



Action Planning District Annual Operational Plan

Rationale

The 18th Constitutional Amendment of Pakistan ensued devolution of health to provinces leading to enhanced provincial role in stewardship, policy making and setting strategic directions for health sector. Recent advancements in the form of Strategic Framework based on Sindh Health Sector Strategy 2012-2020 has guided the development of medium and long term operational plans for the province. Side by side, the Government of Sindh has notified Essential Package of Health Services. Such paradigm shifts have necessitated major structural and fiscal changes – persuading a revolution in the planning culture. Districts are independent units that translate strategic directions into actions and implement the planned interventions. Hence, need for planning at district level is inevitable to achieve the development commitments and goals as well as broader health outcomes for the people of Sindh. District-level planning further provides an opportunity to address district-specific challenges to improve health outcomes and to move towards a performance-based healthcare system.

District Action Plan Approach

In each district of Sindh, three years rolling plans have been prepared in the form of District Action Plans (DAPs), starting from Financial Year (FY) 2015-16. These DAPs lead to the development of Annual Operational Plan. These Action Plans have focused on addressing all the provincial priorities while diagnosing district-specific health problems as well as analyzing gaps in resources and requirements. Districts have prioritized key health challenges and identified cause-specific interventions through participatory approach and collective decision-making with technical assistance of planning and budgeting experts from HSS Component of USAID's MCH Program.

Medium Term Budgetary Framework – After its successful implementation on pilot basis in the Departments of Irrigation & Power, Education & Literacy, Livestock & Fisheries, and Agriculture during FY 2009- 10, the Provincial Government has initiated Medium Term Budgetary Framework (MTBF 2015-18) in Department of Health as part of its reforms agenda. The MTBF, envisaging an approach different from the one followed under conventional budgeting, further necessitated the need of District Action Planning. Annual Operational Plans – prepared on the basis of DAPs – provide a platform for smooth transition of budget preparation activities. This change carries within itself the potential of transforming governance in the MTBF Departments and placing at their disposal a more flexible budgeting system that can help aligning operations with policies over three years framework. In order to associate finances with performance, the HSS Component with patronage of Finance Department has supported the budget preparations and performance targeting for all cost centers of individual districts as part of their Annual Operational Plans.

Methodology & Activities

The first step in the action planning process was building consensus with provincial stakeholders. Public Health Wing (Deputy Secretary Public Health) at the DOH Secretariat was assigned to lead and steer the development of District Action Plans. With the nomination of DGHS as focal person, at each district, District Health Planning Committee (DHPC) was constituted in compliance to the provincial notification (Number: SO (IV-PH)–HSSP-USAID/2013; dated 11th July 2013). Each DHPC comprises of 8-10 members including DHO, senior health managers, DM PPHI and DPWO. In the districts, a Situation Analysis was conducted based on WHO's Health Systems Building Blocks and documented as 'Districts' Analytical Profiles'. These profiles have supported the DHPCs to identify health issues and systems' challenges in a workshop setting assisted by planning experts from HSS Component.

Process of Action Planning

HSS Component ensured the sustainability of action planning by enhancing planning skills of all members of DHPCs through capacity building workshops. During these workshops, in addition to strengthening planning capacities, issues were identified and challenges were prioritized based on their magnitude, severity of problems, their vulnerability to intervention, associated political expediency, and cost effectiveness of the proposed intervention. Side by side, HSS Component engaged Economic Reforms Unit of Finance Department to impart trainings on MTBF to the staff involved in budget preparation. All cost centers prepared budget and performance targets using specific forms including: 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). Based on three years DAPs, planning and budgeting experts further provided hands-on support within the districts for finalization of Annual Operational Plans. The technical assistance was extensive during the first year, which was gradually reduced to trouble shooting in subsequent years with DHPC taking the lead role.

