Assessment Study

Health: In Post 18th Amendment Scenario
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## List of Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADP</td>
<td>Annual Development Plan</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>BHUs</td>
<td>Basic Health Units</td>
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<td>CCHD</td>
<td>Citizens’ Commission for Human Development</td>
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<td>CCI</td>
<td>Council of Common Interests</td>
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<td>CLL</td>
<td>Concurrent Legislative List</td>
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<tr>
<td>CMIPHC</td>
<td>Chief Minister’s Initiative for Primary Health Care</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DGHS</td>
<td>Director General Health Services</td>
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<td>DHMT</td>
<td>District Health Management Team</td>
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<td>DHQs</td>
<td>District Head Quarters</td>
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<td>DLIs</td>
<td>Disbursement Linked Insights</td>
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<tr>
<td>DEWS</td>
<td>Disease Early Warning System</td>
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<tr>
<td>DoH</td>
<td>Department of Health</td>
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<td>DRA</td>
<td>Drug Regulatory Authority</td>
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<tr>
<td>EDL</td>
<td>Essential Drugs List</td>
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<td>EHSP</td>
<td>Essential Health Services Package</td>
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<td>EmONC</td>
<td>Emergency Obstetrics and Newborn Care</td>
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<td>EPI</td>
<td>Expanded Program on Immunization</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>FLL</td>
<td>Federal Legislative List</td>
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<tr>
<td>FP &amp; PHC</td>
<td>Family Planning and Primary Health Care</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunization</td>
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<td>HSMB</td>
<td>Health Sector Ministerial Board</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<td>LHWs</td>
<td>Lady Health Workers</td>
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<td>LMIS</td>
<td>Logistic Management Information System</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring &amp; Evaluation</td>
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<tr>
<td>MTBF</td>
<td>Medium Term Budgetary Framework</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<td>MSDS</td>
<td>Minimum Service Delivery Standards</td>
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<td>NCHD</td>
<td>National Commission for Human Development</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>NFC</td>
<td>National Finance Commission</td>
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<td>NHSRC</td>
<td>National Health Services Regulation &amp; Coordination</td>
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<tr>
<td>PC</td>
<td>Planning Commission</td>
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<tr>
<td>PDSSP</td>
<td>Punjab Devolved Social Services Program</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PHSRP</td>
<td>Punjab Health Sector Reform Program</td>
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<td>PIPHCM</td>
<td>Punjab Integrated Primary Health Care Model</td>
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<td>PRSP</td>
<td>Punjab Rural Support Program</td>
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<td>RHCs</td>
<td>Rural Health Centers</td>
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<td>RMNCH</td>
<td>Reproductive, Maternal, Neonatal &amp; Child Health</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>THQs</td>
<td>Tehsil Head Quarters</td>
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<td>TRF</td>
<td>Technical Resource Facility</td>
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<td>UN</td>
<td>United Nations</td>
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Acknowledgement

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Executive Summary

The promulgation of 18th constitutional amendment of 2011 in Pakistan advocates for outlining pre-requisites for the efficient management of various public services, transferred as a sole responsibility of the provincial bodies. While this constitutional amendment has created many opportunities for improving public service delivery; it has also led to serious risks. The emerging scenario after 18th amendment in Pakistan requires an independent and objective analysis of consequences of 2011 reforms on the future role of federation and provinces in health sector, which is an immensely important public service department. The scope of this assessment study revolves around the institutional appraisal of the Health Department in the Punjab province to assess its current implementation status vis-à-vis the planned reforms, achievements, problem areas and issues, financial analysis, relevant development sector initiatives by the donors as well as recommendations to improve the implementation of reforms in future.

A qualitative study coupled with the literature review was conducted from May-June 2014. The qualitative component of the study included six (06) KIIIs with relevant officials of Punjab health department and one (01) FGD with one DHMT.

Following promulgation of 18th amendment, provincial assemblies were more empowered to operate their respective health systems, financially as well as administratively, by virtue of barring the concurrent legislative list. All of the functions, (except the vertical health programs and tertiary care health institutions) were devolved to the provinces. Subsequently, many of the functions of the abolished federal MoH were then delegated to eight institutional settings in the capital Islamabad, and service delivery entirely to the provinces. Policy making has been devolved to the provincial health departments, whereas health regulation and coordination of some vertical programs (TB, AIDS, Malaria, EPI) is retained at the federal level. The complex operationalization of the vertical programs especially National control programs for TB, Malaria, AIDS; and EPI are notable repercussion of the constitutional amendment.

Furthermore, the Punjab Government formulated health sector strategy in response to challenges related to quality of service delivery and coverage, a competent health workforce, governance and regulation of health sector. The five years strategy (2012-2017) is being implemented in a phased approach with technical assistance from the development partners.

Moreover, the development of the health sector strategy for Punjab is the most significant step towards health reforms in Punjab. The key principles of the strategy are to provide equitable
and universal health care services, improve institutional capacities, ensure good governance at
all levels, optimal utilization of resources, and a culture of results based management.

EHSP for the primary level care services has been developed and officially approved; whereas
formulation of services packages for secondary and tertiary care level is in progress. An
integrated PC-1 mainly focusing on MNCH, Nutrition and Family Planning is under review for
approval. Likewise, an integrated Punjab Health Information System is under development.
Punjab Health Care Commission has been established and is operational to regulate the health
sector. Department for International Development and World Bank have in principle committed
to support health sector strategy till 2017. Disbursement Linked Insights (DLIs) for the health
sector support has been agreed by the Government of Punjab and the Medium Term Budgetary
Framework (MTBF) of Department of Health, Punjab is linked with Health Sector Strategy.

Following organizational reforms, there was also an upturn in financial share for Punjab under
7th NFC awards. However, service delivery programs faced financial constraints from the
federation and respective provincial health departments including Punjab during this interim
phase of organizational reforms. In relation to very recently released budget of the Punjab
government for 2014-15, PkRs.121.80 billion have been allocated for the health sector. Another
4 billion will be spent on health insurance cards. However, budget utilizations against planned
allocations have not been satisfactory in Punjab. The 18th amendment has also caused
planning to become a district responsibility and that all thirty six (36) districts of Punjab have
developed their three years rolling out plans. While the provincial health sector strategy is being
implemented and the three year roll out plans have been developed for 36 districts of Punjab;
weaknesses such as unclear stewardship role and dearth of leadership at the provincial and
district level are the key challenges. Other key challenges are consideration of inter-provincial
harmonization, resource mobilization and donor preferences of vertical programs; and
underutilization trend against budget allocation for health in Punjab.

The study concluded that DGHS and PHSRP are key players in rolling out the health sector
strategy. PHSRP ought to take up the role of coordinating technical assistances required for the
development of operational plans to implement the proposed strategy. DGHS shall be involved
in the planning, budgeting, performance review, supervision, coordination, recording and
reporting of progress to provide basis of budgetary allocations. Fair investments in improving
governance, service delivery structure, human resource, health information, and medical
products are required more than ever.
Introduction of Assessment Study

Background

Pakistani health system has once again experienced reforms with the effect of the 18th amendment in 2011 which poses many implications on health care provision with the devolution of many social sector portfolios, including health.

Remarkably, the 1973 constitution of Pakistan considers education as the fundamental right; whereas health is nowhere declared as one of the basic human rights, and therefore this ambiguity carries various repercussions on the latter subject. Globally, 115 countries in the world unequivocally recognize right to health and Pakistan is an exception. Hitherto, health for all is not treated as a legislative subject in the Constitution of Pakistan. The promulgation of the 18th amendment in Pakistan poses many implications on the health as well as the larger social sector. With the signing of the constitutional amendment, education was the first subject devolved to the provincial level, followed by the dissolution of the Ministry of Health at federal level. Though devolution brings many opportunities to address the long standing disconnect between health and population welfare departments; the minimal technical support provided by federal government and lack of interim arrangements for financial management were the key challenges for the provinces in the post 18th amendment scenario. Nevertheless, this constitutional amendment is a way forward to increasing the control over decision-making and for granting more autonomy to the provinces in all those subjects, which were so far looked after and managed concurrently by the federation and the provinces.

