

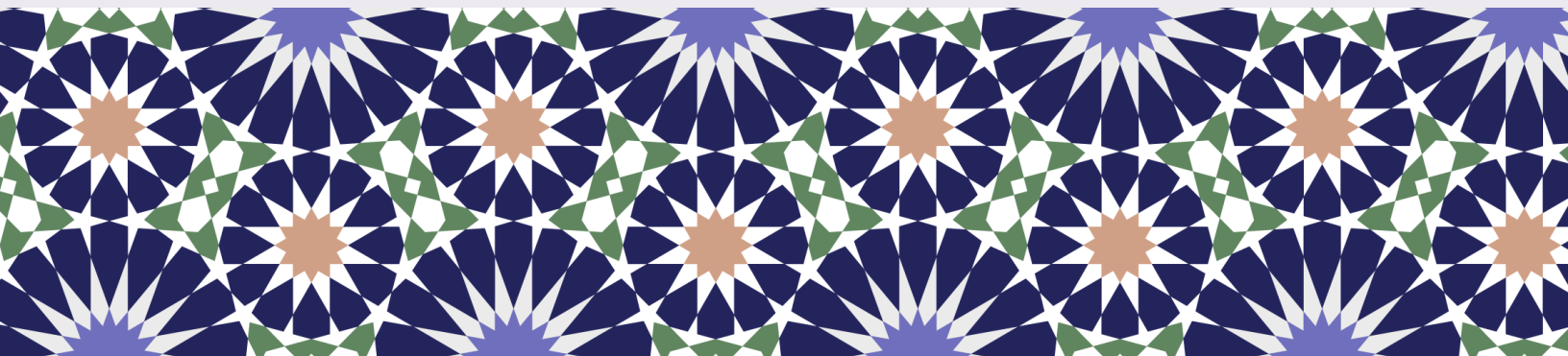


JSI Research & Training Institute, Inc.

