



JSI Research & Training Institute, Inc.

Capacity Building

Rationale

In June 2011, the 18th Amendment to the Constitution of Pakistan devolved health functions from federal level to provincial level. The provinces can now formulate their own health policies and plans and strategies to implement them. It is an opportunity for the provinces to build the leadership and management capacity to address the additional responsibility in the best way possible. Pakistan has produced several health policies in the past all of which failed at the implementation level and the impact was sub-optimal. This was due to little investments in building a core group of district and provincial managers with adequate skills and competencies to plan, implement, monitor and show substantial progress.

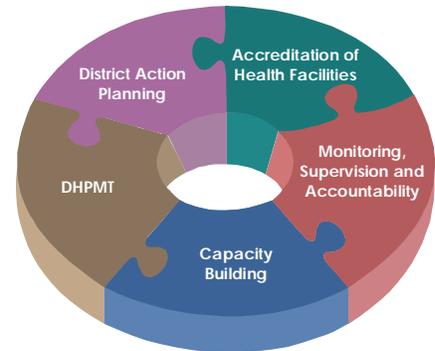
Post-devolution system has increased responsibilities of district health management. District managers are now expected to prepare their own plans on the basis of health information collected and consolidated at the district level. Existing capacity of these managers, resultantly, does not commensurate to responsibilities and functions assigned by the district-based, decentralized, and devolved health care system. There is a need to build the capacity of district managers by providing relevant training for enabling them to accomplish their assigned responsibilities.

Capacity building activities of Health Systems Strengthening component of USAID's MCH Program will concentrate on individual health managers, and will lead to strengthening of capacities at organizational and health systems level. Organizational strengthening will be achieved through structural review, formulization, and resource diversification, whereas for health systems, it will be achieved through cross-fertilization of expertise through networking of trained managers. The goal of the capacity building interventions is to improve management capacities of district health managers through tailored modular trainings and mentoring support at their workplace. A key component of capacity building trainings would be supportive supervision, which is a process of supporting health staff for continuous improvement in their performance.

The management trainings will be based on key skills and competencies required which, in turn, are based upon the WHO's six building blocks of health system.

A total of three training modules will be developed, focusing on specific areas of capacity building (see Box 1). In addition to district managers from the Department of Health (DOH) and the Department of Population Welfare (DOPW), these trainings will also be imparted to provincial managers from the DOH, including the office of Director General Health Services, Provincial Health Development Center, and Health Sector Reforms Unit for its institutionalization of in-service management training program.

Figure 1: Components of strengthening district health management



Methodology and Approach

Capacity building framework explains the process of strengthening the capacities at individual, organizational and health systems levels. The training approach will be based on experiential learning theory and will be participatory. This approach has proven to be very effective in enhancing effective skill transfer, facilitating conceptual and attitudinal development, and in encouraging appropriate changes in participants' behaviors. One of the key objectives of Health Systems Strengthening component of USAID's MCH Program is to institutionalize management trainings. Therefore, training partnership will be established with National School of Public Policy (NSPP) for its support in designing and managing these trainings. Other training institutes will also be explored such as Health Services Academy, Islamabad, and Institute of Business Administration, Karachi.