Superlatively, devolution tends to abridge the management structure and would ensure the efficient delivery of health services for the under-served populations. This situation in Pakistan advocates for outlining pre-requisites for the efficient management of health services, which is now sole responsibility of the provincial bodies. Health and many other social sector portfolios were transferred to the four provinces with the mandate of policy making, financing, regulation, service provision, administration, governance etc. Devolved participatory decision making on distribution of health services, deployment of health work force, prioritization of pro-poor strategies for health financing and integration of various health information systems are the key prospects of these reforms, following the 18th constitutional amendment. Decentralization as a national agenda involves other sectors, thus providing an opportune time for a meaningful inter-sectoral collaboration, which is a foundation for revitalization of PHC services in developing

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countries such as Pakistan. Consequently, responsiveness of the health system can be improved, as well as the quality of health services can be enhanced⁶.

While constitutional amendment has created many opportunities for improving service delivery, it has also presented serious lacunae. Empowering provinces without proper mechanisms in place for implementation and conflict resolution can actually result in poor performance of the health system. Pakistan does not exhibit the pre-requisites of a successful devolution which include a strong central state, and an optimal technical and managerial capacity of provincial health systems⁶. There is a likelihood of an increased inefficiency due to gaps in the managerial capacity of sub-national tiers of the government. Moreover, the political pressures can escalate on local managers, and scenario could be even worse where the sub-national accountability and overall governance are weak⁵. At times, the decentralization makes it more difficult, pursuing coherence of local plans with national goals and policies⁷.

The emerging scenario requires an independent and objective analysis of consequences of reforms on the future role of federation and provinces in healthcare provision. In particular, critical functions of the Federal Ministry of Health such as liaison with donors, vertical primary health programs, specialized curative care and regulation of the pharmaceutical markets, as well as functioning of provincial health departments need to be reviewed in terms of the broader objective of policy and management of health sector in the country.

**Objectives of the study**

The objectives of the assessment study are to:

- Conduct institutional appraisals of Health Development Department in Punjab Province aiming to assess current implementation status, achievements, problem areas and issues, as well as recommendations to improve the implementation of 18th Amendment in future.
- Offer comprehensive information “background material” to the stakeholders and other potential target groups.

It may be relevant to mention here that the intention of this assessment study is also to identify the major issues and hurdles related to the implementation of the 18th Amendment in the health department. It is hoped that the discussions and dialogues on these issues will further strengthen the future implementation of 18th Amendment in Pakistan.

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**Study Limitations**

In the post 18th amendment scenario, the roles and responsibilities of federal and provincial tiers are still in the phase of reshaping in terms of policy planning, management, programs’ implementation, procurement, funding mechanisms, donor relations etc. So, existing lack of clarity on roles, responsibilities and operational procedures/protocols are key study limitations resulting in blurred information on implementation status of devolution reforms. Moreover, this lack of clarity between federal-provincial relations might further limit the interpretation of the study results. Furthermore, other limitations include drawing fine line between federal and provincial role, overlaps or duplication, uncertainty amongst development partners regarding how to work with federal and provincial governments, and roles in case of public health emergencies.

**Scope**

The scope of the assessment study revolved around institutional appraisal of the Health Department in Punjab to assess its current implementation capacity, achievements, problem areas and issues, as well as recommendations to improve the implementation of 18th Amendment in future. The extensive scope of work would offer comprehensive information to the stakeholders and other potential target groups to comprehend the major issues and hurdles related to the implementation of the 18th Amendment in health department of Punjab province, and thereby provide the necessary support to the Government of Punjab province. Since the ultimate goal of these reforms is to bring in the elements of good practices and good governance in the health system, a holistic framework was developed to appraise provincial health department of Punjab in the wake of 18th Amendment.

As shown in the figure-1, this research framework evaluates devolved reforms and implementation status and highlights issues and hurdles in the implementation of 18th Amendment. The framework assesses subject areas which are referred back to the federal government and gauge estimated budget allocations of the health department in Punjab province. Implications of the 18th amendment on coordination mechanisms with the donor supported initiatives are evaluated through this framework. This research has also explored functioning and implications of six building blocks of the health system in the wake of recent reforms. These building blocks are governance, human resource, health information, service delivery, medical products and technology, and health financing\(^8\). The framework is evocative to evaluate implementation status of 18th amendment against planned reforms in health system of Punjab province.

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Themes of Assessment Study

Devolved reforms and implementation status against the planned reforms

Issues and hurdles in the implementation of 18th Amendment

Subject areas referred back to the federal government

Estimated budget / costs of the department and Budget utilizations

Relevant donor supported initiatives

Proposed actions and Recommendations

Analysis of 18th amendment (Health)

- Description of Legal framework/ constitutional amendment
- Progress made as yet on the implementation (in Punjab province)
- Impact of devolution on policy aspects in health sector of the province – Impact on six building blocks of health system.

- Tactical issues i.e. level of funding to vertical health programs transferred to provinces; releases made
- Challenges related to releases at provincial level; liabilities, Global Fund, GAVI, procurement of vaccines – Issue related to HR, Governance, Service delivery, Medical products, Health financing and health information

- Health related subject of the legislative lists which are referred back to federal government.
- Documentation of threats and opportunities for functioning of such health related subjects.
- Analysis of six building blocks (referred back to Federation)

- Comparison analysis to budgetary allocation of provincial health department in the pre-post 18th amendment.
- Fiscal analysis of health department in terms of budget increase and its uses

- Description of coordination mechanism with the donor programs and organization
- Description of donor funded initiatives in post 18th amendment scenario
- Opportunities and thread related to donor supported initiatives

- Recommendations on weak areas where immediate actions need to be taken to implement 18th amendment. Opportunities to strengthen service delivery structure, health information, human resource availability, governance, and health financing.

Figure 1: Framework of the assessment study
Methodology and process

A qualitative study coupled with the literature review was conducted from May-June 2014. The qualitative component of the study included field interviews and focus group discussions with the respondents from Punjab health department.

Desktop review

Literature review broadly involved:

a. Constitutional and legal framework of devolution 2011,
b. Work of the Implementation Commission,
c. Documents of the Punjab government
d. Review of existing work done by other institutions,
e. Financial review of budget allocations for Punjab health department
f. Relevant independent articles, and
g. Research reports.

During desktop review, following documents were also examined for developing an understanding of the inception and evolution of 18th amendment:

- Revised version of the Constitution of Pakistan (with 18th Amendment)
- Proceedings of the meetings of Implementation Commission on 18th Amendment
- Decisions of CCI
- Proceedings of meetings held at the Planning Commission of Pakistan; Ministry of IPC regarding 18th Amendment
- Review of decisions taken by the Caretaker government during March-May 2013 with particular reference to establishment of the Ministry of NHSRC
- Documents of PHSRP
- Reports generated on devolution by Heartfile, Technical Resource Facility (TRF), Planning Commission, individual researchers and development partners
- Health Sector Strategy of Government of Punjab
- Papers produced in indexed journals on the subject

Qualitative study

Primary data was collected through meetings with officials at provincial level (Punjab). Qualitative methods were utilized through undertaking KIIIs and FGDs which included open ended questionnaire.

Due to extensive network of public health sector in Punjab, interviews and discussion were conducted with diverse group of health officials. The field guides for KIIIs and FGDs were developed in consultation with the CCHD and changes were incorporated to finalize qualitative tools. A qualified and trained research assistant was engaged for arranging interviews, printing
of field guides, voice recording, transcriptions and translations. The respondents of the qualitative study were encouraged to comment on experiences, challenges and opportunities for health sector in the wake of recent reforms.