USAID's MCH Program Component 5: Health Systems Strengthening

Management Cadre for Department of Health Sindh

September 2014

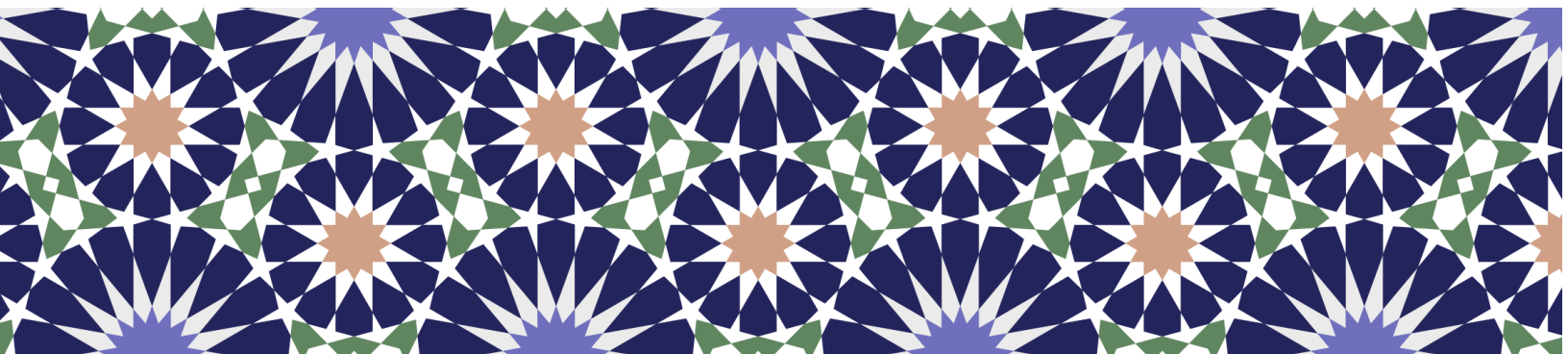


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Abbreviations

AD	Additional Director
AKU	Aga Khan University
AMS	Additional Medical Superintendent
BPS/BS	Basic Pay Scale / Basic Scale
BTS	Blood Transfusion Services
CM	Chief Minister
DCP	Diploma in clinical pathology
DD	Deputy Director
DDHO	Deputy District Health Officer
DGHS	Director General Health Services
DHO	District Health Officer
DMJ	Diploma in Medical Jurisprudence
DMS	Deputy Medical Superintendent
DoH	Department of Health
EDOH	Executive District Officer Health
EPI	Expanded Program for Immunization
FCPS	Fellow of College of Physicians and Surgeons
HMC	Health Management Cadre
HR	Human Resource
HSRU	Health Sector Reforms Unit
ICT	Islamabad Capital Territory
IMR	Infant mortality rate
JSI	John Snow Inc.
KPK	Khyber Pakhtunkhwa
M.Phil	Master of Philosophy
MBBS	Bachelor of Medicine, Bachelor of Surgery
MCH	Maternal and Child Health
MCMC	Mid career management course
MDG	Millennium development goals
MMR	Maternal Mortality Ratio

MNCH	Maternal, Newborn and Child Health
MS	Medical Superintendent
NPA	Non Practicing Allowance
PDHS	Pakistan demographic and health survey
PHDC	Provincial Health Development Center
PMDC	Pakistan Medical & Dental Council
RHC	Rural health centre
S&GAD	Services and general administration department
SBA	Skilled birth attendant
SMC	Senior management course
THQ	Taluka Head Quarter
TT	Tetanus toxoid
USAID	United States Agency for International Development
USD	United States Dollars

Situation Analysis

Sindh is the second largest province of Pakistan and is divided into 28 districts (22+ 6 of Karachi). The Province comprises of 23% of Pakistan's population and 18% of its land area. It has the highest concentration of urban population at 49% as compared to an overall country average of 33%, making it the most urbanized province in the country. Sindh's capital Karachi is not only the most populous metropolis of the country, but also a commercial hub.

According to 1998 census, total population of Sindh was more than 30 million; but the recent reports show number has crossed 44 million. This means, in 16 years the population has increased by around 47 percent.¹

Following are the health indicators of Sindh in comparison to Pakistan and the MDG targets.

Indicators	Pakistan*	Sindh*	MDG Targets**
Infant Mortality Rate	74	74	40
<5 Mortality Rate	89	93	45
Neonatal Mortality Rate	55	54	25
Maternal Mortality Ratio***	276	320	140
Births attendant by SBAs	52%	60%	90%
Total Fertility Rate	3.8	3.9	2.1
Proportion of Antenatal Care	73%	78%	100%
Contraceptive Prevalence Rate	35%	29%	55%
Institutional Deliveries	48%	59%	>90%
Women Receiving two TT Doses during Last Pregnancy	59%	48%	100%

* PDHS 2012-13

**MDG Report 2010

*** PDHS 2006-7

Frequent reshuffling of senior management/key personnel due to political intervention in posting / transfer is a usual affair in the country. Posting policy regarding senior management in

¹ Sindh Development Review, Planning & Development Department, Government of Sindh.

Department of Health needs to be explicitly defined. This may discourage political interference in transfers and posting of staff.

Almost 90% senior level management staff did not acquire higher medical education after their basic medical degree as there were no resources allocation for capacity building or refresher courses for them. Almost 70% health care persons were purely involved in clinical work (employed in patient care areas) while 30% were carrying out only administrative tasks.²

Over 50% Health Care Providers felt that there are no clear systems of supervision, lines of authority are unclear and staff is not recognized for their achievements. Most felt that Health Department follows a hierarchical system with top-down management and one-way communication, with resistance to change².

About 10,908³ posts in Sindh's general cadre are sanctioned in the Department of Health (DoH). The service structure is 4 tiered and allocation of posts in different pay scales are based upon formula : 50% in BPS 17, 34% in BPS 18, 15% in BPS 19 and 1% in BPS 20

Total Posts	BPS 17	BPS 18	BPS 19	BPS 20⁴
10908	50%	34%	15%	1%
	5454	3709	1636	109

The general cadre forms the largest concentration of staff within Department of Health and currently lacks rationalization; for example, there is no separation of administrative staff from general practitioners. The eligibility criteria for promotion in general cadre is "Seniority cum fitness." Moreover the nomenclature of posts in general cadre from BPS 18 to BPS 20 is senior medical officer (SMO). However staff posted against different administrative posts derives the nomenclature of that post. Following Punjab, the below mentioned nomenclature for the posts in general cadre may be used:

