing multiple challenges following the 18th Constitutional Amendment, one of which is fiscal impact related to devolution of vertical programs. Share of health budget compared to overall Sindh government budget has declined in fiscal year 2010-11 by approximately 1%. However, health sector maintained its

share in allocation from fiscal year 2011-12 to fiscal year 2012-13.

Analysis of budget and expenditure shows that there is an overall increase in health allocation and spending (current and development) in Sindh (provincial and districts combined) as shown in Figure 1.

**Figure 1: Sindh Health Budget (District and Provincial)**



## Budgetary Allocations for HSS Implementation

The proposed three years operational plan of Sindh HSS require a total outlay of PKR 29.10 billion however, there are several funding gaps which include rising inflation, increasing salaries and Federal grants to continue only till 2015 among several others. Proposed strategies to meet the funding gaps are

- **Option-1: Prioritizing existing development funds**
- **Option-2: Development Assistance from Development partners**
- **Option-3: Assistance from Philanthropy and Zakat Funds**
- **Option-4: By increased share of health budget from next NFC Award**

## Way Forward

Implementing the comprehensive strategy as outlined is an enormous task requiring effective participation from the Department of Health (DoH) and would require significant contributions from Health Sector Reforms Unit (HSRU) to bring about desired changes in the health systems of the province. Health services require inter-sectoral linkages for comprehensive delivery and for effective strategy implementation support from various departments like education, finance, labor and industry, water and sanitation will also be needed.



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TRF is funded by UKaid from the Department for International Development and DFAT, and managed by HISP