**Sampling Strategy and Sample Size**

Purposive sampling technique was adopted, inviting the participation of Health secretariat officials, vertical program provincial coordinators, and district health management team (DHMT). Six (06) KIIs were conducted with the relevant officials of the Punjab health secretariat (03) and provincial coordinators of vertical programs (03). In addition, one FGD was conducted with the members of the DHMT (Gujranwala). Each participant of the 06 KIIs and 01 FGD was given the verbal information about the study by the research team and a consent form was also introduced.

The interview and the discussion guides included questions on post-devolution experiences and challenges, issues of capacity in the province, as well as opportunities in the wake of recent reforms. The question broadly encompassed devolved reforms in the health department, implementation status against the planned reforms, subject areas referred back to the federal government, estimated budget/costs of the department, budget utilizations, relevant donor supported initiatives, and proposed actions and their implementation status. The field guides also included open ended questions on recommendations and way forward in the post 18th Amendment scenario. KII-1 was conducted with the officials of the health secretariat (Technical, Development and DG office). KII-2 was conducted with provincial coordinators of vertical programs (PHSRP, MNCH, FP & PHC). All the KIIs and FGDs were modified according to the scope of work of the study respondents. The KIIs and FGD were recorded for accuracy and later transcribed and translated by at least two persons independently. To ensure quality control, information collected through note-taking was cross-checked for completeness and consistency before and during data processing by the research team.

**Assessment study**

In the forthcoming section, results of the assessment study are presented which provide thorough review of the political and economic analysis of the health sector in terms of key issues and limitations faced by the provincial government including capacity, financing, and governance. Therefore, broadly the findings of the study would include:

1. Implementation status of the 18th amendment in health against the planned reforms
2. Identification of the subjects (areas) referred back to the federal government
3. Comparison of budgetary allocation to health department
4. Relevant donor supported initiatives
5. Issues and hurdles in the implementation of 18th Amendment
6. Recommendations to address issues in the wake of recent reforms
Literature review

History of 18th Constitutional Amendment

Pakistan is a low income country where utilization of health infrastructure has remained low over the years due to inadequate financing, lack of resources and structural mismanagement. Health system of Pakistan experienced a transition with the enactment of the 18th constitutional amendment which poses many implications on health care provision with the devolution of a federal health ministry with few other social sector portfolios. Decentralization in Pakistan has resulted as an off-shoot of internal political decisions. The health system of Pakistan has experienced chronological evolution of reforms since its establishment. The devolution of powers in 2001 led to decentralization of health services and thus creation of a district health system. Yet again, significant reforms in the form of 18th amendment and NFC award have altered constitutional and fiscal relationships between the provinces and the federal government. The constitutional amendment of 2010-2011 and the seventh NFC award have shifted administrative and financial powers to the provinces. Under these momentous reforms, provinces have more control over administrative powers and financial share. These reforms have devolved 18 ministries to the provinces including health, population, education and other social sectors; therefore eliminating social sector portfolios from the federal list.

Before the 18th amendment, federal and concurrent legislative lists were part of the constitution to set sharing of legislative powers between federal and provincial bodies on various portfolios. The abolished Ministry of Health (MoH) was operating through concurrent legislative list to manage provincial health departments, eleven vertical programs and seven tertiary care centers. With a few exceptions, the MoH performed number of functions such as role of stewardship including policy-making, standardization of guidelines, formulation of academic policies for all cadres of health workforce, dealing with foreign governments and agencies, international commitments and agreements. The standardization, registration and pricing of medicines were a federal responsibility, with the provinces involved only in quality control issues. All the financing mechanisms such as collecting, pooling and purchasing for health were federal responsibilities. Furthermore, Federal Ministry of Health was implementing eleven vertical priority preventive programs such as National MNCH, FP & PHC, tuberculosis control, malaria control, AIDS control, EPI, control of hepatitis, and prevention of blindness program.

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While all these programs received funding from bilateral/multilateral donors and/or UN agencies, they were also co-funded by the provincial exchequer, with some federal support both in financial and technical terms.

**Scope and relevance of 18th Amendment**

Following promulgation of 18th amendment, provincial assemblies were more empowered to operate their respective health systems, financially and administratively by virtue of exclusion of concurrent list [1,2,5]. In the wake of recent reforms, Council of Common Interests (CCI) has influence on second part of the Federal Legislative List (FLL). CCI has even representations from the parliament and the provinces and has attained a significant role in formulation and regulation of policies for all subjects including health after the 18th amendment. The federal government can only legislate on the subjects in second part of federal list after consultations with the provincial representatives of CCI. The stewardship functions such as policy formulation and use of evidence in health planning has been devolved to provinces. Despite the reinstatement of Ministry for National Health Services, Regulation & Coordination (NHSRC) at federal level, provinces are still responsible for development and implementation of their health sector strategies. All of the functions were devolved to the provinces except for the vertical health programs and tertiary care health institutions at the federal capital. Therefore, provinces have control to plan their own health needs and evidence based policies in the post 18th amendment scenario. Yet, under contractual arrangements, some service delivery programs are retained with the recently established ministry of NHSRC.

Subsequently, many of the functions of the abolished federal MoH are now delegated to eight institutional settings in the capital and service delivery entirely to the provinces [13]. The entities taking on MoH functions at the capital level are Economic Affairs Division; Cabinet Division; Planning & Development; Ministry of Inter-Provincial Coordination; Ministry of NHSRC; Capital Authority Development Department; Federal Bureau of Statistics [12].

**Linkages within federal, provincial and district structures**

Although the constitutional amendment brings in elements of good governance and improved service delivery, many functions and coordination mechanisms between the federal and the provincial government are fragmented. The following table-1 explores the implications of this constitutional reform on the building blocks of health system which have affected coordination and linkages within federal and the provincial governments.

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<th>Functions</th>
<th>Effect of 18th amendment</th>
<th>Decision</th>
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| Governance (Health policy, regulation and coordination) | - Development and administration of provincial health sector strategies are responsibility of provinces  
- Health regulation and coordination are with NHSRC which include National control programs for TB, Malaria, AIDS; EPI; DRA; Prime Minister National Health Complex | - Policy making devolved to provincial health departments  
- Health regulation and coordination retained at federal level  
- EAD is responsible for dealing agreements and international treaties with countries and development partners. |
| Health financing                  | - Remarkable financial share are transferred to provinces                                                                                                                                                               | - More financial powers to the provincial governments in 7th NFC (2010-11).  
- Funding for vertical programs is routed through National Health Service Regulation & Coordination                                                    |
| Service delivery                  | - Provincial health departments are responsible  
- Vertical programs (supported by GAVI, Global Fund) are facing issues of fiscal reforms                                                                                                                                 | - Implementation of service delivery programs are sole responsibility of provinces                                                                            |
| Drug regulation                   | - Drug regulator authority has been restructured under NHSRC                                                                                                                                                           | DRA has been established under NHSRC                                                                                                                       |
| Health information                | - Operationalization of health information system is responsibility of provinces  
- Academic and research organizations (HSA, PMRC) are reinstalled under NHSRC                                                                                                                                          | - DHIS implementation is retained with provincial health departments.                                                                                       |
| Human resource                    | Service structure and regulation of skilled HR for health (doctors, paramedics, and community based health workers) is duty of provinces.                                                                              | Provincial health departments are responsible to retain and regulate HR for health.                                                                           |

It is worth mentioning that Pakistan does not have a National Health Policy, at present. The draft national health policy 2009 could not be approved due to the promulgation of 18th amendment. While provinces are responsible for their own health sector strategies, it is foremost to seek a clear policy guidance from the federation. The complex operationalization of the vertical programs especially National control programs for TB, Malaria, AIDS; and EPI are notable repercussion of the constitutional amendment. Likewise, the development partners particularly including bilateral, multilateral and UN agencies, are facing a challenge of initiating dialogue and negotiating initiatives with the provinces. The current devolution has placed a formidable challenge of coordination, as no single institution at the federal level was responsible for central coordination at the time of amendment. Nevertheless, the establishment of ministry of NHSRC is able to solve issues pertaining to resource mobilization and allocations for vertical programs, and reporting on international commitments and agreements (National
Planning and coordination between provinces; agreements with foreign countries and international organizations in the field of health accords, vaccines, drug branding and medicines)\textsuperscript{11}.