BPS 17	MO/ WMO
BPS 18	SMO/ SWMO

² Sindh HRH Strategy (draft)

³Sindh Health Sector Strategy 2012

⁴ FD (SR-IV) 2-86/2008

BPS 19	Additional Principal Medical Officer/ APWMO
BPS 20	Principal Medical Officer/ PWMO

The Staff appointed on administrative posts is not exposed to mandatory pre-service and in-service trainings. Moreover, career progression to senior posts is not linked to post graduate degrees or trainings and most of the senior level managers do not possess any post-graduate degrees in Public Health, hospital management, administration or related themes. Resultantly, they lack the skill to forecast epidemics, epidemic investigation and infection control mechanisms. Most of the staff in management positions also lack appropriate skills regarding strategic planning, evidence-based decision making, monitoring, mentoring, supportive supervision, budgeting and health financing.

Introduction

About 10,908⁵ positions are sanctioned in the general cadre in the Department of Health (DoH), Sindh. There is no separation of administrative staff from general cadre doctors. Staff appointed on administrative posts is not exposed to pre-service and in-service training, and career progression to senior leadership posts is de-linked from public health certification.

Pakistan's National Health Policy 2001 provides an overall national vision for the health sector based on the "Health for All" approach. Key area #3 of the National Health Policy recommends filling professional and managerial gaps in the district health system to improve effectiveness. It also emphasizes the importance of ensuring essential qualification and management skills for District Health Officers (DHO) to ensure the capacity to plan, supervise, and monitor health interventions.

After the enactment of 18th Amendment to Pakistan's Constitution, all functions related to the social sectors, including health, were devolved to the provinces. The provinces became responsible for providing stewardship to the health sector -- in addition to their current service delivery role. Responding to this new role, the Government of the Sindh developed a Health Sector Strategy in 2012 after completing a situation analysis and establishing priorities, including integrated service delivery.

⁵ Sindh Health Sector Strategy 2012

Sindh's 2012 Health Sector Strategy recommends the development of a trained administrative cadre to improve efficiency of the health administration at the district and provincial level (Strategy 3.3), aligned with Pakistan's National Health Policy 2001. Sindh's Health Sector Strategy provides guidelines for this proposed Health Management cadre, which includes requirements of an MBBS and a post-graduate degree in public health from an institution recognized by the Pakistan Medical and Dental Council or b Higher Education Commission. According to Sindh's Health Strategy, administrative posts like Medical Superintendent in public hospitals and district-level posts like Executive District Officer (health), DHOs, and Program Managers etc. are to be filled by doctors from the Health Management cadre.

Sindh's Department of Health plans to realign the management system of the health department to its Health Sector Strategy, and Secretary Health has assigned this task to the Chief Health Sector Reform Unit with the direction to complete this assignment on priority basis. The first step is the establishment of the Health Management cadre for the health managers/administrators as described in the 2012 Health Sector Strategy, and Sindh's Department of Health has requested the Health System Strengthening Component of USAID's MCH Program to provide technical support in establishing this Health Management cadre.

Rationale

The Government (federal and provincial) spends Rupees 82.5 billion (USD 825m) annually or around Rupees 450 (USD 4.5) per capita⁸. These modest allocations are further compromised by poor planning, mismanagement of funds and inefficient implementation⁹. There is no system or culture of performance management¹⁰. Management failure is a known root cause of issues within the department of health¹¹. There is dearth of well-groomed managers; anyone having a degree in public health and longer duration of service is appointed irrespective of administrative experience. Majority of the health managers are not properly trained about the tasks to be performed at assigned positions. Due to this lack of training, subordinate staff like store keepers and accountants run the institutions according to their own vested interests.

The First Global Forum on Human Resources for Health (HRH) held In 2008 issued calls for urgent action to strengthen health workforce in the 57 crisis countries.⁶ Two years later, in 2010 UN Secretary General launched the Global Strategy for Women's and Children's Health, which highlighted need for stronger health systems, with sufficient skilled health workers at their core.⁷

The recent measles episode highlights the critical inability of the healthcare delivery system in following terms: i) Failure to find and vaccinate vulnerable populations, ii) Inability of the EPI monitoring and surveillance system to identify, investigate and respond to the issues related to the measles outbreaks from district to district. The estimated death toll was about 250 in Sindh Province. It shows the failure of health care management system and highlights the importance of a structured HMC for effective and timely decisions to prevent such occurrences.

