

**TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING**

ISO Code	Round	Time Period		Total Budget App. by the Board USD	Approval Track	Total Amt Disb-ed up to last date	Last Disbursement Date
		HSS Prop.	Medium Term Devt Framework				
PAK	3	2008-2009	2005-2015	23,525,000	First Submitted: 11.05.07 App. <u>W</u> conditions: n.a. Not approved: n.a. Resubmitted: n.a. First Approval: 26.07.07	16,898,500	22.08.08

**SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES****National Health Policy Goals**

- Strengthen primary/secondary health care services – especially the Maternal, Neonatal and Child Health Services (MNCH);
- Increase gender equity in the health sector;
- Reduce prevalence of communicable diseases
- Bridge the nutrition gaps among women, children, and vulnerable population groups
- Improve regulations in the Private Medical Sector to ensure standard equipment & services
- Build capacity for Health Policy Monitoring
- Improve availability, affordability and quality of drugs.

**Proposal Goals**

- Expand MHC and EPI coverage;
- Enhance effectiveness of district health care delivery service through strengthening human resource development, organizational management and support systems.
- Better involvement of CSOs in health system decision-making.

**Proposal: Specific Health System Development Objectives:**

<i>MCH &amp; Immunisation focussed</i>	<i>Health System Wide</i>
<ul style="list-style-type: none"> <li>• Improve national MHC to more than 70%, and EPI coverage to more than 95% within 5 years.</li> <li>• Human resource development and training in Emergency Obstetric and Neonatal Care [EmONC], &amp; Integrated Management of Neonatal &amp; Childhood Illnesses[IMNCI];</li> <li>• Improved supplies, equipment, transport and logistics for EmONC &amp; IMNCI;</li> <li>• Revitalise Lady Health Worker committees;</li> </ul>	<ul style="list-style-type: none"> <li>• Develop district health care delivery services by improving organizational management, leadership capacity, logistics, supplies and infrastructure;</li> <li>• Strengthen Information technology and management information systems;</li> <li>• Community organization and awareness</li> <li>• Operational need assessments and gap analyses to inform better CSO involvement;</li> </ul>

**SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS\*\***

Unmet Needs, “Bottlenecks”& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD(000)	%
<b>Governance, Management, Organisational</b> <ul style="list-style-type: none"> <li>Weak technical capacity for providing strategic vision, policy, planning, coordination and monitoring</li> <li>Weak functional integration of the levels of health services delivery, and of the public and private health services</li> <li>Limited access by rural women to healthcare and family planning services; limited awareness of types of services available</li> </ul>	<ul style="list-style-type: none"> <li>District mapping for public &amp; and private health manpower in 130 districts;</li> <li>Revitalisation of LHW Health Committees;</li> <li>National experts to develop, establish and involve women health volunteers and CSOs in supervision and evaluation;</li> <li>Operational research for second phase</li> </ul>	633.3	2.7
<b>Human Resource Development/Performance Management.</b> <ul style="list-style-type: none"> <li>Insufficient training in IMNCI and EmONC – among teachers of medical colleges and paramedical institutes, and among private health practitioners are not trained in imparting training to students;</li> <li>Inadequate planning, organisational and management skills; limited skills for developing need-based staff requirements, new tasks and job descriptions;</li> <li>In sufficient staff at district levels, and general gender imbalance among service providers- especially among vaccinators;</li> <li>Curricula and teaching manuals are not available for pre-service training of medical students and paramedics;</li> </ul>	<ul style="list-style-type: none"> <li>National planning/orientation/training workshops (16 persons) for teaching staff, medical and paramedical students;</li> <li>Workshops for 24 District Health Managers on use of info.;</li> <li>Training 21,500 Lady Health Workers in vaccination;</li> <li>Training private health providers in IMNCI &amp; EMONC</li> <li>Development and production of instructor (100) and student (5,000) training manuals</li> <li>District health management training for 672 health managers;</li> <li>Training of 129 Zillah Monitoring committees in Health System Management and Monitoring;</li> <li>Training of MNCH co-ordinators in 129 districts;</li> <li>Support for 119 MNCH District Public Health Specialists;</li> <li>Software training for 51 Districts (Balochistan &amp; Sindh);</li> <li>Additional allowances for 428 WMOs to provide EmONC</li> </ul>	7,693.6	32.7
<b>Drugs, Equipment, Supplies, Facilities</b> <ul style="list-style-type: none"> <li>Lack or failure of equipment and supplies – especially for IMNCI at the BHU level</li> <li>Insufficient evidence based decision making through inadequate use of management information systems;</li> <li>Supplies and supports for LHWs are inadequate</li> </ul>	<ul style="list-style-type: none"> <li>Supplementation of 30% IMNCI recommended drugs/procurements system in 4824 Basic Health Units [BHUs]</li> <li>Supplementing 50% IMNCI recommended equipment in BHUs</li> <li>Establish 26 First Referral Units</li> <li>Establish ORT Corners in 6561 First Level Care Facilities</li> <li>Vehicles, drugs and scales for Lady Health Supervisors</li> </ul>	15,080.4	64.1
<b>Monitoring and Evaluation</b> MIS & Monitoring systems not well integrated.	<ul style="list-style-type: none"> <li>Procure computers and equipment for MIS section of Fed. PIU.</li> <li>Support for provincial and Federal levels in supervision, monitoring and evaluation of health system performance</li> </ul>	116.6	0.5
<b>Overheads/Management of HSS</b>	None stated		
<b>TOTALS</b>		<b>23,523.9</b>	<b>100.00</b>

