



USAID's MCH Program Component 5: Health Systems Strengthening

Guide for Health Systems Strengthening Field Team for Providing Technical Backstopping Support

October 2016





Table of Contents

Contents

ACRONYMS.....	4
Background.....	6
I. Purpose of the guide	8
II. Provincial level Activities	8
III. Functions of Provincial M&E Cell	9
IV. District Level Activities	13
V. Functions of District M&E Cells	13
VI. View M&E Dashboard to find-out the Domain-wise Performance	14
VII. Backstopping M&E Cell to improve the quality of DHIS activities	15
VIII. Backstopping DHO team to improve DHPMT activity.....	23
IX. Standard Operating Procedures (SOPs)	32

Table of Tasks

Table 1: HSS team tasks and support to the M&E Directorate at provincial level	11
Table 2: Field team tasks and support to the M&E Cell/DHIS Coordinators and District Team.....	17
Table 3: Field team hands-on support tasks for Monitoring and Supervisory System to the District M&E Cells/DHIS Coordinators during Field Visits	20
Table 4: Field team tasks and support to the DHO/ADHO/M&E Cell In-charge and other health managers for DHPMT	24



ACRONYMS

ADHOs	Assistant District Health Officers
BCC	Behavior Change Communication
BHU	Basic Health Unit
CBO	Community Based Organization
CHIME	Centre for Health Information, Monitoring and Evaluation
CHX	Chlorhexidine
cLMIS	contraceptive Logistics Management Information System
CMW	Community Mid Wife
COP	Chief of Party
DAPs	District Action Plans
DCO	District Coordination Officer
DCOP	Deputy Chief of Party
DGHS	Director General Health Services
DGHSS	Directorate General Health Services Sindh
DHIS	District Health Information System
DHO	District Health Officer
DHPMT	District Health & Population Management Team
DHQ	District Headquarter
DOH	Department of Health
DPT	Diphtheria, Pertussis, Tetanus
DRAP	Drug Regulation Authority
EHSP	Essential Health Services Package
EPI	Expanded Program on Immunization
FATA	Federally Administered Tribal Areas
FP&PHC	Family Planning & Primary Health Care
FY	Fiscal Year
GOS	Government of Sindh
HFA	Health Facility Assessment
HID	Health Institutions Database
HIS	Health Information System
HO	Home Office
HPM	Health Policy and Management
HPSIU	Health Planning, System Strengthening & Information Analysis Unit
HR	Human Resource
HSS	Health Systems Strengthening
JSI	JSI Research & Training Institute, Inc.
JSI/HSS	JSI Research & Training Institute, Inc/ Health Systems Strengthening
KPIs	Key Performance Indicators
LHS	Lady Health Supervisor
LHW	Lady Health Worker

LMIS	Logistics Management and Information System
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
M&E	Monitoring & Evaluation
M&S	Monitoring and Supervision
MICS	Multiple Indicators Cluster Survey
MIS	Management Information System
MNCH	Maternal, Newborn, and Child Health
MNHSR&C	Ministry of National Health Services, Regulations and Coordination
MTBF	Medium Term Budgetary Framework
NGOs	Non-Governmental Organizations
P4P	Pay for Performance
P&D	Planning and Development
PDHS	Pakistan Demographic & Health Survey
PHC	Primary Health Care
PPHI	People's Primary Healthcare Initiative
PRISM	Performance Review of Information System Management
PSLM	Pakistan Social and Living Standards Measurement
PY	Project Year
RHC	Rural Health Center
RMNCH	Reproductive, Maternal, Newborn, and Child Health
SBCC	Social & Behavior Change Communication
SHIS	Sindh Health Information System
SHIMS	Sindh Health Information Management System
SO	Section Officer
SOPs	Standard Operating Procedures
TA	Technical Assistance
TB	Tuberculosis
TBC	Tuberculosis Control Program
THQ	Tehsil Headquarter
TORs	Terms of Reference
USAID	United States Agency for International Development
vLMIS	vaccine Logistics Management Information System

Background

The goal of the Health Systems Strengthening (HSS) Component of USAID's Maternal and Child Health (MCH) Program is to develop and support innovative, cost effective, integrated, and quality programs to strengthen health systems around Reproductive, Maternal, Newborn and Child Health (RMNCH) for improved outcomes in Sindh. The primary focus of the program under the HSS Component is:

1. Strengthening systems that will foster improved RMNCH service delivery and outcomes, including accountability and transparency
2. Strengthening management capacity at the provincial and district levels
3. Strengthening Public Private Partnerships (PPP)

The HSS team has accomplished many milestones in the last 3 years which relate to different activities for health systems strengthening. During project years 2 and 3, HSS implemented a hands-on support strategy to mentor the district and health facility (HF) staff for improving the implementation of the following HSS activities:

TA Requests		USAID's HSS Component Support
1	Medium Term Budgetary Framework (MTBF) & District Action Plans (DAPs)	<ul style="list-style-type: none"> • Provided TA to DOH to move towards MTBF • Built capacity of 419 Drawing Disbursing Officers (DDOS) all across Sindh to prepare budget on MTBF • Manual and SOPs developed for preparation of DAPs • Developed manual and SOPs for preparation of district budget on MTBF format • Notification of DHPMT by Chief Secretary, Government of Sindh
2	District Health and Population Management Team (DHPMT)	<ul style="list-style-type: none"> • Established DHPMTs in all districts • Technical assistance provided for 11 quarters DHPMT meetings • SOPs and standardized tools including scoring criterion developed
3	District Health Information System (DHIS)	<ul style="list-style-type: none"> • Provided hands-on support to all HF in-charges and DHIS focal persons on recording and reporting data, according to the DHIS Manual • SOPs developed for staff responsible for recording and reporting

TA Requests		USAID's HSS Component Support
4	Monitoring and Supervisory System	<ul style="list-style-type: none"> Established M&E Cell at DGHS Office Standardized M&S checklists for all vertical programs, health facilities, DHO, DGHS office Designed online M&S system for district and provincial managers for planning, supervision and readiness M&S manual developed and 125 district managers trained
5	Web-based Integrated M&E Dashboard: Health Information Systems	<ul style="list-style-type: none"> Integrated M&E Dashboard of all management information systems Key performance indicators (KPIs) developed for transparency and accountability through sharing and ranking of district performance
6	Capacity building of health managers	<ul style="list-style-type: none"> Capacity building strategy developed Enrollment of 53 managers in Masters of Public Health (MSPH) and Health Policy and Management (HPM) Trained 88 managers through short courses at Aga Khan University (AKU) Deployment plan of trained field managers developed and submitted to DOH

I. Purpose of the guide

The purpose of this guide is to standardize the approach to backstopping provided by the HSS Field Managers (FMs) to perform health systems activities at the district and health care facility. The guide supports FMs in executing their roles and responsibilities to provide backstopping in data collection, availability of data, information utilization, create demand for information, and promote coordination among stakeholders.

The more information collected is made available the more information will be utilized. When more information is utilized, this leads to an increase in its demand, and eventually the quality of information improves. This would help educate health managers at all levels in data use, identify their additional information needs, and build analytic skills.

This guide is meant to be used by the field team through PY 4. The major activities are mentioned below and the SOPs are attached at the end.

II. Provincial level Activities

The duties and responsibilities of the HSS team are outlined below:

1. Field Manager will be responsible for providing technical assistance to District health teams on health information system, DHPMT, Monitoring & Supportive supervision and day to day activities.
2. Execute, monitor and supervise the capacity building activities at district level.
3. Arrange, coordinate and participate in meetings with district health authorities and other partners working at the district level and share minutes with JSI offices.
4. Participate in district level USAID MCH partners' meetings.
5. Establish and maintain close coordination with technical team at DHO office and focal persons of all vertical programs, PPHI, Education Department, Population Welfare Department.
6. Prepare weekly, monthly and quarterly reports related to the district activities.
7. Maintain appropriate documentation of various meetings, correspondence, and other material related to various activities at district level.
8. Support relevant project activities of Consortium partners.
9. Assist JSI/HSS team in providing technical support to the District Health Offices.
10. Any other relevant task assigned by the supervisor.