⁶Global Forum on Human Resources for Health. Proceeding of the First Meeting; Kampala; 2010.

⁷ WHO. Global Strategy for Women and Children Health. World Health Organization; Geneva, Switzerland; 2010. <http://www.who.int/pmnch/activities/jointactionplan/en/>

⁸ National Health Accounts 2007-8. Pakistan Bureau of Statistics

⁹ Research and Development Solutions Policy Briefs Series no. 29, March 2012

¹⁰ Responsiveness and Accountability in the Health Sector, Pakistan. TRF Pakistan, September 2010

¹¹ A. Islam. Health Sector Reform in Pakistan: Future Directions. JPMA. April 2002

¹¹ Health budget book year 14-15 , Finance department GoS

Primary reasons identified by the WHO for the measles outbreak and such large number of resultant deaths are: (i) Low rate of routine vaccination in the field. (ii) Poor health services management. (iii) Untrained staff at health facilities and in the field and (iv) Inability / incapacity of health personnel in hospitals and in field to treat post-measles complications such as pneumonia, post-measles encephalitis and diarrhoea.

Introduction of professional management in health care is essential in order to bring efficiencies in health care delivery, through better supervision and controlling costs. Health and hospital management has become a specialized subject and should be in the hands of professional managers with orientation towards customer service ethos. It is in this perspective that a new Health Management Cadre in the Health Department is being proposed for management of health care facilities.

Methodology

1. Literature Review

National and provincial literature regarding career pathway for health managers was reviewed. The lesson learned on the basis of analysis of strengths and gaps of existing rules and regulations of different provinces was presented to key policy makers. This helped the policy makers to generate discussion and arrive on wider consensus for the province of Sindh.

Management cadre rules of Khyber Pakhtunkhwa and draft rules of Punjab were reviewed and presented to key stakeholders in order to structure the discussions on synthesizing HMC rules for Sindh province. The rules of HMC of ICT and Balochistan were also reviewed.

2. Preliminary meetings with Health Department

Discussions were held with key stakeholders from Department of Health (list of persons met attached as annex "F").

A synthesis of views expressed during these meetings and discussions is as follows:

- Health department is overstretched and overburdened with numerous management and implementation related tasks. There are no set rules or policies for identification and appointment of honest and well trained people at key managerial posts within the Health Department at provincial or district level. There is no system for performance evaluation except the traditional mode of ACRs which does not suffice the purpose. There are no rewards or incentives for those who deliver, and no check on those who are unable to meet the desired results.

- The need for a well-defined Health Management Cadre is, therefore, necessary to improve the state of affairs of the Health Department. The HMC should have a well-defined selection and induction policy, training plan, posting and promotions policy.
- It was proposed that the basic requisite qualification for joining HMC should be MBBS with postgraduate degree in public health, hospital administration, or equivalent from an institution recognized by PMDC. The nomenclature of posts would be conventional such as, DD/ DMS, AD/ AMS, Director/MS & DGHS. Government should, for one time, fill posts of HMC from existing general cadre in different grades by offering options to eligible officers in equivalent basic pay scale who have the qualification of Master of Public Health or Postgraduate Diploma in Public Health or Postgraduate Diploma in Hospital Administration or Health policy, Planning & Management or equivalent Master's Degree / Diploma in Health management or equivalent degree in public health administration recognized by PMDC. The seniority should be protected from the date of joining in general cadre and options once exercised should be final. Remaining posts will be filled by promotion of medical officers in BS-17 with requisite qualification according to seniority cum fitness and minimum 5 years' service. It is reiterated that this option will be exercised for one time dispensation as sunset clause in the rules.
- The HMC cadre should be of three tiers, starting from BPS 18 to BPS 20 on the analogy of Specialist Cadre or Teaching Cadre in DoH. One time option may be given to opt management cadre to those from general cadre having requisite qualifications.
- All successful candidates should have mandatory induction training course of 8 weeks duration, 3 weeks class room & 5 weeks hands on training by field attachment. Additional trainings/courses will be identified for promotion to higher grades.
- Officers working in HMC should not be allowed to enter into general or specialist private practice anywhere. In lieu of that he/she should be entitled to get NPA and managerial post allowance as prescribed by government.

