Integrated PC-1
Khyber Pakhtunkhwa
2012-2015

صحت زندگی

Integration of Health Service Delivery with special focus on Maternal Neonatal and Child Health (MNCH), Lady Health Worker (LHW), Expanded Programme for Immunisation (EPI) and Nutrition Services

Government of Khyber Pakhtunkhwa envisages integrating vertical health Programmes i.e. National Programme for Family Planning and Primary Health Care (NPFP & PHC) or Lady Health Worker Programme, Maternal, Newborn and Child Health and Expanded Programme on Immunisation and Nutrition into an integrated PC-1. The scope of preventive and curative services at the primary health care level will be expanded through a Minimum Health Service Delivery Package.. The integrated health service delivery approach follows themes and principles defned in the Comprehensive Development Strategy 2010-2017. It will also help in achieving health priorities emphasised in Vision 2030[1] and three key health and nutrition sector reforms (reduce micronutrient defciencies, value for money and reduce fertility) laid out in the Economic Growth Framework announced by the Planning Commission in May 2012[2]. The project is included in the Annual Development Plan of Khyber Pakhtunkhwa (2012-13) for integrated PC-1, envisaged under the Health Sector Strategy (2010-2017). Additionally, it will be funded through Federal Public Sector Development Programme and donor funds.

The PC-1 of integrated Programmes has been approved by Provincial Development Working Party. It will be implemented by the Department of Health, which plans to undertake health system strengthening through a number of initiatives including; capacity building, addressing critical shortages in skilled workforce, meeting social and cultural challenges, increasing knowledge base for informed decision making and undertaking research for evidence-based policy planning.

[1]Pakistan in the 21st Century: Vision 2030, Planning Commission, Government of Pakistan
[2]Pakistan: Framework for Economic Growth, 2012, Planning Commission, Government of Pakistan

Introduction

After 18th Constitutional Amendment (2010-2011), Ministry of Health (MoH) was devolved into provincial Departments of Health. Availing this opportunity, the Government of Khyber Pakhtunkhwa has taken steps to improve its health sector by developing capacities to discharge newly assigned roles and responsibilities in policy and planning, delivering primary and preventive health care interventions using integrated and cost efective approaches, shifting priorities from curative care/ private goods to predominantly primary and preventive health care/ public goods. In order to meet the Millennium Development Goals (MDGs), the Government of Khyber Pakhtunkhwa has embarked its strategic direction for achieving better health outcomes for their population. The integrated PC-1 Programme is the frst step towards its implementation.

Rationale for Integration

Vertical Programmes are benefcial as they allow for concentration on selected and well-focused interventions aimed at maximising available resources[3]. In Pakistan, this vertical approach has contributed to weakening of health system through duplication of activities, drawing resources away from primary health care services and placing an extra burden on overworked and underpaid service providers. Due to this, Khyber Pakhtunkhwa, with an estimated population of 21 million, has poor health outcomes, despite eforts made through vertical Programmes over the last few decades (Table 1).

Table 1: Health indicators of Khyber Pakhtunkhwa

Maternal Mortality Ratio (MMR) /100,000 live births	275
Infant Mortality Rate (IMR) / 1000 live births	76
Skilled Birth Attendants (SBAs)	42.3%
Lady Health Worker (LHW) coverage	58%
Fully immunised population	47%
Contraceptive Prevalence Rate (CPR)	40%

Sources: Pakistan Demographic and Health Survey (PDHS) 2006-07, NWFP-Multiple Indicator Cluster (MICS) Survey 2008

International evidence suggests that increasing investments in health of women and children has many benefts i.e. it reduces poverty, stimulates economic productivity and growth, cost-efective, helps women and children realise their fundamental human rights. Furthermore, it confrms that integrated package of essential interventions and services for women and children delivered through functioning health systems, is more likely to enhance coverage compared to vertical or piecemeal interventions[4].

As a result, Health Department, Khyber Pukhtunkhwa developed Health Sector Strategy (2010-17), which aims to achieve targets set under MDGs 2015. Using integrated approach for service delivery, it aims to improve the health outcomes, especially among women and children, by enhancing coverage and access to essential health services for the poor and vulnerable and by developing and implementing a Minimum Health Service Delivery Package (MHSDP) at Primary Health Care (PHC) level for a measurable reduction in morbidity and mortality.