III. Functions of Provincial M&E Cell

The provincial M&E Cell coordinates with the DGHS office to strengthen integration of DHIS and other MIS of vertical programs along with functional coordination among various stakeholders. To ensure efficiency and effectiveness of process and progress monitoring, the M&E Cell will:

1. Act as the relay point for consolidation of district based data on monthly and quarterly basis, for the DHIS, LMIS and program-based MIS;
2. Monitor implementation of Sindh Health Sector Strategy by collecting, compiling, and producing reports in coordination with other stakeholders;
3. Report to DGHS and provide feedback to districts, health facilities, and vertical programs;
4. Review performance of DHPMTs, provide feedback and guidance, and enhance their capacity to improve their performance by solving the operational issues for strengthening health systems;
5. Support districts in identifying their problems, taking decisions, and implementing them at the district level;
6. Follow up at DGHS level to put forward issues to provincial authorities for taking decisions and their implementation;
7. Monitor the overall progress of the District Action Plans' implementation and service delivery by various stakeholders;
8. Build capacity of district managers on applying monitoring and supervision mechanism.

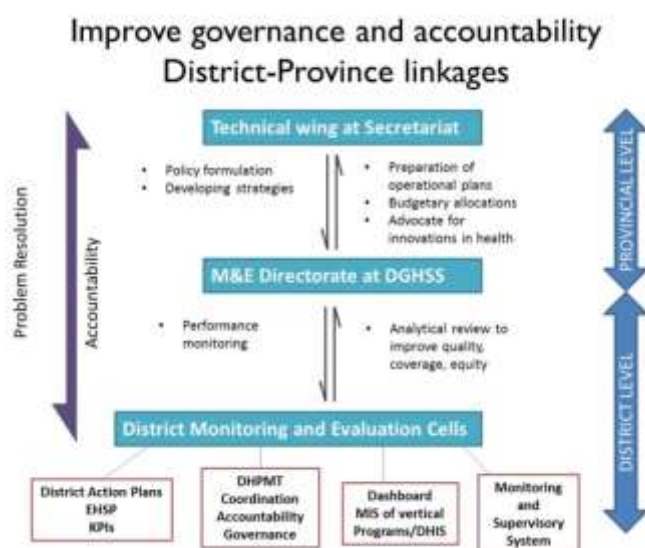
Keeping in view the importance of the M&E system, the office of DGHSS is in the process of upgrading the existing M&E Cell to the level of M&E Directorate to ensure higher level of analytical skills for effective and improved service delivery through use of information, and managing and conducting quality supportive supervision at all levels. Moreover, the HSS Field Team oversees quarterly DHPMT meetings in each district and providing feedback to districts and resolving the issues highlighted in these meetings.

Provincial level activities mainly relate to use of the data from the DHIS dashboards, provision of technical assistance to the M&E Unit/Directorate at the DGHSS, and new initiatives that will help strengthen the health system for service delivery and policy strategy. The activities and related tasks are as below.

TA to M&E Directorate/Cell at DGHS for data analysis, data use and providing feedback

The HSS team has been working to improve use of data and feedback, as well as routine monitoring for improved service delivery. In the next year, the M&E Directorate will be taking on a wider role with providing technical input to the DGHS through analytic support on various aspects of service delivery.

Health information systems are the foundation of the health system; quality and timely availability of data are necessary to informed decision making and resource allocation for all health system elements and to support governance and accountability within the health system. For availability of timely & quality data, one of the primary responsibilities of M&E Directorate is to provide feedback to all concerned. HSS team will provide TA in all the said areas to strengthen the capacity of the staff of the provincial M&E Directorate. Overall, the M&E Directorate will generate reports and evidence for preparation of technical documents and plans for submission to higher authorities for decision making.



HSS will also provide TA to establish a Technical Unit at the Secretariat for effective evidence based decision making, planning and budgeting, improved accountability and governance, and promote linkages between the Secretariat, DGHS and District M&E cells. HSS component will provide technical assistance in developing the organogram and TORs of the Technical Unit staff as well as orientation of the staff on various MIS and Dashboard.

To strengthen functioning of M&E Directorate, major tasks of the FMs, and related details are given in the table below.

Table 1: HSS team tasks and support to the M&E Directorate at provincial level

Tasks	Details
1. Creating the environment of data demand and its use	<ul style="list-style-type: none"> Investigating trends over time and compare different areas. Comparing progress against defined goals. Advocating for funding or change in policies. Setting priorities and goals for future years. Modeling and advocating routine data use.
2. Use of information from the M&E Dashboard: <ul style="list-style-type: none"> Planning and Management Service delivery Monitoring and supervision 	<ul style="list-style-type: none"> Provide TA to DOH in going through the M&E Dashboard, DHIS, MNCH-MIS, FP and LHW-MIS Dashboard and analyzing the coverage data to find out districts/facilities which performed better and those could not meet the targets. Provide feedback to those identified districts/facilities.
3. Assist the DGHSS in strengthening integration of DHIS and other MIS of vertical programs	<ul style="list-style-type: none"> Provide TA to include EPI Vaccinator level MIS in the integrated Dashboard.
4. Establish direct linkages with District M&E cells	<ul style="list-style-type: none"> Work with provincial and district M&E cells to provide feedback on low and high performing districts. Assist in analysis and comparison of PPHI and contracted out HFs, with DOH HFs under DHOs.
5. Human Resources Information System, Logistics Management Information System and Health Institutions Database as well as including tertiary health facilities into the DHIS network.	<ul style="list-style-type: none"> Train concerned staff on HR-MIS. Including HFA data into the DHIS to better analyze the resources and outputs. Support DHIS roll-out and use in tertiary hospitals.
6. Analyze monitoring and supervision/online plans and reporting	<ul style="list-style-type: none"> Assist Provincial M&E Directorate on monitoring the performance of district health monitoring and supervisory visits.

Tasks	Details
7. DHIS web-based system/ reporting/special reports, as per requirement by higher authorities etc.	<ul style="list-style-type: none"> Assist M&E Directorate team in developing special reports on selected indicators for better understanding the root-causes of performance. Assist in qualitative analysis of supportive supervision data, including feedback from the supervisory visits.
8. Data quality, interpreting and using monthly report and providing feedback to the districts/facilities/staff	<ul style="list-style-type: none"> Assist M&E Directorate team to analyze and interpret monthly reports of districts/ facility/staff levels. Advise on how to best use the data for decision-making.
9. Data analysis and use of information	<ul style="list-style-type: none"> Develop trend reports on different indicators of different level of health facilities/districts/ community workers and using them for improvement of coverage/quality/equity. Train on how to develop report outputs.
10. DHPMT minutes analysis	<ul style="list-style-type: none"> Review DHPMT meeting minutes and identify issues need to be resolved at the provincial level. Ensure timely online dissemination of DHPMT Minutes by all districts. Provide feedback on DHPMT meetings minutes Assist with arranging performance review meetings at Provincial level.
11. Provincial DHIS (M&E) Cell/Directorate complying with tasks of different SOPs, such as DHIS reporting, DHPMT meeting; reviewing M&S online system.	<ul style="list-style-type: none"> Review consolidated district reports. Provide feedback to districts every month. Disseminate Annual DHIS performance report. Conduct HF visits for data quality assessment using LQAS assessment tool. Review M&S online system to approve the district managers supervisory plans. Provide feedback on supervisory reports to districts/vertical programs/managers. Review M&E online system to monitor implementation of monthly M&S plans.

IV. District Level Activities

The online Monitoring and Supervisory system has already been designed and health managers/supervisors are trained at all levels. Standardized monitoring and supervisory tools/checklists along with user guidelines are made available online. However, the management staff needs guidance to improve their data analysis skills.. In addition, availability of required resources including transport, budgetary allocations for provision of per diems and POL need to be ensured by the district and provincial health authorities at the time of budget preparation through MTBF. For the current year, the budget has already been allocated for these activities but the implementation of all these field activities depends on the timely releases of the allocated budget to the relevant DHOs. Furthermore the concerned vertical program may also ensure provision of required support, like logistical support & funds for supervisory visits at district level.

This system will ultimately improve coverage, quality and equity. According to the Sindh Health Sector Strategy, the major responsibilities of the DGHSS towards an integrated M&E system focused on operational and functional aspects of service delivery by setting targets, tracking performance, keeping in view the outputs and outcomes for service delivery. Similarly, vertical program managers also monitor their respective health services utilization and service quality indicators through the monitoring and supervisory online system. The input data for the service delivery domain comes from the DHIS and other vertical programs online systems. Therefore monitoring of the performance of the KPIs identified for M&E dashboard is essential.