**\*\* These figures are based on the Budgets submitted by the countries**

**Health financing Gap:** Not stated.

### SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values 2001	Final Targets 2012	Expected Source of Data/Information
<i>Outcomes/Outputs:</i>			
• National DPT3 coverage (%)	64.5% (2006)	>85%	
• #/% of districts $\geq 80\%$ DPT coverage	25%	80%	
• Under 5MR/1000	103	<65	
• IMR/1000	76	<55	
• Proportion of deliveries assisted by Skilled Birth Attendants (SBAs);	30%	50%	Data sources:
• Contraceptive Prevalence rate;	28%	45%	- Pakistan FPRHS Survey 2001-02
• Number / percentage of districts achieving $\geq 80\%$ DPT coverage;	25%	80%	- EPI Coverage – Third Party Evaluation
• % of districts with an annual health plan;	n.a.	90% (2009)	- LHW program records
• % of districts comprehensively mapped;	n.a.	80% (2008)	
• % of private sector health facilities with a trained healthcare provider and following IMNCI protocols;	n.a.	90% (2008)	
• % of health facilities (DHQs/THQs) with functional neonatal units;	n.a.	80% (2008)	
• % of LHWs providing vaccination;	n.a.	25% (2008)	
• % of DHQs Hospitals providing 24/7 comprehensive obstetric care	n.a.	30-50% (2008)	

### SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

**Management of Implementation at Country level:** At national level: NHSCC & The Program Management Unit (PMU) headed by Federal Secretary Health, in the Planning and Development (P & D) Cell of MoH are responsible for oversight and management. At the provincial level: National program managers and GAVI Focal persons and Executive District Officers are responsible for implementation.

**Channelling/Management of funds:** Received by the State Bank of Pakistan – special A/C established. The Programme Implementation Cell in the Planning & Devt. Wing, MOH is responsible for the financial management and implementation of the HSS support programme. Funds will be transferred to the relevant Provincial Governments – who will make the necessary budgetary provisions and obtain funds on the presentation of bills.

**Strategies proposed for sustainability of activities:** There is a Government Concept Clearance which indicates that the govt. will streamline the recurrent costs of the GAVI HSS inputs into their yearly budgetary plans. Federal Govt. will also allocate matching funds in the annual budget .

#### Collaboration with/ Involvement of other organisations in

- i) *Proposal Design & Planning:* Federal Ministry of Health, provincial Departments of Health, Planning Commission, EPI, UNICEF and WHO, World Bank
- ii) *Proposal Management:* Federal Ministry of Health, provincial Departments of Health
- iii) *Proposal Implementation:* Federal Ministry of Health, provincial Departments of Health

**Other Financial Support for HSS:** From 2008-9, the governments expects US\$143.9 million for Health Systems Strengthening from contributing agencies:- UNFPA, UNICEF, WHO, USAID, DFID, and PAIMAN.