**Key reforms in the Punjab Province**

Whilst Punjab province experienced the knock of 18\textsuperscript{th} amendment, the history of devolution in this province started back in 2001\textsuperscript{14}. The local government ordinance of 2001 shifted administrative and financial powers to the district bodies. However, significant impact of interventions in the social sectors including health could not be experienced. After implementation of 2001 devolution, four health sector initiatives were launched which had a significant impact on the district health system. These reforms were Punjab Devolved Social Services Program (PDSSP), Punjab Health Sector Reform Program (PHSRP), Chief Minister's Initiative for Primary Health Care (CMIPHC), and Punjab Integrated Primary Health Care Model (PIPHCM)\textsuperscript{15}. The PDSSP, four year funded program was launched in 2004 with an overall goal of achieving Millennium Development Goals (MDGs) related to poverty, education, health, water and sanitation\textsuperscript{16}. PDSSP was designed to support the devolution of social services in the entire province. In 2005, PHSRP funded by Punjab government was launched to improve coverage and quality of primary healthcare services\textsuperscript{17}. PDSSP and PHSRP were meaningful to establish higher level of controls, and signing of agreements between provincial and district governments.

Punjab Rural Support Program (PRSP) introduced Rahim Yar Khan Model in 104 BHUs of the district. The program was successful in achieving better quality and timely utilization of primary health care (PHC) services\textsuperscript{18,19}. This model was later named as CMIPHC which could not be replicated in other districts of Punjab due to change of political scenario. In 2007, the PIPHCM was signed as a tripartite institutional arrangement among Provincial Health Department, 12 District Governments and the National Commission for Human Development.

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\textsuperscript{19} World Bank. Partnering with NGOs to strengthen management : an external evaluation of the Chief Minister's initiative on primary health care in Rahim Yar Khan district, Punjab: World Bank; 2006.
(NCHD) These politically driven reforms could not be scaled up due to limited capacity and lack of long term commitment by the government of Punjab. Otherwise contracting of BHUs demonstrated a win-win situation for all the stakeholders.

Since the promulgation of 18th amendment, the government of Punjab has taken sound initiatives to address demand-supply gap. One of the key steps is the development of the Punjab Health Sector Strategy by PHSRP. The strategy was deferred to be made effective in January 2014 due to the change of federal government after general elections and frequent bureaucratic changes in the Punjab government. The strategy focuses on the improvement of the coverage and utilization of quality essential health services, particularly in the low performing districts of Punjab. World Bank is supporting PHSRP to roll out health sector strategy till 2017. With support of World Bank, PHSRP will improve health service delivery, enhance efficiency and effectiveness of the health system, strengthen provincial managerial capacity of health department, and improve the capacities in technical areas for equitable health services for all. The key principles of the strategy are to provide equitable and universal health care services, improve institutional capacities, ensure good governance at all levels, optimal utilization of resources, and inculcating a culture of results based management. All the districts of the Punjab have developed roll out plan for the three years.

The Punjab strategy emphasizes RMNCH and Nutrition by proposing a number of initiatives including integration of MNCH, family planning and nutrition activities in the Essential Primary Health Services Package, ensure availability of 24/7 EmONC services, strengthen linkages between outreach workers and primary health units. Likewise, the strategy focuses on up...

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gradation of BHUs, RHCs, THQs, and DHQs to provide 24/7 Comprehensive EmONC services.”

**Implementation plan**

- To address this limitation as well as to ensure timely roll out of 18th amendment, implementation commission was constituted after the 18th amendment. The commission was meaningful to create a unique practice of openness, transparency and accountability by placing its performance report before upper and lower houses of the Parliament. The prime aim of the commission was to provide direction on the legal, administrative and financial aspects of the ‘devolution skeptics’.
- Health regulation and coordination is retained at federal level with Ministry of NHSRC
- Economic Affairs Division responsible for dealing agreements and international treaties with countries and development partners
- Although the organizational reforms have transferred more financial powers to the provincial governments in 7th NFC (2010-11), the funding for vertical programs is routed through NHSRC as an interim technical assistance from the federation. These programs are EPI, TB control, AIDS control and Malaria control, FP & PHC, MNCH, and Hepatitis Control.
- DRA has been established under Ministry of NHSRC for registration, and regularization of drugs

Although there was significant increase in the extent of provincial autonomy on health related subjects, there were some complex decisions regarding financing of the vertical, coordination of service delivery programs with the development partners, and regulation of drugs and pharmaceuticals. Therefore, an interim arrangement in the form of ministry of NHSRC was created to solve issues pertaining to resource mobilization and financial allocations for vertical programs, and reporting on international commitments and agreements. Role of the commission to establish ministry of NHSRC has been imperative to develop a national vision for health and serve national health-related objectives.

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Following 18th amendment, the Punjab Government formulated Health Sector Strategy in response to challenges related to quality of service delivery and coverage, a competent health workforce, governance and regulation of health sector. The strategy also attempt to ensure health rights of poor and vulnerable population through provision of social protection nets, as currently 75 percent of the health expenditure is out of pocket. A number of strategies are outlined using a phased approach from 2012 to 2017, recommending that the budget be increased from PKR 11.2 billion to PKR 14.8 billion by 2017. The increase in Punjab health budget is due to upturn in size of the provincial share, which has increased under the 7th NFC Award. The key emphasis of the Strategy is on integrating health services supported by a strong monitoring and evaluation system. The Strategy’s implementation plan is ready and requires robust monitoring and accountability mechanisms to ensure that the desired goal of “a measurable reduction in the morbidity and mortality in most common illnesses, especially among the vulnerable groups” is achieved.

Review of the federal budget for the year 2014-15 suggests that health sector will receive Rs26.8 billion in 2014-15 as compared to Rs25.7 billion in 2013-14. In relation to very recently released budget of the Punjab government, Rs.121.80 billion rupees have been allocated for the health sector. Another 4 billion will be spent on health insurance cards. In order to finance center-funded health programs, Rs2.7 billion are allocated from EPI, Rs11 billion for FP & PHC, Rs2.3 billion for MNCH, Rs684 million for hepatitis control, Rs124 million for TB control, and Rs124 million for Malaria control. There are significant enhancements in allocation in all the four provinces on recurrent and development sides. For example, provincial allocation to the Punjab health sector in 2009-10 was Rs29513 million compared to Rs37302 million in 2010-11. It is worth mentioning that government of Punjab allocated Rs614 million out of development funds for mobile hospitals in ADP of 2010-11. The following table 2 provides funds allocation status of the preventive/service delivery programs in the annual development plan of the Punjab in 2010-11.

**Table-2: Financial allocation for Preventive Programs in Punjab**

<table>
<thead>
<tr>
<th>Preventive/service delivery programs</th>
<th>ADP 2010-11 (Rs. in Million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Units</td>
<td>614</td>
</tr>
</tbody>
</table>

During last three years the provincial total health allocations have witnessed 40% increase. There is highest increase in Punjab, where development allocations for health have been doubled. The impact of the federal through forward liabilities will further improve the budgetary allocation at the provincial level. The extents to which these liabilities affect the provincial allocations for Punjab are given in the table-3 below.