V. Functions of District M&E Cells

M&E Cells have been established within the DHO offices to monitor the overall progress of district activities. M&E Cell will collect, enter the data into web based MIS, and disseminate the updated progress on the status of all vertical program activities. District M&E Cells will coordinate with the DHO office to strengthen integration of the DHIS and other MIS of vertical programs along with functional coordination among various stakeholders. District Health Officer will conduct and chair monthly performance review meeting of M&E cell members. The District DHIS Coordinator will be the in-charge of the M&E Cell. To ensure efficiency and effectiveness of process and progress monitoring, district M&E Cell will perform the following functions:

1. Act as the relay point for consolidation of facility based data on monthly and quarterly basis, for the DHIS, LMIS and other program-based MISs;
2. M&E Cell members will prepare and follow monthly monitoring and supervisory plans of their respective domains of activity ;
3. M&E members will use specified monitoring tools/checklists;
4. M&E Cell members will submit reports to DHO and provide feedback to health facility in-charges;

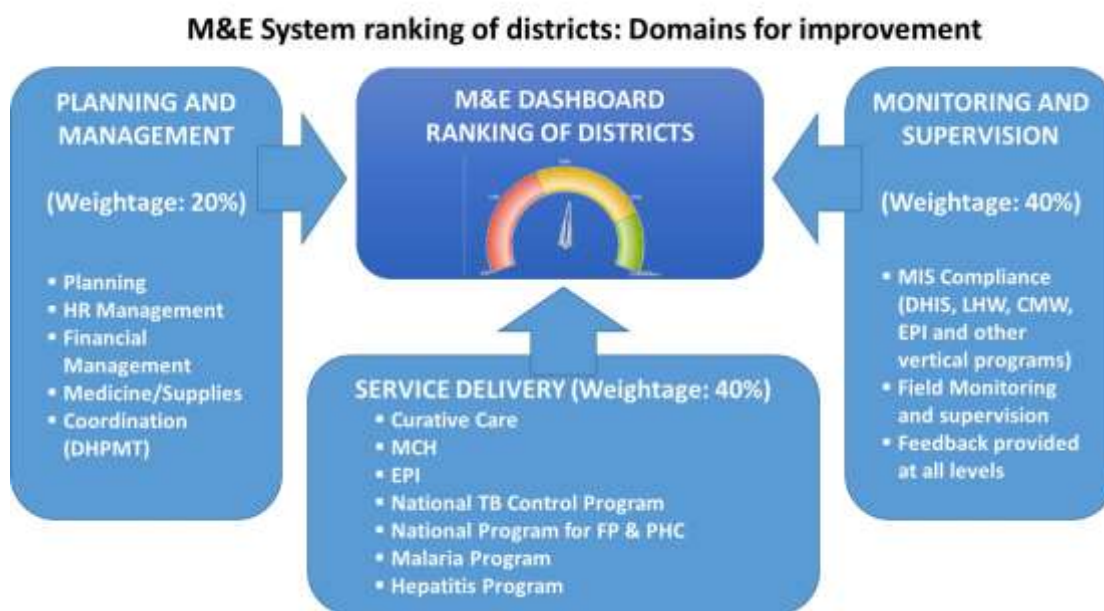
5. Collect data for all MIS and enter into the online MIS for all programs including lady health workers (LHWs) monthly performance reports;
6. Coordinate and maintain records of supervisory visits of all the vertical programs and update M&E Dashboard on monthly basis;
7. Report to DHO and provide feedback to vertical programs;
8. Prepare presentations on the DOH performance for DHPMT, provide feedback and guidance to enhance their capacity for improving their performance;
9. Support facilities in identifying problems, taking decisions, and implementing them at the district level;
10. Report to DHO and put forward issues to DGHS Sindh for taking decisions and their implementation;
11. Monitor the overall progress of the District Action Plans (DAPs) implementation and service delivery;
12. Build capacity of facility in-charge/staff for recording and reporting on DHIS and other MIS of vertical programs;
13. Act as contact point for data acquisition for all stakeholders and development partners.
14. Monitor implementation of Sindh Health Sector Strategy by collecting, compiling, and producing reports in coordination with other stakeholders;

VI. View M&E Dashboard to find-out the Domain-wise Performance

Reviewing and maintaining the M&E Dashboard is an ongoing process to improve the overall system, and is the responsibility of district M&E Cells to feed data in the system. M&E Dashboard reflects the overall ranking of all the districts of Sindh. The quality data from the M&E Dashboard is being used to monitor the ranking of the districts performance based on three domains:

Domain 1: Planning and Management	Domain 2: Service Delivery	Domain 3: Monitoring and Supervision
<ol style="list-style-type: none"> 1. Human Resource Management 2. Availability of Medicine and Supplies 3. Coordination 	<ol style="list-style-type: none"> 1. Curative Care 2. MCH 3. EPI 4. TB Control Program 5. NP-FP&PHC 6. Malaria Program 7. Hepatitis Program 	<ol style="list-style-type: none"> 1. Supervisory Visits 2. Feedback 3. Compliance of MIS including DHIS, LHW-MIS, CMW-MIS and other MISs

The performance of the individual M&E domains constructs the overall ranking of the districts. The Planning and Management domain includes preparation of HR management; availability of medicine and coordination among the stakeholders; the Service delivery domain includes performance of curative care and vertical programs and the domain of M&S consists of supervisory visits and maintenance of all Management information systems and providing feedback.



District M&E Cells have to ensure implementation of quality supportive supervision at all levels, through building capacity, use of SOPs, implementing monitoring and supervisory online plans and providing feedback on how to abridge identified gaps.

Feedback is an essential connection in the data producer and data user relationship. Without feedback, neither of the two will be able to fulfill their role fully. Mutual data sharing and feedback also increases transparency throughout the health system. In addition, coordination with all stakeholders, dissemination of district level information, and organizing DHPMT meetings, also is the responsibility of M&E Cell.

VII. Backstopping M&E Cell to improve the quality of DHIS activities

Improving the quality of DHIS data is the top priority of the DOH. During years 2 and 3, the HSS component provided TA to improve the implementation of the DHIS at all of the DOH facilities according to the set procedures defined in the DHIS manual. HSS has provided hands-on support to the facility In-charges and facility DHIS Focal Persons to follow the DHIS instruction manual for collecting and reporting data.

During the facility visits, HSS Field Managers will provide technical support to M&E Cell on the following aspects:

1. Availability and use of DHIS instruments and manual;
2. Correct understanding of filling the DHIS tools;
3. Recording clients' complete data in the relevant registers;
4. Understanding data transfer from registers to monthly reporting forms;
5. Understanding completeness of facility reports and timely submission of facility reports;
6. Help in collecting quality data through the EPI-MIS, LHW-MIS, CMW-MIS, and LMIS by emphasizing the importance of grassroots level where information about the individual client is recorded;
7. Collecting progress on other vertical program indicators;
8. Improve skills to conduct review meetings and maintaining their record at the facility; and
9. How to sample for and perform LQAS to check data quality.

At the district level, FM's will provide the technical support to M&E Cell in following areas:

1. Availability and use of DHIS instruments and instruction manual;
2. Understanding how to complete DHIS tools and reliably transfer data from registers to monthly reporting forms;
3. Going through the definitions of indicators;
4. Understanding of DHIS web-based system;
5. Timely receiving the DHIS filled-in reports from all the facilities;
6. Skills to check data quality; interpreting and using monthly report;
7. Skills in data analysis and use of information;
8. Sending feedback to the relevant staff; and
9. How to sample for and perform LQAS to check data quality.

During the field visits, the HSS Field Team will provide technical assistance to the M&E Cell/DHIS Coordinators and district team to provide support according to the identified gaps, as well as advocate and promote understanding of the various aspects of the M&E system. Detailed tasks and action items are given in the table below.

Table 2: Field team tasks and support to the M&E Cell/DHIS Coordinators and District Team

TASKS	Details
<p>1. Monitoring and supervision/online planning and reporting.</p>	<p>Pursue M&E Cell In-charge to follow the given tasks, as per SOP timeline:</p> <ul style="list-style-type: none"> • Prepare supervisory plans of DHO, ADHO and all vertical program managers • Track planned M&S visits by all district health managers • Upload online monitoring field visit report, in the prescribed format • Prepare feedback reports / also assist other Health Managers • Provide written feedback to facility /outreach staff
<p>2. DHIS web-based system/reporting/ special reports etc.</p>	<p>Assist M&E Cell In-charge in:</p> <ul style="list-style-type: none"> • Timely uploading of accurate and complete monthly reports of health facilities • Analyzing the reports • Generating indicator based reports for supervisors and policy makers, DHPMT, as & when required.
<p>3. Reporting COMPLETENESS.</p> <p><i>According to DHIS Manual: Data completeness determines the quality of data. Incomplete report loses its value and affects aggregate reports.</i></p> <p><i>Incomplete report ultimately minimizes the use of the data produced at the facility level and lowers its quality.</i></p> <p><i>Incomplete report is indicative of insufficient or lack of training of DHIS staff.</i></p>	<p>Ensure complete monthly report:</p> <ul style="list-style-type: none"> • All relevant data elements are reported • No cell is unduly left blank • Fill in all items of the report. Never leave blank a possible entry. If the number of the item is zero, fill in 0. • Use “Not Applicable” for activities that are normally not performed at the HF.
<p>4. Reporting ACCURACY.</p> <p><i>This indicator refers to level of data accuracy (measured in percentage) of the monthly reports as assessed through using the Lot Quality Assurance Sampling (LQAS) technique.</i></p>	<ul style="list-style-type: none"> • Cross-match registers’ data - from where the data have been transferred to the monthly reports. <p>Assist in performing LQAS Technique:</p> <ul style="list-style-type: none"> • Selection of DHIS indicators • Sample selection • Compilation of data