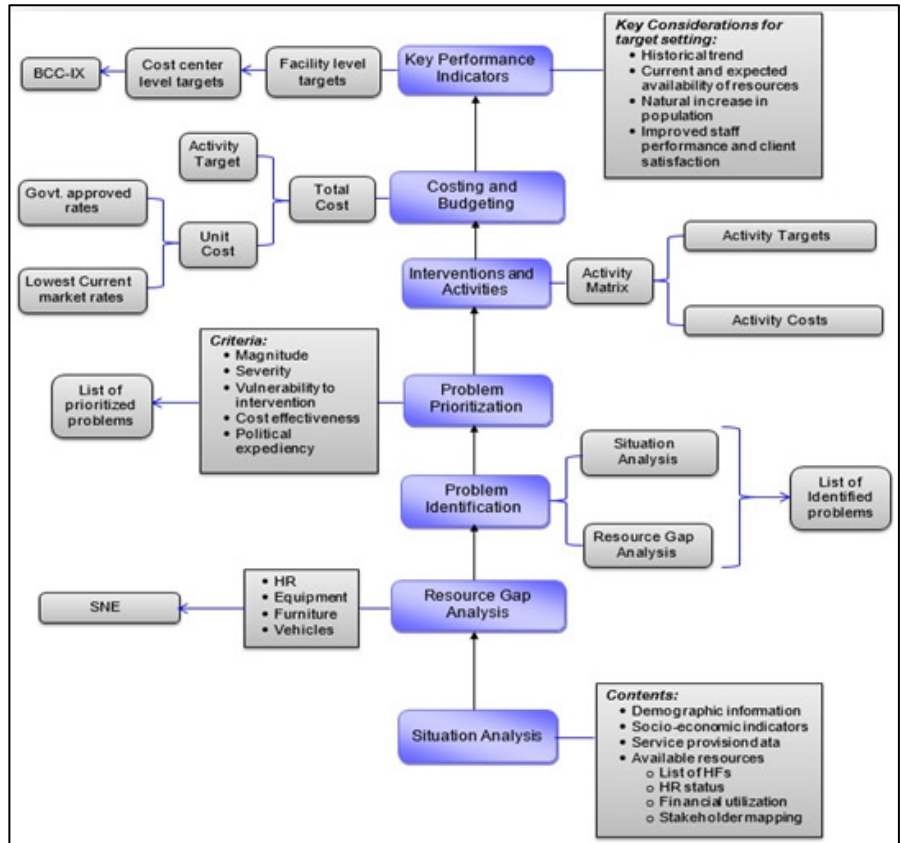
Accomplishments

During FY 2015-16, for the first time in the history of Sindh, all 580 cost centers under Health Department of Sindh province prepared budget based on MTBF. Each of the 24 districts also prepared Annual Operational Plans 2016-17 and estimated cost for identified health problems and systems' challenges. Development of DAPs does not end at the preparation of Annual Operational Plans; instead concerted advocacy efforts have been rolled out with politicians and policy entrepreneurs as well as decision-makers and planners in Departments of Health, Finance and P&D Government of Sindh.

This has resulted in release of an additional budget of PKR 407.1 million for FY 2015-16 for addressing the identified priority issues related to staff trainings, monitoring and supervisory visits,

printing of health education materials, and conducting healthcare awareness sessions. However, by institutionalizing a systems' approach and taking benefit of the MTBF, this funding will also be made part of the regular budgets leading to strengthening of budgetary mechanisms of Health Department of Sindh.

AOPs for FY 2016-17 have also been prepared by districts and submitted to government for approval and allocation of cost demand of PKR 330.8 million. This includes expense estimates for activities similar to last year against targets set for the next financial year. This demand is within the indicative budget ceiling for regular budget for FY 2016-17 and can be allocated without any additional funds requirement.



Actions required by DOH Sindh

- Assigning responsibility of action planning to DOH's Public Health Wing
- Allocation of funds for AOPs 2016-17 in regular budget, through follow up with Finance Department
- Regular progress reviews at DGHS Sindh level, for feedback and resolving implementation challenges
- Establishing and implementing firm internal control mechanisms
- Active oversight on implementation of planned activities at DOH level
- Building local capacities on action planning
- Attenuating hands-on support over the years
- Making cost demand funding a part of regular budgets
- Establishing MTBF Committee at DOH's Administration Wing
 - Provide guidance on annual priorities against indicative budget resources
 - Assist and monitor MTBF budget preparation
 - Review of budget estimates of cost centers before submission to Finance Department
 - Continued expenditure appraisal for efficient budget utilization during the financial year
- Maintain liaison with Finance Department through ERU for strengthening MTBF budgeting mechanism