3. Interviews with key stakeholders

In depth interviews were conducted with key stakeholders including representatives of the Health Secretariat, Special Secretary Health, Additional Secretary Health (Admn), Directorate General Health Services, Health Sector Reforms Unit and medical associations.

4. Consensus building meeting

Draft working paper was shared with the stakeholders for their comments and review. A consensus building meeting chaired by DG Health was held on 30 January, 2014 where all the stakeholders were invited for discussion on the draft policy and their reservations.

5. Draft rules and posting policy

Draft rules of the HMC are prepared after thorough deliberations with the department of health representatives and after review of the rules of other provinces i.e. KPK and Baluchistan. The draft rules prepared by Punjab Province were also reviewed for this purpose. No stringent posting policy has been proposed for BPS 18 as the management cadre will start from BPS 18. However, policy for posting on key posts is prepared. Eligibility criteria have been defined for the major posts like District Health Officer (DHO), Medical Superintendent (MS), etc. In addition to appropriate qualifications, relevant experience have been proposed to be mandatory for these posts; public health for DHO and hospital management for MS.

Proposed Structure for Health Management Cadre

- The strength of existing general cadre includes posts of health managements and general duty medical officers supposed to perform clinical work. The posts required for HMC are identified on actual basis.
- So the existing general cadre needs to be reorganized and segregation of posts among health facilities are rationalized. Currently, in some RHCs, there is one post of BPS 19 and in some there are two posts allocated without any rationale. The posts in general cadre related to management are identified and rationalized. It is proposed that posts for HMC are to be re-designated from general cadre. There will be no creation of new posts as it is rearrangement of posts in general cadre. The list of posts to be included in Management Cadre is attached as “**Annex C HR Plan**”.
- The proposed nomenclature of posts for Management Cadre is as under:

Grades	BPS 18	BPS 19	BPS 20
Nomenclatures of Posts	Deputy Director/ DMS	Additional director/ AMS/ ADHO	Director/ MS/ DHO/ DGHS

The estimated total posts required for HMC are 1358. The summary of strength of proposed HMC is shown in table below:

Revised strength of General Cadre			
Basic Scale	Existing Strength of General Cadre	Proposed posts in Management Cadre	Remaining posts in General Cadre
17	5454	0	5454
18	3709	821	2888
19	1636	462	1174
20	109	75	34
Total	10908	1358	9550

1) Initial entry to Management Cadre

Initially the regular doctors of Health Department in BS-18, 19 and 20 who have acquired experience & qualification such as MPH, MHM, MSc (Medical Admin), & DPH, MBA (health management) or equivalent (recognized by PMDC/ HEC) will be allowed to opt for Management Cadre till December 2015, and their seniority will be protected. The following committee is hereby proposed to scrutinize their applications and recommend induction from general cadre of Health Department into the Management Cadre.

Special Secretary Health	Chair-person
Additional Secretary Regulation, SGA&CD	Member
Additional Secretary Services, SGA&CD	Member
Additional Secretary (Admn) Health	Member
Director General Health Services	Member
Deputy Secretary (Admn) Health	Secretary
Representative of Finance Dept	Member

One time exercise. (a) Notwithstanding anything contained in the provision of these rules, Government shall, as one-time exercise, fill in posts in the Service described in Schedule-I by way of permanent transfer from amongst the Officers of General Cadre in equivalent basic pay scale who have the requisite qualification and opt for absorption; Provided that the option once exercised shall be final.

(b) Where the number of officers opting for absorption in Management Cadre are more than the available positions in respective grade, the selection under one time exercise shall be done on the basis of seniority-cum-merit only in the respective grade; Provided that for determining the suitability of the officers, additional relevant qualifications, trainings/courses in the relevant field and managerial experience, as such, shall be taken into consideration.

After December 2015, entry into Management Cadre will only be permissible as per Service Rules for the Cadre. The draft Service Rules, have been prepared (**Annex-B**) and will be placed before the Service Rules Committee of the SG&ACD after approval of the establishment of Management Cadre.