TASKS	Details
<p><i>Level of Data Accuracy of the monthly report means the extent to which the data in the monthly reports cross-match with the data in the registers from where the data have been transferred to the monthly reports.</i></p>	<ul style="list-style-type: none"> • Using LQAS Table
<p>5. Reporting TIMELINESS.</p> <p><i>Timely reporting by all the facilities and data entry into the software refers to percent of public health facilities providing monthly reports in accordance with time protocol</i></p>	<ul style="list-style-type: none"> • Check timely reporting as per SOPs. • Uploading the monthly reports within the due dates.
<p>6. Indicator DEFINITIONS.</p>	<p>Assist with definitions of indicators to all concerned at district level:</p> <ul style="list-style-type: none"> • The denominator and numerators of individual indicators; • Individual indicators as per the DHIS manual; • Calculate few indicators of the previous month, quarter and year.
<p>7. Checking Data quality, interpreting, using monthly report and providing feedback.</p> <p><i>Explain how to check the data quality by using some internal checks to see the consistency of reporting data, e.g.</i></p> <ol style="list-style-type: none"> 1. <i>Total deliveries should match the Normal deliveries, Cesarean Sections and Assisted (Vacuum/Forceps) deliveries.</i> 2. <i>Laboratory Investigation for Communicable diseases: In case of Malaria - slides MP +ve should not be more than total slides examined</i> 3. <i>Number of children <5 who are malnourished.</i> 	<ul style="list-style-type: none"> • Assist in checking Error Reports
<p>8. Data analysis and use of information.</p> <p><i>This can be done informally at any time and also formally during the monthly facility staff meetings and monthly meeting of DHO with district managers</i></p>	<p>Assist staff and managers at all levels for using the DHIS/other MIS data for:</p> <ul style="list-style-type: none"> • Monitoring the performance • Identifying areas for improvement

TASKS	Details
<i>and facility in-charges.</i>	
<p>9. Reporting facility-wise HR sanctioned and posted positions, as well as at the district office sanctioned and posted positions.</p> <p><i>The source of this information is Administrative record of facility/DHO office. Categories include:</i></p> <ul style="list-style-type: none"> • Sanctioned • Vacant • Contract • Working on General duty in facility* • Working on General duty out of facility** <p>*Detailed in **Detailed out</p>	<p>Assist M&E Cell staff with reporting:</p> <ul style="list-style-type: none"> • Facility-wise HR sanctioned and posted positions • District-wise HR sanctioned and posted positions • Ensure HF report includes the HR status.
<p>10. Monthly financial reports through DHIS.</p> <p><i>Check Section XVI-B of the DHIS Manual. Report status of the above heads according to:</i></p> <ul style="list-style-type: none"> • Total Allocation for the fiscal year • Total Budget Released to-date • Total Expenditure to-date • Balance to date 	<p>Assist with the filling of the Financial Report for the Current Fiscal Year (From Budget and Expenditure Statement) in the DHIS.</p> <p>Report monthly expenditures on the following heads:</p> <ul style="list-style-type: none"> • Salary & Allowances (Establishment charges) • Non-Salary (Operating Expenses) • Utilities • Medicine • General Stores • M&R Equip/Transport/Furniture • M&R Building Department • Others
<p>11. Preparation of performance data for review meeting with facility in-charges and providing feedback to facilities.</p> <p><i>Feedback is an essential part of the data producer and data user relationship. The sharing of data also helps to pave a path between data collectors and users at all levels.</i></p>	<p>Assist in developing:</p> <ul style="list-style-type: none"> • Indicator-wise trend/coverage reports for analysis • Facility-wise reports • Other analytical reporting options. • KPIs and coverage performance data • Guide the process for feedback to/from concerned facility/manager/healthcare provider
<p>12. Preparation of performance data for DHPMT meetings and DTC meetings</p>	<p>Assist M&E Cell In-charge to prepare quarterly performance presentation for relevant indicators.</p>
<p>13. Meeting with other vertical program</p>	<p>Assist in matching coverage through facility and</p>

TASKS	Details
managers to validate the information received from the facilities, relevant to EPI-MIS, LHW-MIS, CMW-MIS, and LMIS.	community level data collected through different MISs.
<i>At the district level, the performance coverage reported should match with the reported figures through facility and community level data collected through different MISs. E.g. EPI figures reported through DHIS and the figures reported through EPI MIS should match.</i>	

HSS FMs will accompany District M&E Cell/DHIS Coordinator in field visits of the health facilities and provide hands-on support in filling the M&S Checklists, in accordance with the defined SOPs. The following steps should be followed by the District Managers for conducting monthly Monitoring and Supervisory visit.

Table 3: Field team hands-on support tasks for Monitoring and Supervisory System to the District M&E Cells/DHIS Coordinators during Field Visits

TASKS	Details
<p>1. Planning</p> <p><i>Prepare, on monthly basis, online supervision plan selecting: date and HF/outreach to be visited and checklist(s) to be filled at www.checklists.dhissindh.pk.</i></p> <p><i>To prepare online M&S plan, detail instructions are provided in the “Online Monitoring and Supervision System User’s Manual.”</i></p> <p><i>All health managers have their username and password to login to their accounts.</i></p>	<ul style="list-style-type: none"> • FMs must have a soft and hard copy of this manual. • Assist DHO to conduct a meeting of health managers to prepare monthly online supervisory plan. • DHO to submit the supervision plan to competent authority for review and approval. • DHO to allocate vehicle and drivers for the field visit.
<p>2. Following the approved visit plan.</p> <p><i>Pursue supervisors to follow their approved visit plan. Before going to the supervisory visit, request supervisors to print:</i></p> <ul style="list-style-type: none"> • <i>Last month’s HF performance report;</i> 	<ul style="list-style-type: none"> • Request concerned managers/supervisors to share their visit plan with the relevant facilities/LHWs/CMWs. • Accompany the district managers in their visit to HFs, or LHWs/CMWs/CMW Schools. • Notify the relevant staff of when and who is conducting the visit with at least 24 hrs notice.

TASKS	Details
<ul style="list-style-type: none"> • <i>Relevant checklists</i> • <i>Previous field visit reports</i> • <i>LQAS form</i> 	
<p>3. During the M&S visits</p>	<p>Assist supervisors to:</p> <ul style="list-style-type: none"> • Fill checklists according to the guidelines • Review the previous action points and status of implementation; • Listen to their problems and challenges; • Address and follow up on problem areas; • Provide corrective and supportive feedback on performance; • In case a procedure is performed incorrectly, demonstrate the correct procedure and ask for return demonstration. If there is a need, coordinate with mentors; • Update supervisees on new guidelines and information; • Give on-the-job training on new techniques and approaches, if required; • Mark evidence of monitoring visit as per standing instructions, like marking the Visit Register of the facility, or in the LHW/CMW registers etc.; • Remind supervisors to be respectful and patient, allowing time for staff to complete any task at hand.
<p>4. Immediate feedback during the visit</p>	<p>Remind supervisors to:</p> <ul style="list-style-type: none"> • Start with those areas they are doing well, followed by those where those which need improvement. • Listen attentively, with encouragement and open mind believing that everyone has good contributions to make; • Give a chance to the supervisee to respond. • Use positive feedback, when performance is good, asking about suggestions for improvement. E.g. commend the supervisee for the tasks well performed, and asking how they did it so well. This will help with starting to talk about weaker areas. • Use constructive feedback, when performance needs improvement. E.g. commending supervisee on task partially done, and asking where they faced problems in its completion. Also offer advice, without being critical of performance and person.