### Table-3: 18th Amendment Financial Implication for the Punjab (%)

<table>
<thead>
<tr>
<th>Budget (Health)</th>
<th>% of federal liabilities for Punjab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal PSDP liabilities as % of provincial ADP 2010-11</td>
<td>35</td>
</tr>
<tr>
<td>Federal Current Budget liabilities as % of Provincial Current Budget 2009-10</td>
<td>0.35</td>
</tr>
<tr>
<td>Federal Total Liabilities as % of Total Provincial Health Budget</td>
<td>13.67</td>
</tr>
</tbody>
</table>

- AIDS Control Programme: 576%
- National Tuberculosis Control Programme: 75%
- Prime Minister Programme for prevention and control of Hepatitis: 300%
- Expended Programme on Immunization: 100%
- National Tuberculosis Control Programme: 75%
- National Programme for prevention and control of Blindness: 50%
- Health Management Information System: 40%
Results also show that budget utilizations against planned allocations have not been satisfactory in Punjab\(^\text{34}\). Figure-2 presents Punjab health sector analysis of budget estimates and actual expenditures from 2008-2011.

![Figure-2: Budget utilization for Government of Punjab and district governments (Rs. Millions)\(^\text{34}\)](image)

**Current status in Punjab**

Despite improvements in the health sector, there is an inadequate access to health care services for the people of Punjab due to number of limitations such as insufficient competent human resource, lack of integration of health information system, fragile service delivery system, weak governance, and low spending on health\(^\text{35}\). Punjab's overall health outcomes are slightly better than other provinces, but the pace of change remains slow and uneven with significant disparities among regions, rural and urban areas, and by economic status. According to the multiple indicator cluster survey Punjab 2011, under 5 mortality rate is 111 per 1000 live births whereas the infant mortality rate is 77 per 1000 live births. It is worth mentioning that 75% of the population in Punjab is below 25 years of age. The immunization coverage remains low: only one in three children aged 12-23 months are fully immunized (34.6%). The utilization of skilled birth attendants is 46% and the total fertility rate is 3.6%\(^\text{36}\).

Although significant progress has been made after the devolution, Punjab health department is still facing number of challenges with respect to availability of skilled human resource, good governance, weak health information system, and fragile service delivery. The keys challenges for the operationalization of service delivery programs after the abolishment of federal Ministry of Health was lack of one window operations for development partners as well as financing of


the programs in the post-devolution scenario. Access to healthcare is a major challenge in achieving health outcomes for the populations. Limited access to essential health services is mainly due to persistent urban-rural bias which exists in physical accessibility to health services. The absence of a minimal package of services to be delivered by the public sector is a serious impediment to the achievement of universal coverage in rural Punjab. Health department is overstretched managing service delivery in 36 districts as well as direct management of health programs. The information system of the health department and the vertical programs are not integrated. Loads of patients keep pouring into secondary and tertiary hospitals for minor ailments due to absence of gatekeeping at PHC level.

The 18th amendment provides a window of opportunity for the provinces including Punjab to exercise strategies to enhance availability, quality and utilization of health services. Following are some of the key points of the health sector strategy in the post-devolution phase of Punjab province.

- Establishment of Health Sector Ministerial Board (HSMB) to ensure a comprehensive implementation of the Strategy and to promote inter-sectoral linkages.
- Implementation of Punjab Health Sector Strategy in a ‘Phased Approach’ with technical assistance from World Bank.
- Effective monitoring and evaluation of strategy implementation in districts and provincial health department.
- Measure progress through improvements in Health Outcomes.
- Focus on key strategic areas with integrated approach through Essential Health Services Packages at all levels; contracting out of services; development of multi-sectoral nutrition strategy; restructuring of Department of Health and regulation of public and private hospitals.

An integrated PC-1 mainly focusing on MNCH, Nutrition and Family Planning is under approval. Likewise, an integrated Punjab Health Information System is under development. Punjab Health Care Commission has been established and is operational to regulate the health sector. EHSP for the primary level care services has been formally approved whereas packages for secondary and tertiary care level is in progress. Department for International Development and World Bank have in principle committed to support health sector strategy. DLIs for the health sector support have been agreed by the Government of

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Punjab and the MTBF of Department of Health, Punjab is linked with Health Sector Strategy. Table-4 presents strategic plan to roll out health sector strategy.

Table-4: Strategic plan of Punjab health sector strategy

<table>
<thead>
<tr>
<th>Building blocks</th>
<th>Proposed health sector strategy</th>
</tr>
</thead>
</table>
| Governance and accountability    | • Improved stewardship and monitoring to implement health policy initiatives by restructuring Department of Health  
• Decentralization and autonomy of hospitals to strengthen health system  
• Develop and operationalize Punjab Healthcare Commission                                                                                                                                  |
| Service delivery                 | • Institutionalize essential health services package for all levels of care and improve emergency care services  
• Establish District Health Complexes for human resource skills development and training to improve patient management  
• Strengthen urban primary health care, integrate vertical health Programs and strengthen health Communication  
• Focus on strengthening MNCH, family planning, infectious and non-infectious disease control and nutrition for women and children  
• Standardize health services delivery and implement MSDS                                                                                                                                     |
| Human resource                   | • Establish a human resource planning and development unit  
• Develop and operationalize a Health Services Academy for training of different categories of health workers, create opportunities for continuous medical education and revise medical curriculum with a focus on preventive and promotive care                                                                 |
| Essential Medicines and Health Technologies | • Enhance existing logistics and supply chain management system by strengthening procurement, restructuring of medical store depots, and automation of system for quantification, procurement and distribution  
• Regular reviews of EDL and strengthen and quality regulation for drugs produced in province                                                                                               |
| Healthcare Financing             | • Enhance government expenditure on health  
• Improve efficiency, effectiveness and economy in health care spending  
• Improve capacity of the provincial and district governments for increasing effective budget utilization  
• Establish a social security mechanism in collaboration with social protection nets of Government for targeting vulnerable and disadvantaged households                                                                                       |
| Health Information Systems       | • Standardized information system for public and private sector health facilities and strengthen linkages with community based information systems  
• Strengthen DEWS at all health facility levels  
• Develop capacity of health professionals on use of the information systems for management and research                                                                                                                                  |

World Bank is supporting the implementation of the Punjab Health Sector Strategy by focusing on the improvement of the coverage and utilization of quality essential health services particularly in the low performing districts of Punjab. The project will focus on building the capacity and systems to strengthen accountability and stewardship in DoH. With support of
USD121 million from World Bank, PHSRP will improve health service delivery, enhance efficiency and effectiveness of the health system, and strengthen provincial health management and technical capacity. The international partners will support DoH, Punjab through disbursement linked indicators to ensure that the predefined results are achieved during the course of the project.

Table 5 presents the cost breakdown of four components which will be supported by the World Bank till 2017 in collaboration with PHSRP.

Table-5: Component wise cost breakdown of donor support to implement Punjab health strategy

<table>
<thead>
<tr>
<th>Component</th>
<th>Cost in Million (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving health service delivery</td>
<td>28.34</td>
</tr>
<tr>
<td>Enhancing efficiency &amp; effectiveness of health system</td>
<td>44</td>
</tr>
<tr>
<td>Strengthening Provincial Department of Health management capacity</td>
<td>22.26</td>
</tr>
<tr>
<td>Improving the Capacities in Technical Areas for Equitable Health Services</td>
<td>26.5</td>
</tr>
<tr>
<td>All</td>
<td></td>
</tr>
</tbody>
</table>

**Issues and Challenges**

Although significant steps have been taken to implement devolved reforms in the post 18th amendment scenario, there are number of challenges and constraints faced by the provincial health department. Devolution of health sector poses many questions in terms of the capacity of provinces for health planning and regulation of policies, strategic directions and leadership, health information generation, human resource development and international agreements. This assessment study explores challenges in the wake of recent reforms from the health system perspective.