Within the above preview, the integrated PC-1 aims to translate into action the vision of Health Sector Strategy by improving the maternal and child health outcomes among the population and is contributing to the targets of Strategy as given in Table 2.

Table 2: Targets of integrated PC 1

- Reduce MMR from 275 to 200 per 100,000 live births
- Increase CPR from 25% to 40%
- Increase SBAs deliveries from 41% to 55%
- Reduce IMR from 63 to 50 per 1000 live births with emphasis on reducing newborn deaths
- Reduction in prevalence of stunting from 69.5% to 55% in children under 5 years old i.e. from 37% to 27% through use of nutrition intervention Programmes
- Increase exclusive breastfeeding to 75% from 45% in rural and 35% in urban areas
- 90% of children under fve to have received appropriately timed Vitamin A supplementation
- An increase in coverage of fully immunised children aged 12-23 months from 68% to above 90%
- An increase in TT-2 immunisation coverage amongst pregnant female from 64% to 80%

Khyber Pakhtunkhwa Approach Towards Integration

An extensive option analysis was carried out for integration of vertical Programmes in light of Health Sector Strategy. However, after much deliberation, it was agreed that the best results could be achieved using a

[3]Atun, R.A., Bennett, S. & Duran, A. When do Vertical Programmes have a place in the Health System? Policy Brief. Health Systems and Policy Analysis. WHO European Ministerial Conference on Health Systems. Tallinn, Estonia, 25-27,2008.
[4]Global strategy for women and children WHO 2010

phased approach instead of adopting one option or the other, (Table 3) with gradually progressing to complete integration, overtime, in the overall health system. In this context, it was agreed that currently option 1 is being implemented therefore; target is to progress to Option 2 which is the Phase 2.

Table 3: Options for integration of vertical Programmes

- Continuing with the existing vertical approach
- Partial integration of Programmes having same objectives with fully integrated services using Minimum Health Services Delivery Package (MHSDP) at the PHC level
- Complete integration of all vertical Programmes into the health systems

The option 1 is status quo i.e. the Programmes continue to be implemented and managed along the same lines as they were under the federal government with the only change is that management responsibilities are shifted to provincial level. The Programme will be managed vertically with only diference being that the national Programmes now become the provincial Programmes vertically managed and implemented parallel to the normal health care delivery. All management structures at the provincial level remain in line with national structures and fnancing mechanisms continue to run along the same lines.

The option 2 (phase 2) will be to undertake partial integration at the provincial level of some Programmes into one and linking it with the primary health care system. The option would be to integrate on Programmatic basis – communicable diseases integrated as one Programme e.g. HIV/AIDS and Hepatitis Control Programme (HCP) as one and integration of LHW, MNCH, family planning and nutrition as one Programme. This approach would reduce the number of management structures at the provincial level. However, the Programme would be managed vertically but delivered under the district. Some Programmes can continue to run as standalone provincial vertical Programme in view of the importance or in line with donor requirements.

The integrated approach is proposed for implementation with the vision to;

- Avoid duplication of interventions and bringing in economies of scale by implementing a Minimum Health Service Delivery Package (MHSDP).
- Strengthen overall management capacities especially of districts.
- Reorganise health information system for evidence-based planning and efcient use of resources.
- Integration and strengthening of monitoring and evaluation systems across these Programmes.
- Introduce new health fnancing models for public-private partnership to improve health care delivery.
- Human resource development across all levels of health care delivery through the routine institutions of the department.
- Strengthening of referrals from the community to the facility by bridging the gap between communities and facilities (PRISM MODEL[5]).
- Design and implement new communication development models for enhancing demand for services by the communities.
- Provide technical assistance to improve overall implementation.
- Enhance stewardship, accountability and transparency for improved functioning at provincial and district level.
- Integrate services and support restructuring of health department to be able to cater for newly assigned roles and responsibilities.
- Strengthen procurement, surveillance, knowledge management, programmatic and fnancial management at provincial and district levels for the integrated services.
- Enhance the capacity of health care providers and management towards better health outcomes.