TASKS	Details
	<ul style="list-style-type: none"> • Focus on systems and processes, the performance or action, not on the person. • Discuss previous action points which were not implemented and include them in the new action plan; • Outline 5 top tasks/areas needing improvement and guide them to come up with corrective actions and time line;
<p>5. Follow up and feedback after the visit:</p> <p><i>Pursue the supervisors to hold a meeting after the completion of the field visits.</i></p>	<p>Assist the supervisor in ensuring:</p> <ul style="list-style-type: none"> • Uploading the filled-in checklists within one week on the given format • Following up on equipment and commodity supply problems in a timely manner with the district or provincial level authorities. • Improving the delivery system with the help of district or provincial level authorities.
<p>6. Represent HSSC in District level Coordination meetings of other MCH Program Partners & stakeholders.</p>	<p>Share information, specifically:</p> <ul style="list-style-type: none"> • Progress and performance with partners • Future programs/activities with partners • Minutes with provincial and Islamabad office/s on regular basis

VIII. Backstopping DHO team to improve DHPMT activity

HSS Component team has been providing support to the districts in carrying out the DHPMT activities, including pre-meeting preparation, steering discussion during the meeting, and follow-up after the meeting to support the implementation of decisions. Now the focus is on ensuring sustainability of this institutionalized forum. For this purpose, on-going HSS support is being re-strategized for the sustainability of this activity by increasing role of District M&E Cell to ensure effective DHPMT meetings in future. Focal person DHPMT at office of DGHSS will analyse performance of DHPMT using minutes of meeting and issue feedback to all districts.

HSS Component will provide support to District M&E Cells established at DHO offices. The DHIS Coordinator will lead as in-charge of the M&E Cell; while the focal persons of MNCH, LHW, EPI, and Nutrition Programs will be the members of the Cell. HSS Component will provide support for review of TORs of In-charge of M&E Cell, and functions of the Cell for notification.

HSS component is providing technical support to District DOH staff in operationalizing of DHPMTs in districts of Sindh. The meetings of the teams are held on a quarterly basis. The objectives of the DHPMT forum are:

- To strengthen collective planning, evidence based decision making, coordination and monitoring;
- To promote continuous performance review & improvement of the district health system;
- To ensure transparency and accountability; and
- To optimize utilization of resources;

Explain the importance of coverage, equity and quality as underlying principles of the activity.

Coverage

Aspects of the health system including HF infrastructure, human resources, drugs, equipment and supplies, facility statistics, availability of emergency obstetric care (EmOC) signal functions, provider knowledge and competency in maternal and newborn care, and the referral system.

Equity

For simplicity, we use equity of access, which is the difference between coverage of MNCH indicators among rich and poor. In Pakistan SBA of high quintile women is 77% and for lowest quintile women is 17%. The difference is 60%. There is a need to provide services to these low quintile women so that the difference between these groups can be minimized.

Quality

Quality health care can be simply defined as doing the right thing (getting the health care services you need), at the right time (when you need it), in the right way (using the appropriate test or procedure), to achieve the best possible results.

Health care quality can be defined by six attributes:

- *Safety* - patients should not be harmed by the care that is intended to help them
- *Patient-Centered* - care should be based on individual needs
- *Timely* - waits and delays in care should be reduced
- *Effective* - care should be evidence-based
- *Efficient* - reduce waste
- *Equitable* - care should be equal for all people

HSS Field Managers during their visits to districts will meet DHO/ADHO/M&E Cell In-charge and other health managers/vertical programs' focal persons, and focus on the following tasks.

Table 4: Field team tasks and support to the DHO/ADHO/M&E Cell In-charge and other health managers for DHPMT

TASKS	Details
1. Orientation to M&E Cell In-Charge and staff	<p>Discuss with the DHO/ADHO/M&E In charges on:</p> <ul style="list-style-type: none"> • DHPMT meetings concept and objectives, tasks and timelines as per DHPMT SOPs • Presentation of data • Issues raised and decisions taken, resolving the issues • Process of scoring DHPMT meetings
2. Coordinate with In-charge M&E Cell to ensure proper DHPMT meeting as per SOPs	<ul style="list-style-type: none"> • Pursue Secretary DHPMT to follow SOPs.
3. Dissemination of HFA findings in the DHPMT meeting, once during the first Quarter. <i>This is the primary responsibility of the Provincial Team.</i>	<ul style="list-style-type: none"> • Introduce the HFA and its process • Go through the findings of each facility with the district management • Identify the gaps • Discuss solutions to fix the gaps
4. Meet District Manager PPHI, DPWO, and DEO Education Department teams. <i>Discuss their role in active participation in DHPMT meeting.</i>	<ul style="list-style-type: none"> • Explain to clarify roles and responsibilities of the PPHI, DPWO and DEO. • Explain their roles and responsibilities in the DHPMT meetings. • Discuss ways to improve coordination among the

TASKS	Details
	departments.
<p>5. District Manager PPHI</p> <p><i>Discuss with district manager the performance of the DHPMT meetings conducted so far.</i></p>	<p><i>Visit at least once a month, in assigned districts.</i></p> <p><i>Before the visit:</i></p> <ul style="list-style-type: none"> • Review Online DHIS compliance reporting status of HFs under administrative control of PPHI • Identify and highlight the names of HFs, which have not uploaded the last month's report (if any). • Review online reports to observe whether all fields are properly filled or not. • Review availability of contraceptives and vaccines; • Review whether monthly reports have been uploaded in the due timeline. • Observe and note if there are any unusual data (extreme values). <p><i>During the Visit:</i></p> <ul style="list-style-type: none"> • Share your findings with DM PPHI and discuss how to rectify the issues. • Provide TA to PPHI managed HFs staff on DHIS reporting and recording, if requested by DM PPHI. • Coordinate with PPHI team in provision of uninterrupted supplies of DHIS tools by DHO/DGHSS office. • Request DM PPHI to direct PPHI monitoring staff to participate in DHIS monthly review meetings at DHO office.
<p>6. District Manager PPHI regarding DHPMT</p>	<p><i>Visit at least once a month, in assigned districts.</i></p> <p><i>Before Visit:</i></p> <ul style="list-style-type: none"> • Review minutes of the last DHPMT meeting and highlight the decisions pertaining to PPHI, and action points of each. • Review the status on cLMIS and vLMIS for availability of contraceptives and vaccines at facilities.

TASKS	Details
	<p><i>During Visit:</i></p> <p><i>Pursue DM PPHI on following:</i></p> <ul style="list-style-type: none"> • Discuss their roles and responsibilities in the DHPMT meetings. • Discuss and follow-up with DM PPHI for implementation status of the last minutes of the meetings (if any pertains to PPHI). • Discuss the propose Agenda items for next DHPMT meeting. • Discuss ways to improve coordination among the departments. • Discuss how to improve the performance of DHPMT forum. • Discuss facility-level coordination with LHWs; • Discuss online integrated Dashboard; • Review ranking of the districts through online M&E Dashboard; • Discuss implementation status of District Action Plan's activities such as Community awareness events, trainings on FP, M&S visits etc.
<p>7. <i>DPWO/ PWD</i></p> <p><i>Discuss with DPWO and his team the performance of the DHPMT meetings conducted so far.</i></p>	<p><i>Visit at least once a month, in assigned districts.</i></p> <p><i>Before Visit:</i></p> <ul style="list-style-type: none"> • Review minutes of last DHPMT meeting and highlight decisions pertaining to PWD and action points of each. • Review contraceptive stock status and cLMIS. • Review performance of last month's FP camps to identify dual reporting by HF & mobile team. • Review RHS-A Centers' reports & HFs report to avoid duplication of data entry. <p><i>During Visit:</i></p> <ul style="list-style-type: none"> • Discuss supplies of Contraceptives to all stakeholders (DHO, LHWs, PPHI, CMWs, NGOs) in the district, based on CLMIs & physical status. • Discuss and share schedule of FP Camps in the district during the month.