At present, government has no national health policy. A draft version of National Health Policy 2009 was prepared but could not be approved due to promulgation of 18th amendment. Now the Punjab, Sindh and Khyber Pakhtunkhwa have their own health sector strategies. These reforms now put added responsibility on provinces to seek policy guidance on interprovincial harmonization which is missing at this point in time. Local Government Ordinance 2001 aimed at improving health system responsiveness according to local needs through participatory decision making and more accountability. However, weak political support and fragile capacity of the local governments could not institutionalize and govern health systems. The financial

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The repercussions of transferring the federal vertical program were not worked out for each province at the time of amendment\textsuperscript{41}. The transfer of additional programs to provinces was sudden with minimal interim support from the federal government. Consequently, vertical programs faced issues of fiscal and technical support from department of health, Punjab. Dearth of trained staff is a chronic issue for under-utilization of primary health care services in Pakistan. So, far provinces have failed to address inadequacies and mal-distribution of human resource. One of the key factors for under-utilization of public healthcare systems is unavailability of drugs\textsuperscript{42}. Lack of LMIS is another strong contributor for lack of drugs at public health facilities\textsuperscript{43}.

Review of the financial documents suggests that underutilization trend was observed against budget allocation for health during 2008-2010\textsuperscript{34}. In the wake of recent reforms, it will be a challenging task for the Government of Punjab to plan and utilize augmented financial share for health care provision.

**Primary data findings**

This section of the assessment study presents findings of the qualitative study according to the framework of the assessment study. Following are the analytical themes of the research framework of the assessment study.

- Devolved reforms
- Implementation status against the planned reforms
- Subject areas referred back to the federal government
- Estimated budget / costs of the department and Budget utilizations
- Relevant donor supported initiatives
- Issues and hurdles in the implementation of 18th Amendment
- Proposed actions and Recommendations

**Devolved reforms**

Results of the qualitative findings suggest that number of reforms were initiated by the department of health, Punjab. According to most of the respondents, development of the health sector strategy for Punjab is the most significant step towards health reforms. However, the provincial capacity of the health department ought to be strengthened in order to roll out health sector strategy of Punjab.

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\textsuperscript{41} Hanif H. Health Department devolution biggest mistake. The Daily Times 2012 Mar 04:12-5.


“Health sector strategy has been developed after series of consultations. The strategy will ensure healthy and productive life for the people”. (KII-1-DGHS office)

“Health strategy of Punjab is very comprehensive and I can say ambitious. We need technical and financial support to implement out plans”. (KII-2 Health department-Technical)

“We have developed three years rolling out plans of the health sector strategy. This is the significant reform after 18th amendment. No doubt… we need more capacity development at district level”. (FGD-DHMT, Gujranwala)

Prior to devolution, planning process was carried out at provincial level. Districts were supposed to implement plans and programs developed/designed at provincial and federal levels. Devolution brought a paradigm shift where planning became a district responsibility. This change provided an opportunity to the district at one hand and challenge on other due to their limited capacity in planning and budgeting. Findings of the qualitative research suggest that all the districts of the Punjab have developed roll out plan for the three years. “Yes, we feel much empowered. Our district has been involved in the planning process to develop three years roll out plan”. (FGD-DHMT, Gujranwala)

The Punjab Health Sector Strategy-2012-20 aims to strengthen the systems through improvements in institutional arrangements and integration of various programs especially at the district level by implementing an integrated essential health services package which is the cornerstone of this process. “System approach is adopted in the health strategy. Issue of health in Punjab is beyond improvement in service delivery. There are other facets which need to be considered. The strategy covers all of these”. (KII-2, PHSRP) “Health strategy is integrated. We are integrating health with family planning and nutrition”. (KII-1- Health Department-Development)

Results of the qualitative findings suggest that lack of interim support from the federation led to complex operationalization of the vertical programs especially National control programs for TB, Malaria, AIDS; and EPI. Establishment of Ministry of NHSRC is a meaningful platform to solve issues pertaining to resource mobilization and allocations for vertical programs, and reporting on international commitments and agreements. “The establishment of health ministry at federal level is a good solution to mobilize resources for provinces”. (KII-1 Health Department-Development) “We faced many issues after the devolution such as absorption of human resource, fiscal support for the federation”. (KII-1-DGHS) “Yes, we witnessed many challenges after the amendment….Key challenge was the resource mobilization from federation to provinces. (KII-2-MNCH program) “LHW program was affected the most…LHWs went on strike due to lack of salaries for many months”. (KII-2-FP & PHC)
Implementation status against planned reforms
While many of the health sector strategy plans of Punjab are still to roll out, substantial progress has been made to take over the control of devolved functions. Results of the qualitative component revealed that EHSP for the primary level care services has been developed and formally approved whereas packages for secondary and tertiary care level is in progress. Department for International Development and World Bank have in principle committed to support health sector strategy. DLIs for the health sector support have been agreed by the Government of Punjab and the MTBF of Department of Health, Punjab is linked with Health Sector Strategy. “Essential package for health services is finalized for primary care services; I also want to add here that essential package for secondary and tertiary care is under approval.” (KII-1 Health Department-Development). “World Bank and DFID will support health sector strategy of Punjab. Performance based disbursements have been mutually agreed between Punjab and development partners.” (KII-1 Health department-Technical) “The health sector strategy of Punjab will integrate MNCH, Nutrition and Family Planning programs…. The integration of information system is also in plan”. (KII-2-MNCH program).

Subject areas referred back to the federal government
Qualitative findings found that alterations have affected some of the health related subjects such as role of stewardship including policy-making, standardization of guidelines, dealing with foreign governments and agencies, international commitments and agreements. Therefore, need was felt to re-establish Ministry of NHSRC to retain functions of health regulation and coordination at federal level “DRA is retained with the federation. Vertical programs will get temporary financial support for the federation and from the provincial exchequer”. (KII-1 Health department-Technical) “Function of health regulation and coordination are retained at federal level”. (KII-1 Health department-DGHS)

Health sector financial allocation and utilization
Following organizational reforms, provinces will get enhanced financial share under 7th NFC awards. However, service delivery programs faced financial constraints from the federation and respective provincial health departments including Punjab during this interim phase of organizational reforms.
Results from qualitative component of the assessment study suggest record increase in health sector allocations for Punjab. Results also show that budget utilizations against planned allocations have not been satisfactory in Punjab. “Punjab has received considerable financial share from NFC and the federal liabilities for provinces after 18th amendment.” (KII-1-Health Department-Development) “Initially processes to finance vertical programs were vague after amendment. Now we have clarity on the financing of the program. LHWs have been regularized which is an example of provincial ownership of the LHW program.” (KII-2-FP & PHC)

**Relevant donor supported initiatives**

While the Government of Punjab has played the primary role to implement devolved reforms in health sector, international development partners are also playing a complementary role to roll out health reforms in the province. Donor support from DfID to develop health sector strategy of Punjab and the commitment from the World Bank to roll out health sector strategy till 2017 are key donor supported initiatives. “We have received outstanding support from World bank and DfID to implement health strategy till 2017.” (KII-2, PHSRP) “This donor funded initiative to roll out is different. Disbursement linked indicators is meaningful step. Donor will disburse money upon the delivery and verification of predefined results”. (KII-1-DGHS)

**Issues, Challenges and Hurdles**

The six building blocks of health system are analyzed in the following section to catalogue specific issues and challenges faced by the provincial as well as the district government in the post 18th amendment scenario.