Box 1: Training modules for health managers

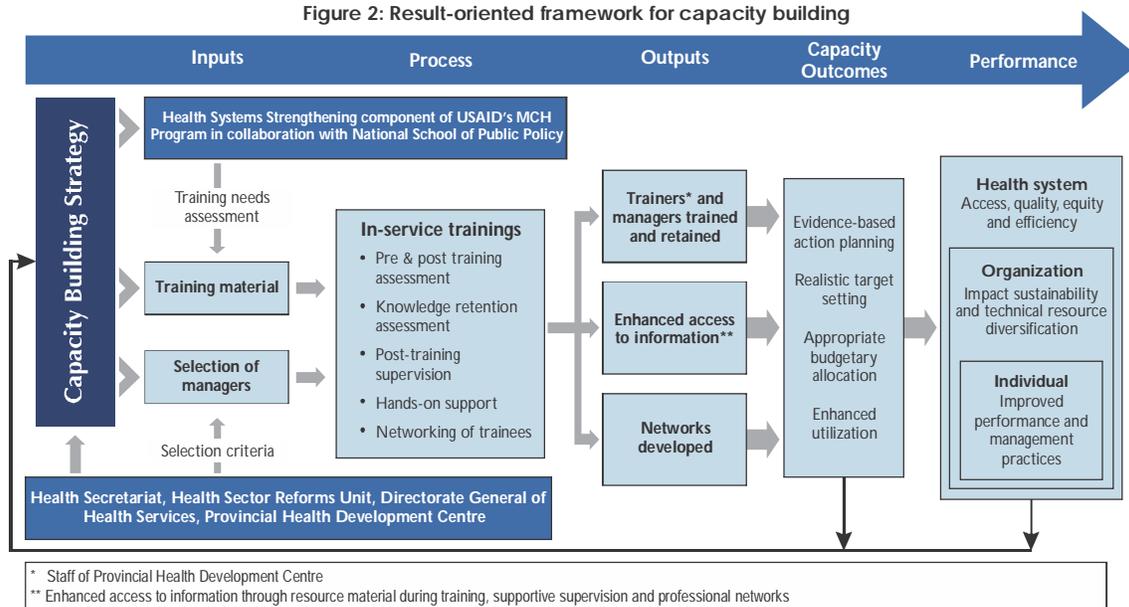
Module - I	<ul style="list-style-type: none"> General management principles Management systems for monitoring implementation Resource management Infrastructure management Business ethics Quality improvement and monitoring/benchmarking Marketing health services
Module - II	<ul style="list-style-type: none"> Human resource management Strategy development, prioritization, and implementation Organizational management Leadership Decision-making under uncertainty
Module - III	<ul style="list-style-type: none"> Accounting and financial management Contracting and procurement Health financing

Health Systems Strengthening component of USAID's MCH Program will provide technical assistance to DOH Sindh to develop a capacity building strategy for management staff in the province. This strategy will guide comprehensive planning and execution of provincial and district level capacity building actions. Needs assessment for capacity building will provide basis for designing the training modules. Capacity assessments will be conducted for identifying managers' capacity to function efficiently and effectively, and for demonstrating any capacity gaps. Further,

the DOH will develop criteria for selection of appropriate candidates for trainings. It will be ensured that, preferably, 25 percent of these candidates are female.

To translate knowledge into actions and to ensure the application of skills imparted during management trainings, follow up assessment and support will be provided to the trained managers. A key area would be provision of hands-on support to the district core planning teams at their work place to help them in planning and budgeting process.

Figure 2: Result-oriented framework for capacity building



Expected Results

A minimum of 115 health managers from key management positions at district and provincial levels will be trained for effective planning and organizational management at district/provincial levels. Specific management skills of health managers will be strengthened on forecasting, logistic management, critical path planning and management, cost effectiveness evaluation, optimization modeling, workforce development, motivation, performance monitoring, improvement in efficiencies and productivity, and financial systems, internal controls, accountability, budgeting, and costing functions. In line with the conceptual framework, management trainings are expected to lead to the following results.

- Translation of Sindh Health Sector Strategy into a plan of action at different levels within district plan
- Introducing culture of evidence-based decision-making
- Appropriate budgetary allocations and efficient use of available resources
- Improved procurement, accounting and financial management practices
- Coordinated efforts and joint actions through networking with all stakeholders

Next Steps

- Preparation and approval of selection criteria
- Preparation and approval of QA tools
- Notification of focal person/committee to ensure selection is made according to the pre-set criteria

Box 2: Illustrative indicators for capacity building

1. Number of districts with improved institutional capacity score in management and oversight of RMNCH: (Sum of score of 5 indicators: Max. Score: 5)
 - District Action Plan prepared; supervisory system in place
 - Regular meetings of DHPMTs held
 - Percent of health facilities reporting on DHIS
 - Regular coordination meetings with PPHI
 - Regular coordination meetings with PWD
2. Number of districts with functional DHIS (data used for decision-making and planning)
3. Districts showing improved DHIS quality scores, disaggregated by type of assessment (PRISM)

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