TASKS	Details
	<ul style="list-style-type: none"> • Discuss DTC meetings during the last three months. • Review duplication of performance reporting of FP camps. • Discuss roles and responsibilities in the DHPMT meetings. • Discuss and follow-up with DPWO for implementation status of the last minutes of the meetings (if any pertains to PWD). • Discuss the propose Agenda items for next DHPMT meeting. • Discuss ways to improve coordination among the departments. • Discuss how to improve the performance of DHPMT forum. • Discuss the implementation status of District Action Plan's activities such as Community awareness events, trainings on FP, M&S visits etc.
<p>8. District Education Officer</p> <p>DEO, Education</p> <p><i>Discuss with DEO and his team the performance of the DHPMT meetings conducted so far</i></p>	<p><i>Visit at least once a month, in assigned districts.</i></p> <p><i>Before Visit:</i></p> <ul style="list-style-type: none"> • Review minutes of the last DHPMT meeting and highlight the decisions pertaining to Education Department and action points of each. • Get updates from District Health Education officer/nominated MOs for the purpose, on HE sessions in schools and colleges during the last month. • Enlist the priority topics for HE sessions in the schools, colleges; including: <ul style="list-style-type: none"> ○ Hygiene ○ Nutrition ○ Eye Testing ○ Gastroenteritis ○ Communicable Disease i.e. Malaria, Dengue, TB, Hepatitis etc. ○ EPI ○ ENT

TASKS	Details
	<ul style="list-style-type: none"> ○ Healthy Lifestyle ○ Others <p>During Visit:</p> <ul style="list-style-type: none"> • Discuss and identify dates for scheduling of Health Education Sessions in schools, colleges with names/details during the month. • Discuss and review the implementation status of HE Sessions during the last month. • Help in identifying Focal Person(s) for Health Education Activities in Male and Female educational institutions. • Discuss roles and responsibilities of the DEO in the DHPMT meetings. • Discuss and follow-up with DEO for implementation status of the last minutes of the meetings (if any pertains to DEO). • Discuss the propose Agenda items for next DHPMT meeting. • Discuss ways to improve coordination among the departments. • Discuss how to improve the performance of DHPMT forum. • Discuss the implementation status of District Action Plan's activities such as Community awareness events, trainings on FP, M&S visits etc.
9. Meet DHO/ADHO to discuss the SOPs of DHPMT	<ul style="list-style-type: none"> • Discuss SOPs with the DHO and his team. • Following are the SOPs for pre-meeting, during the meeting and follow-up phase.
10. Pre-meeting/Preparatory Phase for DHMPT. <i>DHO/ADHO/In-charge district M&E Cell to finalize the DHPMT meeting date and agenda by writing letters to PPHI, Education department, PWD and other stakeholders;</i>	<ul style="list-style-type: none"> • Request DHO/M&E Cell in-charge to write letters to stakeholders at least two weeks before the schedule of DHPMT meeting for getting the agenda items from them. • Meet PPHI, DEO, and DPWO to circulate the agenda items. • Meet DHO/ME Cell in charge to include their items in the agenda.

TASKS	Details
<p>11. DHO/ADHO to issue the meeting notice and agenda</p> <p><i>Issue agenda at least one week before the meeting after finalizing the agenda in consultation with key members of the team</i></p>	<ul style="list-style-type: none"> Request DHO/M&E Cell in charge to issue DHPMT meeting agenda well before time so that everyone can prepare their presentations.
<p>12. Follow-up for participation</p>	<p>Follow-up with the DHPMT members to get prepared for the meeting, including:</p> <ul style="list-style-type: none"> DHO DM PPHI DEO Education DPWO In-charge District M&E Cell District focal persons of EPI, MNCH, LHW, Hepatitis, TB and Nutrition Programs, among others
<p>13. Ensure preparation and sharing of presentation/ information/data by DM PPHI, DPWO, DEO, MS Civil Hospital</p>	<ul style="list-style-type: none"> Help the stakeholders prepare presentations – focus on: Activities (Service provision/health education/ community related) HR issues, especially related to gender (i.e., issues with treatment of female staff) Service utilization and performance of KPI indicators Budget allocation and utilization
<p>14. Day before meeting:</p> <p>ADHO /M&E Cell In-charge to coordinate with key members</p>	<ul style="list-style-type: none"> Remind ADHO/M&E Cell In-charges for coordinating with the members and finalizing materials
<p>15. DHO/ M&E Cell In-charge to review presentation on MIS data</p>	<p>Request DHO/M&E Cell In-charge to make sure that main areas are covered in the presentation:</p> <ul style="list-style-type: none"> DHIS indicators Program-based indicators (EPI, FP, MNCH, LHW, Malaria, TB, Hepatitis and Nutrition), paying particular attention to gender disaggregation Facility wise targets and trends

TASKS	Details
<p>16. During the meeting:</p> <p>DHO/M&E Cell In-charge to attend the meeting and compile the DHPMT meeting report.</p>	<ul style="list-style-type: none"> • Request DHO/M&E Cell In charge to make sure all notified members attend the meeting, and keep track of male – female attendees and female participation • Support cell to elicit female participation and leadership. • Request DOH to depute for taking proper minutes of the meeting
<p>17. Steer discussion focusing on agenda and identified issues/problems</p>	<ul style="list-style-type: none"> • Ensure all agenda items are discussed.
<p>18. Ensure collective decision making based on shared information and analysis of issues/ problems.</p> <p><i>Decision making is very important, try to ensure that one sided decisions are not be made.</i></p>	<ul style="list-style-type: none"> • Ensure discussion on each item • Ensure evidence based decisions are made, with responsibility of the person/organization to implement these. • Ensure opinions across gender and age are solicited and heard during the meeting. • At the end of meetings, remind DHO to repeat the decisions and the responsibilities to resolve identified issues.
<p>19. Get agreement on tentative schedule of next meeting</p>	<p>For the next meeting, if possible get the agenda items and date.</p>
<p>20. Follow up/reporting Phase</p> <p>DHO/ ADHO to prepare and circulate the meeting minutes on the standardized format.</p>	<ul style="list-style-type: none"> • Request DHO/M&E Cell In-charge to draft minutes of the meeting on a prescribed format. • Assist the DHO/ADHO in follow up and implementation of decisions taken in the meeting through telephone and visits, fortnightly review and troubleshooting support. • Maintain liaison with DGHSS for implementation of decisions at provincial level

Field Manager Health Systems Strengthening: Duties and Responsibilities

- 1- Field Manager will provide support to the district M&E Cell for implementing HSSC activities.
- 2- Ensure Capacity Building of M&E Cell staff
- 3- Field Manager will be responsible for providing technical assistance to District health teams on health information system, DHPMT, Monitoring & Supportive supervision and day to day activities.
- 4- Establish and maintain close coordination for M&S visits with technical team at DHO office and focal persons of all vertical programs.
- 5- Support in preparation & implementation of DAP activities.
- 6- Support in organizing the HSSC capacity building activities at district level.
- 7- Coordinate and participate in meetings with district health authorities and other partners working at the district level and share minutes with JSI offices.
- 8- Participate in district level USAID MCH partners' meetings & submit report.
- 9- Prepare & submit weekly, monthly and quarterly performance reports.
- 10- Maintain appropriate documentation of various meetings, correspondence, and other material related to various activities at district level.
- 11- Oversee and monitor relevant project activities of Consortium partners.
- 12- Assist JSI/HSS team in providing technical support to the District Health Offices.
- 13- Any other relevant task assigned by the supervisor.

IX. Standard Operating Procedures (SOPs)

1. DHIS for Health Facility
2. DHIS for District Office
3. DHIS for provincial Office
4. District Health and Population Management Teams (DHPMT) Meetings
5. District Action Plans (DAPs) Preparation
6. Monitoring and Supervisory Systems

Standard Operating Procedures (SOPs) for DHIS - Health Facility

A. Pre-requisites

1	MS/HF Incharge to identify DHIS focal person.
2	MS/HF Incharge should be trained in understanding and use of DHIS tools.
3	MS/HF Incharge to ensure training of Focal person and staff on understanding and use of DHIS tools.
4	DHIS procedures manual available at the health facility
5	Applicable DHIS tools available at health facilities two-month stock
6	MS/HF Incharge to ensure qualified and trained staff (medics/paramedics only) assigned duty at all data collection points.
7	HF incharge to prepare and display catchment area population chart and set HF targets by end of January in consultation with DHO

B. Data Recording

1	Receive new/ referred patient at CRP, conduct registration using CRP register and direct to OPD, EPI room, Maternal Health Clinic, or Family Planning Clinic
2	Use OPD ticket and Medicine Slip for prescribing treatment and advising investigations, and record data in OPD Register (clearly record diagnosis - disease/trauma name and do not write symptoms, e.g. headache, fever, swelling etc.)
3	Prepare OPD Abstract Form on daily basis.
4	Use EPI Card and Permanent EPI Register for recording data of clients visiting EPI room for vaccination and outreach vaccination data
5	Use ANC Card and Maternal Health Register for recording data of clients visiting Maternal Health Clinic
6	Use FP Card and Family Planning Register for recording data of clients visiting Family Planning Clinic
7	Provide medicines from Dispensary retaining Medicine Slip and recording data in DME Register
8	Provide report after Laboratory Test(s), X-rays, USG, or ECG and record data in Laboratory Register, Radiology Register, USG Register or ECG Register respectively
9	Admit patient in ward using OPD Ticket, and record data in Indoor Patient Register, and maintain DBS Register and Indoor Abstract Form on daily basis
10	Receive client at labor room for obstetric services, and record data in Obstetric Register and DBS Register
11	Receive patient at operating room for surgical procedure/ C-Section using indoor treatment chart, and record data in Operation Theater Register and indoor chart
12	Maintain Stock Register (Medicines/ Supplies), and Stock Register (Equipment/ Furniture/ Linen) up to date
13	Refer patient/ client to higher HF using OPD Slip