**Governance:** Adequate health policy framework, which set norms and standards, has been the missing link in health system of Pakistan. These reforms now put added responsibility on provinces to seek policy guidance on interprovincial harmonization which is missing at this point in time. “We have approved health sector strategy with us. The issue with the strategy is that it has to be coherent with other provinces”. (KII-1-DGHS)

Another challenge for the Punjab is creation of good administration and fair governance in health systems. While the provincial health sector strategy is being implemented and the three year roll out plans have been developed for 36 districts of Punjab; weaknesses such as stewardship role and leadership at the provincial and district level are key challenges. “We have developed a three year rolling out plan for our district. The capacity of the district teams shall further be enhanced on planning, budgeting and management”. (FGD-DHMT, Gujranwala) “There is need to address weak capacity on stewardship and leadership role at provincial and district level”. (KII-2- PHSRP)
**Service delivery:** The present challenge for service delivery programs is consideration of inter-provincial harmonization, contractual agreements, resource mobilization and donor preferences in order to practice one window operation with donor organizations. Establishment of Ministry of NHSRC is thoughtful step towards addressing federal liabilities to provinces in order to finance vertical programs. “Right after 18th amendment, issues of financing and coordination for the vertical programs arose”. The fiscal support was not provided to the programs after devolution”. (KII-1 Health Department-Technical)

**Health Information:** Most important challenge for Pakistan in the post devolution scenario is lack of integrated disease surveillance system and lack of inter-provincial information sharing mechanism. There is likelihood that tools and indicators to monitor health may vary across provinces. Health sector strategy of Punjab advocates for development of integrated health information system. One of the key challenges is the weak capacity of the district and provincial health department on use of the information systems for management and research. “Capacity on use of information system is weak in districts. We need to focus on developing capacity of district teams on information system management.” (KII-1-DGHS)

**Human Resource:** With the effect of devolution, provinces have to absorb additional human resource especially from the vertical programs which put on fiscal capacity of provinces including Punjab. Moreover, concerns regarding service structure and protection of medical and paramedical staff are immediate back lashes of 18th amendment. “Human resource retention and absorption were key concerns after the 18th amendment. Many strikes of the health professionals (doctors and nurses) were witnessed after the devolution.” (KII-1 Health Department-Development)

**Health Financing:** While the total health allocations of Punjab have been increased remarkably after 18th amendment, swift transfer of financial resources has not occurred due to weakly planned process of reforms. As a result, vertical programs faced issues of fiscal support such as retention of additional human resource. The weak capacity of the provincial and district governments for effective budget utilization is a key challenge. Another challenges for the Punjab government is to outline pro-poor strategies to safeguard poor from catastrophic expenditures. “We are facing any challenges to implement health sector strategy. One challenge is the weak managerial and financial capacity of districts to consume funds. Other challenge is to develop social protection mechanism for poor”. (KII-2-PHSRP) “Vertical programs faced issues of fiscal support after 18th amendment. These issues truly affected delivery of programs”. (KII-1-Health Department-Technical)
Medical Products/Technologies: The foremost challenge in rolling out health strategy of the Punjab government is to develop institutional capacity on procurement mechanism for EDL, restructuring of medical stores, and quality regulation for drugs produced in the province. “We have weak logistics and supply chain management system for drugs. The focus of the health sector strategy is on provision of essential drugs in health facilities.” (KII-1-DGHS)

Recommendations

Following section presents specific set of recommendations in the wake of recent reforms to implement health sector strategy in Punjab.

1. Improving health governance

While the key responsibility lies with the DoH, role of PHSRP and DGHS is pivotal in rolling out of health sector strategy. PHSRP ought to take up the role of coordinating technical assistances required for development of operational plans to implement proposed strategy. At the provincial level, key roles and responsibilities include policy and strategic planning, management of large size contracts, capacity building, M&E and supportive supervision. DGHS shall be involved in the planning, budgeting, performance review, supervision, coordination, recording and reporting of progress to provide basis of budgetary allocations.

At the same time, there is need to strengthen role of various other entities such as Punjab Healthcare Commission, Punjab Health Foundation, and Provincial and District Health Development Centers for implementation of the Strategy.

2. Enhancing health system delivery capacity

Except the financial management of vertical programs, health care delivery was with the provinces before devolution. These programs are EPI, MNCH, FP & PHC, Tuberculosis control, Roll Back Malaria, and AIDs control. Therefore, DoH, Punjab will have to strategize how to integrate and wisely manage the administrative, financial and technical aspects of vertical programs in order to reach out to the people without any interruptions or decline in the performance. For this challenge, it would be vital to build capacity of the human resource, revamp the primary health care and adequately deliver preventive, curative and promotive services at district level.

3. Improved capacity to manage and utilize healthcare financing
Although Punjab has receive increased financial support following the 18th amendment in the current and development budget along with donor funding to roll out health sector strategy; there is dire need to develop capacity of provincial and district health bodies on effective management and timely utilization of funds. Traditionally, split of non-development budget has been bigger than the development budget which ought to be reviewed in the wake of recent reforms.

While the Government of Punjab has agreed on DLIs for the health sector support; there is dire need to develop a strong monitoring and evaluation system at the district level. Pay for performance strategy at district level can be instrumental in achieving many of the targets set in the health sector strategy of Punjab.

4. Integrated health information system

The health sector strategy intends to integrate MNCH, family planning and nutrition activities in the Essential Primary Health Services Package. At the same time, integration of vertical information mechanisms within these programs cannot be overlooked. The vision of standardized information system for public and private sector health facilities and strengthened linkages with community based information systems is only possible through developing capacity of facility and community based staff on health information management and reporting.

5. Adequate and trained human resource

Lack of trained staff is one of the key barriers in increasing the utilization of PHC facilities. Doctor-patient ratio and doctor-nurse ratio is far below the international standards in Punjab. With this context, it is critical for Punjab establish human resource planning and development unit for training of different categories of health workers, create opportunities for continuous medical education and revise medical curriculum with a focus on preventive and promotive care.

Way forward

This is a high time for instituting appropriate checks and balances to curb the corruption and lack of accountability across the health sector; and to ensure fair degree of transparency across various units of the health department. During these times of gradual transition, there is a clearly felt need for institutional strengthening and capacity building at the provincial and district level mainly for ensuring a responsive service delivery. The matter of the fact is that this devolution brings a window of opportunity to revamp health system of Punjab province.

Today, when Pakistan is facing another wave of devolution in the form of 18th amendment; lessons ought to be learnt from pervious devolution experiences. Fair investments in improving
governance, service delivery structure, human resource, health information and medical products are required more than ever. By implementing this reform in its true letter and spirit, health system of Punjab can actually save the poor and vulnerable people of the provinces to suffer from health shocks, which further push them into ravines of poverty.
Annexes: [Study Tools]

Tool 1: Focus Group Discussion-1
District Health Management Team
Key Informants; Notified members of the a DHMT

Reason for Interview: The interview guide will include questions on post-devolution experiences and challenges, issues of capacity in the province, as well as opportunities in the wake of recent reforms. The research will focus on implementation status of 18th amendment against planned reform, issues and hurdles in the implementation of 18th Amendment as well as recommendations to address issues in the wake of recent reforms. The guide also includes questions on budgetary allocations of the health department in the pre-post 18th amendment.

Instructions for the Interviewer:

Before the interview:
Make an appointment with the DHO and explain him/her the objective of the Study and the reason for doing the interview.

At the time of interview:
1. Felicitate the DHMT members and introduce yourself. Clearly explain him/her the objective of the Study and the reason for doing the interview with him/her. Explain how he/she was selected for the interview. Also, request the DHMT to allow you enough time for conducting the interview highlighting the importance of the views expressed him/her. Discourage prompting by other people in the room if their presence there is unavoidable.
2. Ask the questions one by one and note down the replies clearly. If the DHMT seem not to clearly understand the question, explain him/her further but avoid putting any leading question that suggests answer in itself. Facilitate discussion, if any, to remain within the context of the interview. If you are not clear about the answer provided to you, request the respondent to repeat his/her view on that particular question.
3. Before ending the interview session, reconfirm that all questions have been asked. Thank the respondent at the end of the session.

After the interview:
Organize the answers according to the questions. Collate all other views expressed by the DHMT members that do not fall directly under any question in a separate section. Prepare a summary of the interview session with each respondent.

Discussion participants: DHMT members

1 Devolved reforms and Implementation status against the planned reforms

1. How different is role of DHMT from the pre 18th amendment role?
   a. Do you feel more empowered over decisions regarding district health management in current role?