Aim and Objectives of Integrated PC-1

The main aim of this three-year integrated Programme (2012-2015) is to enhance coverage of and access to efective and quality maternal neonatal and child health services and nutrition. It envisages achieving its goal of improving maternal and child health through fve strategic outputs with a focus on value for money for the poor (Table 4).

Table 4: Key outputs of integrated PC1

- **Output 1**: Improved access to Reproductive Maternal Neonatal Child Health (RMNCH) and Nutrition services of MHSDP at outreach level
- **Output 2:** Improved access to RMNCH and Nutrition services through MHSDP at primary care facility level
- **Output 3**: Improved access to maternal, child and nutrition interventions at secondary care level
- **Output 4**: Improved governance and Programme management at provincial and district levels
- **Output 5**: Integrated monitoring and evaluation systems for evidence based decision making through use of quality data

[5]Promoting Interventions for Safe Motherhood: To establish linkages between the outreach workers and health facility and for improved referrals mechanisms this model was proposed

Programmes to be Integrated

The key Programmes to be integrated through this PC-1 include:

- The National Programme for Family Planning and Primary Health Care, also known as the Lady Health Workers Programme, aimed at improving maternal and child health outcomes and improving coverage of family planning services. Currently, there are 13,200 LHWs serving in the province and providing outreach health services to rural and urban slum communities.
- National Maternal, Newborn and Child Health (2006-2012) launched with the objective to reduce maternal, newborn and child morbidity and mortality especially among the vulnerable segments of the population focusing on rural areas. The Programme trained 1828 Community Midwives (CMWs) in the province of Khyber Pakhtunkhwa, of which 500 have been deployed to provide services among the rural communities.
- Expanded Programme of Immunisation (EPI) was launched in the early 1970s to protect children against vaccine preventable diseases. The key objective of the Programme is to strengthen the EPI Programme in Khyber Pakhtunkhwa by upgrading and maintaining the cold chain system for vaccine storage. The Programme received major in kind supplies and other funding through the national Programme.
- Nutrition services had remained the most neglected part of service delivery at diferent levels of health care system. This is clear from the current situation of nutrition indicators like early initiation of breast feeding, exclusive breast feeding and appropriate complementary feeding etc. Moreover, recent National Nutrition Survey 2011 (NNS)highlights deterioration in nutritional status of mothers over the last decade.

Funding Mechanism

The Integrated PC-1 will receive a share from federal Public Sector Development Programme (PSDP), provincial Annual Development Programme (ADP) and donor funding in the form of grants, results-based aid and technical assistance to fll gaps in implementation of these integrated Programmes (Table 5).

Table 5: Funding mechanism for integrated PC-1

Federal Share (PSDP) up till 2012-15:

- National Programme for PHC and FP PKR 4290.00 million;
- MNCH Programme PKR 408.00 million
- EPI –GAVI* PKR 1935.100 million
- Khyber Pakhtunkhwa ADP: PKR 10 million (FY 2012-13)

Donor:

- DFID*: GBP 40 million (PKR: 6 billion)
- AusAID*: Australian $ 20 million (PKR: 1.92 billion)

*GAVI-Global Alliance for Vaccines and Immunisation
*DFID- Department for International Development
*AusAID- Australian Agency for International Development

Key Issues and Challenges

- Integration of vertical Programmes is an innovative concept and its implementation could be challenging
- Assigning additional roles and responsibilities to human resources of integrated vertical Programmes could be a key challenge
- Implementation of MHSDP and capacity building of Department of Health for proper implementation of the Programme

With the approval of PC-I by Provincial Development Working Party, the integrated approach ofers an opportunity to the province to carry forward and sustain national initiatives but also introduce new interventions for improving maternal and child health indicators. Department of Health Khyber Pakhtunkhwa aims at maximising health outcomes by developing vibrant policies and launching initiatives relevant to the local context. It also aims to create synergies between public and private sectors to enhance coverage while avoiding duplication in service provision. In addition, Government of Khyber Pakhtunkhwa is taking steps to improve governance in the health sector by reviewing 'Rules of Business' and 'Organisational Structure' of the Department of Health in accordance with newly assigned roles of stewardship, regulation of health service provision and managing innovations in fnancing mechanisms for health care provision. A robust monitoring system followed by other relevant improvements will be necessary for achieving these commendable objectives.

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