C. Data Reporting		
1		Focal person to conduct daily supervision to ensure correct data recording at all data collection points.
2		Focal person to ensure preparation of daily abstract at all data collection points.
3		MS/in-charge to conduct at least weekly supervision at data collection points.
4		Focal person to compile data by the second day of every month.
5		MS/in-charge to conduct monthly DHIS review meeting on fourth day of every month, and record minutes in Facility Staff Meeting Register.
6		DHIS focal person to finalize the facility monthly report and submit to MS/ in-charge by 5th day of every month.
7		MS/in-charge to conduct quality assessment using LQAS technique before submission of report.
8		MS/in-charge to sign and arrange submission of monthly DHIS report to the district M&E cell, along with minutes of DHIS review meeting, by the fifth day of every month.
		ACRONYMS
		ANC - Ante-natal care
		CRP - Central Registration Point
		DBS - Daily Bed Statement
		DHO - District Health Officer
		DM PPHI - District Manager PPHI
		DME - Daily Medicines Expense
		ECG - Electro cardiogram
		EPI - Expanded Program of Immunization
		FP - Family Planning
		HF - Health Facility
		LQAS - Lot Quality Assurance Survey
		M&E - Monitoring and Evaluation
		MS - Medical Superintendent
		OPD - Out-patient Department
		PPHI - People's Primary Healthcare Initiative
		USG - Ultra sonography

Standard Operating Procedures (SOPs) for DHIS - District Level

A. Pre-requisites for DHIS

1	District DHIS Coordinator positioned
2	DHO/DM PPHI to ensure orientation of MS/HF Incharge and Focal persons on understanding of DHIS tools and monthly report compilation
3	DHIS procedures manual available at HF and the District DHIS (M&E) Cell
4	DHIS tools' stock available at HF for two-months and at District for six-months
5	Functional computer with internet access available at District DHIS (M&E) Cell.
6	DHO to maintain list of DHIS master trainers in the district, and assign orientation of staff on DHIS tools and monthly report compilation, on a regular basis.

B. Health Facility Level

1	MS/HF Incharge to ensure qualified and trained staff (medics/paramedics only) assigned duty at all data recording locations.
2	Focal person to conduct daily supervision to ensure correct data recording at all data collection points.
3	Focal person to ensure preparation of daily abstract at all data collection points
4	MS/In-charge to conduct at least weekly supervision at data collection points.
5	Focal person to compile data by the second day of every month.
6	MS/In-charge to conduct monthly DHIS review meeting on fourth day of every month.
7	DHIS focal person to finalize the facility monthly report and submit to MS/ In-charge by 5th day of every month.
8	MS/In-charge to conduct quality assessment using LQAS technique before submission of report.
9	MS/In-charge to sign and arrange submission of monthly DHIS report to the District DHIS (M&E) Cell by the fifth day of every month.

C. District DHIS (M&E) Cell

1	Maintain log book for recording timeliness of reports
2	DHIS Coordinator to conduct desk review and generate feedback for reporting facilities
3	Computer operator/s of DHIS (M&E) Cell to complete entry of all DHIS reports into online DHIS software by the 15th day of every month
4	DHIS Coordinator to conduct quality assessment using LQAS technique before submission of report
5	DHO to convene monthly DHIS performance review meeting with MS/In-charges and representatives of vertical programs to discuss data quality and related issues
6	DHIS (M&E) Cell to make corrections till the eighteenth day of every month (if required)
7	DHIS Coordinator to finalize and submit cumulative District DHIS report to DHO

ACRONYMS

DHO - District Health Officer

DM PPHI - District Manager PPHI

HF - Health Facility

LQAS - Lot Quality Assurance Survey

M&E - Monitoring and Evaluation

MS - Medical Superintendent

PPHI - People's Primary Healthcare Initiative

Standard Operating Procedures (SOPs) for DHIS - Provincial Level

A. Pre-requisites for DHIS

1	Provincial DHIS Coordinator positioned.
2	DHIS procedures manual available at the provincial DHIS (M&E) Cell.
3	DHIS tools available; two months' stock at health facilities, six-months' stock at district level and 12-months' stock at provincial level.
4	Functional computer with internet access available at district and provincial DHIS (M&E) Cells.
5	DHIS Coordinator to maintain list of DHIS master trainers in the districts.

B. Health Facility Level

1	MS/HF Incharge to ensure qualified and trained staff (medics/paramedics only) assigned duty at all data collection points.
2	Focal person to conduct daily supervision to ensure correct data recording at all data collection points.
3	Focal person to ensure preparation of daily abstract at all data collection points.
4	MS/In-charge to conduct at least weekly supervision at data collection points.
5	Focal person to compile data by the second day of every month.
6	MS/In-charge to conduct monthly DHIS review meeting on fourth day of every month.
7	DHIS focal person to finalize the facility monthly report and submit to MS/ In-charge by 5th day of every month.
8	MS/In-charge to conduct quality assessment using LQAS technique before submission of report.
9	MS/In-charge to sign and arrange submission of monthly DHIS report to the District M&E cell by the fifth day of every month.

C. District DHIS (M&E) Cell		
	1	Maintain log book for recording timeliness of reports.
	2	DHIS Coordinator to conduct desk review and generate feedback for reporting facilities.
	3	Computer operator/s of DHIS (M&E) Cell to complete entry of all DHIS reports into online DHIS software by the 15th day of every month
	4	DHIS Coordinator to conduct quality assessment using LQAS technique before submission of report.
	5	DHO to convene monthly DHIS performance review meeting with MS/In-charges and representatives of vertical programs to discuss data quality and related issues.
	6	DHIS (M&E) Cell to make corrections till the 18th day of every month (if required).
	7	DHIS Coordinator to finalize and submit cumulative district DHIS report to DHO.
D. Provincial DHIS (M&E) Cell		
	1	Consolidate district reports into provincial DHIS report.
	2	Provide feedback to districts by the 25th day of every month.
	3	Prepare and disseminate Quarterly DHIS performance report.
	4	Provincial DHIS Coordinator to conduct HF visits for data quality assessment using LQAS assessment tool.
		ACRONYMS
		DHO - District Health Officer
		DM PPHI - District Manager PPHI
		HF - Health Facility
		LQAS - Lot Quality Assurance Survey
		M&E - Monitoring and Evaluation
		MS - Medical Superintendent
		PPHI - People's Primary Healthcare Initiative

SOPs - ORGANIZING DHPMT MEETINGS

A. Pre-meeting/Preparatory Phase

1	Focal person DHPMT at office of DGHSS shall write a letter to each district for convening DHPMT quarterly meeting (First week of quarter)
2	DHO/ ADHO to finalize the DHPMT meeting date (First week of quarter)
3	DHO/ ADHO to discuss and finalize the agenda in consultation with key members of the team (one week before meeting)
4	ADHO to issue of the meeting notice and agenda at least one week before the meeting, and:
	a. Follow-up for participation of DHO, DM PPHI, DPWO, in-charge District M&E Cell and District focal persons of EPI, MNCH, LHW, Hepatitis, TB and Nutrition Programs, among others.
	b. Ensure preparation and sharing of presentation/ information/data by DM PPHI, DPWO, DEO, MS Civil Hospital
	i. Activities (Service provision/health education/community related)
	ii. Staffing
	iii. Service Utilization
	iv. Selected KPI indicators
	v. Budget allocation and utilization

B. Day before meeting

1	ADHO to coordinate with key members for finalization of material for the meeting.
2	DHO/ ADHO to review presentation on MIS data, covering at least;
	a. DHIS indicators
	b. Program-based indicators (EPI, MNCH, LHW, Malaria, TB, Hepatitis and Nutrition)
	c. Facility wise targets and trends

C. During the meeting		
	DHO/ADHO to:	
1	Attend the meeting and compile the DHPMT meeting report	
2	Steer discussion focusing on agenda and identified issues/ problems	
3	Ensure collective decision making based on shared information and analysis of issues/ problems	
4	Get agreement on tentative schedule of next meeting	
D. Follow up/reporting Phase		
1	DHO/ ADHO to:	
	a. Prepare and circulate the meeting minutes on the standardized format	
	b. Ensure follow up and implementation of decisions taken in the meeting through telephone and visits, fortnightly review and troubleshooting support.	
	c. Maintain liaison with DGHSS for implementation of decisions at provincial level	
2	Focal person DHPMT at office of DGHSS shall analyse performance of DHPMT using minutes of meeting and issue feedback to all districts	
3	DGHSS to conduct Quarterly Provincial Performance Review Meeting focusing on DHPMT, DHIS, M&S, implementation of planned activities and budget utilization.	
		ACRONYMS DHPC - District Health Planning Committee SHSS - Sindh Health Sector Strategy EPHS - Essential Package of Health Services DOH - Department of Health (Health Secretariat Sindh) DGHSS - Directorate General of Health Services Sindh DGHS - Director General Health Services BCC - Budget Call Circular SNE - Schedule of New Expenditure PSLM - Pakistan Social and Living standards Measurement survey PDHS - Pakistan Demographic and Health survey DHPMT - District Health and Population Management Team