2. What reforms were taken or planned after the 18th amendment to health functions and services in a district?
   a. If planned, are you satisfied with the capacity of your district health department to roll out such reforms?
3. How is your experience with regards to implementation status against the planned reforms in the post 18th amendment scenario?

4. What are various difficulties and constraints faced in ensuring implementation of these reforms or new initiatives?

2 Issues and hurdles in the implementation of 18th Amendment

1. Were you provided with any interim technical assistance in post 18th amendment scenario?
   A. What type of technical assistance from provincial health department could be provided at the time of devolution?
   B. Are you satisfied with the level of the technical assistance provided by department of health?

2. What were the weak areas where health system performance of your district could be enhanced?

3. What are issues and hurdles in the implementation of 18th Amendment with in your jurisdiction?

3. Subject areas referred back to the federal government

1. Which health related subjects with regards to district health system are referred back to Federation in the post 18th amendment scenario? (PROBE six building blocks)
   a. Which functions and component of health system is affected the most in the post 18th amendment scenario? (PROBE: service inputs and distribution)
   b. What are the difficulties in addressing subjects related to district health management which are referred back to government?

2. How these challenges can be addressed?

4. Estimated budget of the district and budget utilizations (Health)

1. What was the budget development process before the 18 amendment for district health management?
   a. How much budget development process has changed after 18th amendment?

2. How you compare budget allocations for the hospital before and after 18th amendment?
   a. Has the cost share to manage functions and services of district health system in the post 18th amendment scenario?

3. What are difficulties with regards to financial management in your district?
   a. Which areas in a district health system need support from the provincial health department?

4. What are the opportunities in the wake of recent reforms for adequate financial allocation for district health system?

5. Relevant donor supported initiatives
1. Has 18th amendment affected coordination mechanism with the donor programs and organization in your district?
   a. If yes, how it has affected?
   b. Can you name any initiative which was taken up with donor organization in your district?
   c. Which initiative is the most important achievement after 18th amendment? (PROBE: Ask this question if there are more than one donor funded initiatives)

4. What opportunities are available to invite donor funded initiatives in your district?

6 Proposed actions and recommendations

1. Please highlight weak areas where immediate actions need to be taken to implement 18th amendment in your district?

3. What opportunities are available to service delivery structure, health information, human resource availability, governance, and health financing in the wake of 18th amendment?
KII-1: Health Secretariat officials (Technical, Development, DGHS)

1 Devolved reforms and Implementation status against the planned reforms
1. How different is your current role from the pre 18th amendment role?
a. Do you feel more empowered over decisions regarding program management in current role?
2. What reforms were taken or planned after the 18th amendment in health department?
a. If planned, are you satisfied with the capacity of health department to roll out such reforms?
3. How is your experience with regards to implementation status against the planned reforms in the post 18th amendment scenario?
4. What are various difficulties and constraints faced in ensuring implementation of these reforms?

2 Issues and hurdles in the implementation of 18th Amendment
1. Was your program provided with any interim technical assistance in post 18th amendment scenario?
   A What type of technical assistance from federation could be provided at the time of devolution?
   B Are you satisfied with the level of the technical assistance provided by the federation or department of health?
2. Did the program have capacity for technical and fiscal management at the time of devolution?
   A What were the weak areas where program provincial capacity could be enhanced?
   B What support could be provided by the government to develop capacity of your program?
3. What are issues and hurdles in the implementation of 18th Amendment?

3. Subject areas referred back to the federal government
1. Which health related subjects with regards to your program are referred back to Federation in the post 18th amendment scenario? (PROBE six building blocks)
   a. Which health related subject is affected the most in the post 18th amendment scenario? (PROBE: Name one building block)
   b. What are the difficulties in addressing health related subjects which are referred back to government?
2. How these challenges can be addressed?

4. Estimated budget / costs and budget utilizations
1. What was the budget development process before the 18 amendment for health department?
   a. How much budget development process has changed after 18th amendment?
2. How you compare budget allocations for health department before and after 18th amendment?
   a. Has the cost share to manage functions and services of health department changed in the post 18th amendment scenario?
3. What are difficulties with regards to financial management of health department in the post 18th amendment scenario?
4. What are the opportunities in the wake of recent reforms for adequate financial allocation for health department?

5. Relevant donor supported initiatives
   1. What were the processes/communication channels to coordinate with the donor programs and organization?
      a. Has 18th amendment affected coordination mechanism with the donor programs and organization?
      b. How is your experience with regards to coordination mechanism with the donor organizations?
   2. How many donor funded initiatives were taken by health department?
      a. Which initiative is the most important achievement in the post 18th amendment scenario?
   3. What are the changes in relation to coordination and management of donor funded initiatives in the 18th amendment scenario?
   4. What opportunities are available to kick off donor funded initiatives in the wake of 18th amendment?

6 Proposed actions and recommendations
   1. Please highlight weak areas where immediate actions need to be taken to implement 18th amendment in health department?
   2. What actions need to be taken in order to accelerate implementation of the 18th amendment in health department?
   3. What opportunities are available to accelerate functions of health department in the wake of 18th amendment?
Semi-structured questionnaires for Key informants

Tool-3: KII-2: Provincial Coordinators of Service delivery Programs

- National Maternal and Child Health Program
- National Programme For Family Planning & Primary Health Care
- Punjab Health Sector Reform Program

1 Devolved reforms and Implementation status against the planned reforms

1. How different is your current role from the pre 18th amendment role?
   a. Do you feel more empowered over decisions regarding program management in current role?

2. What reforms were taken or planned after the 18th amendment in your vertical program?
   a. If planned, are you satisfied with the capacity of your program to roll out such reforms?

3. How is your experience with regards to implementation status against the planned reforms in the post 18th amendment scenario?

4. What are various difficulties and constraints faced in ensuring implementation of these reforms?

2 Issues and hurdles in the implementation of 18th Amendment

1. Was your program provided with any interim technical assistance in post 18th amendment scenario?
   A What type of technical assistance from federation could be provided at the time of devolution?
   B Are you satisfied with the level of the technical assistance provided by the federation or department of health?

2. Did the program have capacity for technical and fiscal management at the time of devolution?
   A What were the weak areas where program provincial capacity could be enhanced?
   B What support could be provided by the government to develop capacity of your program?

3. What are issues and hurdles in the implementation of 18th Amendment?

3. Subject areas referred back to the federal government

1. Which health related subjects with regards to your program are referred back to Federation in the post 18th amendment scenario? (PROBE six building blocks)
   a. Which health related subject is affected the most in the post 18th amendment scenario?
      (PROBE: Name one building block)
   b. What are the difficulties in addressing health related subjects which are referred back to government?

2. How these challenges can be addressed?
4. Estimated budget / costs of the programs and budget utilizations

1. What was the budget development process before the 18 amendment for your program?
   a. How much budget development process has changed after 18th amendment?

2. How you compare budget allocations for your program before and after 18th amendment?
   a. Has the cost share to manage functions and services of your program changed in the post 18th amendment scenario?

3. What are difficulties with regards to financial management of your program in the post 18th amendment scenario?

4. What are the opportunities in the wake of recent reforms for adequate financial allocation for PHSRP?

5. Relevant donor supported initiatives

1. What were the processes/communication channels to coordinate with the donor programs and organization?
   a. Has 18th amendment affected coordination mechanism with the donor programs and organization?
   b. How is your experience with regards to coordination mechanism with the donor organizations?

2. How many donor funded initiatives were taken by your program?
   a. Which initiative is the most important achievement in the post 18th amendment scenario?

3. What are the changes in relation to coordination and management of donor funded initiatives in the 18th amendment scenario?

4. What opportunities are available to kick off donor funded initiatives in the wake of 18th amendment?

6 Proposed actions and recommendations

1. Please highlight weak areas where immediate actions need to be taken?

2. What actions need to be taken in order to accelerate implementation of the 18th amendment in your program?

3. What opportunities are available to accelerate functions of your program in the wake of 18th amendment?