Standard Operating Procedures (SOPs) DAP Preparation

A. Requirements to start District Action Planning (August-September)

- 1 DHO should identify and notify members of the DHPC to work on DAP. (August 1st week)
- 2 DHPC to establish a time frame for the DAP, and assign roles and responsibilities for each DHPC member. (August 2nd week)
- 3 Conduct DHPC pre-planning consultation on policy and strategic requirements (SHSS, EPHS, and Provincial Operational Plan) (August 3rd week)
- 4 Ensure availability of relevant materials including Annual DHIS data, data from MIS reports, and manual on DAP planning, implementation and reporting. (September 2nd week)
- 5 Update District Analytical Profile data, related to resources (profile updating after every 3 years is mandatory as part of 3 year rolling plan). (September 3rd week)

B. Situation and Gap Analysis (August-September)

- 1 DHPC to analyze management, budget and service utilization data, using updated District Profile Information. (August 3rd week)
- 2 Review available resources both at district and facilities level: equipment, medicines, HR, infrastructure and finance. (September 2nd week)
- 3 Update HFA information (service availability and inventory) through HF incharges for addressing EPHS standards (September 2nd week)
- 4 Review Stakeholder Mapping and available resources from development partners (September 4th week)

C. Prioritization of Health and Management Issues (September-October)

- 1 List and categorize health conditions/diseases based on district DHIS and other MIS reports. (September 4th week)
- 2 List and categorize health management issues through consultation with DHPC. (September 4th week)
- 3 Prioritize identified issues based on scoring according to magnitude, severity, vulnerability to intervention, cost effectiveness and political expediency. (October 1st week)

D. Identify Key Input Requirements (October)

- 1 Cost centers incharges to support DHPCs for identifying key input requirements for HR, capacity building, equipment, medicines, logistics, monitoring and supervision, infrastructure, costing and budget demand. (October 4th week)
- 2 DHPCs to identify support from development partners (October 4th week)

E. Root Cause Analysis (November)

- 1 Identify causes of all prioritized health and systems issues for designing interventions and activities through consultative meetings. (November 1st week)
- 2 DHPC to categorize causes of prioritized issues and propose interventions for each category. (November 2nd week)

F. Interventions and Activities (November-December)		
1	List activities to implement the proposed interventions. (November 3rd week)	
2	Develop Activity Plan Matrix: Medium term matrix for three year rolling plan, with yearly targets (November 4th week)	
3	Develop Activity Plan Matrix: Annual Operational Plan, with quarterly targets (November 4th week)	
4	Indicate potential stakeholders for support against planned activities. (December 1st week)	
G. Costing of Activities (November-December)		
1	Unit cost: Use government approved rates, last year expenditures and comparative lowest current market rates (November 4th week)	
2	Total cost: Use unit cost, activity components and physical targets. (November 4th week)	
3	Segregate cost of activities among cost centers, where necessary. (December 1st week)	
H. KPI Target Setting (November)		
1	DGHSS to provide KPIs list by type of HF. (November 1st week)	
2	Set KPI targets at the level of HF. (November 2nd week)	
3	Aggregate KPI targets at cost center level, where multiple facilities are attached to one cost center. (November 3rd week)	
4	Use current year's data as baseline and set targets for subsequent years.	
I. DAP Submission and Approval (December - January)		
1	DHO to submit finalized DAP to DGHSS for review (December 1st week).	
2	DGHSS to submit DAPs to DOH for approval and onward submission (December 2nd week).	
3	DOH to submit approved DAPs to Finance Department for allocation of funds (January 1st week).	
J. DAP Implementation and Reporting (July - June)		
1	DHO to prepare implementation details of planned activities (July 1st week).	
2	DHO to ensure timely implementation of planned activities.	
3	DHPC to facilitate DHO/cost centers in implementation of activities and preparation of progress reports.	
4	Periodic progress review in DHPMT, and submission of progress to DGHSS and DOH. (within two weeks of DHPMT meeting)	
5	DGHSS to review quarterly utilization of funds compared to KPI targets achieved. (Within two weeks of the above step)	
		ACRONYMS DHPC - District Health Planning Committee SHSS - Sindh Health Sector Strategy EPHS - Essential Package of Health Services DOH - Department of Health (Health Secretariat Sindh) DGHSS - Directorate General of Health Services Sindh DGHS - Director General Health Services BCC - Budget Call Circular SNE - Schedule of New Expenditure PSLM - Pakistan Social and Living standards Measurement survey PDHS - Pakistan Demographic and Health survey DHPMT - District Health and Population Management Team

Standard Operating Procedures (SOPs): Monitoring and Supervisory System	
A. Identify a health management team	
1	The following persons should be part of the M&S Team at District Level:
a	District Health Officer (DHO)
b	Deputy/Assistant District Health Officers (ADHO)
c	District DHIS Coordinator
d	Program Focal Persons of MNCH, LHW, EPI, Nutrition, TB, Malaria, Hepatitis, etc.
e	Any other position with special assignments such as, Principal/Instructors of Nursing/public health schools
B. Prepare field visit plan	
1	Supervisory teams will prepare monthly tour plans & submit these online to the DHO for approval.
2	The following must be a part of the visit/tour plan:
a	Number of visits; Date of the visits; Name of the health facilities/outreach staff to be visited; Purpose of the visits; Tool(s) to be used during visits;
b	Prepared performance report of previous three months.
3	DHO may view and approved plans made by adjusting dates, drivers and vehicles.
4	After the approval of the tour plan, the supervisor will:
a	Join the district team for the facility visit, but they may have a separate visit with prior DHO approval.
b	Share the visit plan with the health facilities and outreach workers beforehand as possible or at least upon arrival, as per requirement.
c	Retain a copy of approved tour/visit plan.
C. Arrange monitoring tools, guidelines and protocols	
1	Upon field visit approval, it is the responsibility of the health manager or supervisor to download relevant tools/checklists from web based M&E Dashboard.
2	It can be completed for each of the facilities to be visited.
3	This will help to plan the contents of the supervisory visit well in advance.
D. Arrange M&S visit resources	
1	The main resources required are:
a	Reliable transport;
b	Adequate time for preparation, travel, field visit, reporting and followup activities;
c	Travelling allowances;
d	Supportive supervision tools and stationery;
e	Monitoring and supervisory tools; and
f	Support for periodic review meetings.

E. Conduct monitoring and supervisory visit	
1	During the visit, the supervisor will:
a	Apply the level-specific checklist, as contained in tour plan. The tool/checklist has to be filled completely according to the given user guidelines;
b	Provide hands-on support and feedback.
c	Mark evidence of monitoring visit, like marking the facility attendance register, or the LHW, CMW registers;
d	Provide written feedback to the staff in the visitor's book of the facility, that must be signed by both monitor & concerned staff. A formal feedback must be provided to concerned health facility/staff under a covering letter, where necessary;
e	Both the supervisor and supervisee should keep a written log/record of items discussed, including strengths and weaknesses, and actions to be taken (by whom and when);
F. Report and provide feedback to HF staff and relevant Competent Authority	
1	After the visit, the supervisors will provide support and strengthen capacity of health care providers to meet performance goals, and submit monitoring visit report to competent authority within 1 week, with details on:
a	Health facility/outreach staff visited
b	Date of visit
c	Monitoring tool/checklist used
d	Gaps/issues
e	Remedial actions taken and proposed
2	The Competent Authority will review the report and provide feedback within 1 week, on following aspects:
a	Direct the supervisor for further actions needed with a timeline to undertake actions;
b	Instruct concerned focal person/manager on the issues identified and actions required from them;
c	In the next visit, supervisor should check/observe the follow up of actions of previous visit;
d	Present consolidated M&S activity report of the district in the Quarterly DHPMT meeting for decision making for resolution of issues;
e	DHO will share written feedback of monitoring visits to the DPWO, District Manager (DM) PPHI for actions required from them.
f	Submit M&S activity report to the DG Health/M&E Cell at DGHS Sindh Office.

The Health Systems Strengthening Component is funded by the United States Agency for International Development and implemented by JSI Research & Training Institute, Inc., in collaboration with Contech International, Rural Support Programs Network, and Heartfile.