The entry point for the cadre is proposed to be *BS-18* and initial recruitment on 70% vacant posts will be made by promotion/ permanent transfer from general cadre and 30% posts through Public Service Commission in regular mode on open competition from Public and Private sector to encourage talent hunt. In *BS-19 & 20 all vacant posts* will also be filled through promotion among HMC on seniority cum fitness basis.

2) Induction training

Health Department will arrange induction training immediately to the inducted doctors/other eligible officers in PHDC or in any institution identified by DoH on management skills. The duration of this training shall be 08 weeks; three weeks of class room training and five weeks hands on training.

3) Mandatory in service training

Currently PHDC is organizing training courses for health managers which are not linked to career structures. These training programs sometimes are not even linked to organizational needs and are, therefore, not so useful in improving performance.

Mandatory in service training course are being proposed. The eight weeks mid-career management training course (MCMC) should be mandatory for promotion from BS-18 to BS-19. Similarly, eight weeks senior level training course (SMC) should be mandatory for promotion from BS-19 to BS-20. The GoS may outsource these training courses to well reputed training institutions such as AKU, CPSP, etc. or may find the possibilities in NIPA.

4) Allowances and incentives

There will be a ban on private practice for all doctors working in health management cadre. In lieu of this ban, they will be given special incentives including non-practicing allowance and management cadre allowance. The Health Managers in private sector are getting much higher pay packages than in public sector and it is proposed that health managers may also be given incentives. The Health Department will move a separate case in this regard with details of incentives and financial implications involved. In this regard, the financial implication has been calculated and placed as annexure for consideration by the Department of Health.

The health management allowance is proposed to compensate this financial loss.

BPS	Incentive Ceiling per month	Financial implication
18	15,000	821 x 12 x 15,000 = 147,780,000
19	25,000	462 x 12 x 25,000 = 138,600,000
20	35,000	75 x 12 x 35,000 = 31,500,000
Total financial implication		317,880,000

5) Eligibility criteria for posting. The proposed posting policy for key management posts is given in the table below.

Sr.#	Nomenclature of Post	Requisite Eligibility	Authority
BPS 20			
1	Director General Health	<p>Minimum of Three Years' experience to work in BPS 20</p> <p>Field experience to work as EDO/ DOH and/or Director, Health Services for at least 2 years (mandatory)</p> <p>Preferably having 2 years' experience to work in hospital as MS teaching hospital or MS DHQ hospital.</p> <p>A panel of three senior most officers of BPS 20 will be forwarded by DoH to CM for appointment as DGHS.</p> <p>Preference will be given to the one :</p> <p>(a) Having additional postgraduate relevant qualifications or specialized courses</p> <p>.</p> <p>(b) Maximum age 59 years</p>	CM
2	Director PHDC	<p>1 Two years' experience to work in BPS 20</p> <p>2 one years' experience to work in PHDC or in teaching institute</p> <p>3 Preference will be given to those having additional postgraduate relevant qualification</p>	CM
3	DHO/ EDO	<p>Minimum five years' field experience as ADHO/ in-charge DHDC/ In-charge RHC/ Additional director health services</p> <p>Minimum one years' experience as MS, DHQ/ Taluka Hospital</p>	CM
4	MS Teaching Hospital/ Tertiary Care	<p>Minimum two years' experience to work as AMS/ DMS in teaching / Tertiary Care hospital or as MS in DHQ hospital.</p>	CM
5	Chief Chemical Examiner	<p>Qualification is preferably MSC Forensic, Serology/Toxicology/M.Phil. biochemistry or DCP/DMJ</p>	CM

		<p>with 2 years' experience as Additional chemical examiner</p> <p>Note: In case of non-availability of officer having requisite qualification, officer from HMC may be posted having minimum two years' experience to work in chemical examiner laboratory.</p>	
6	Director BTS	<p>Requisite qualification is preferably diploma in Blood Transfusion / FCPS hematology/M.Phil./DCP (only for posting) with two years' experience as Additional Director Blood Transfusion Services.</p> <p>Note: In case of non-availability of officer having requisite qualification, officer from HMC may be posted having minimum two years' experience to work in blood transfusion services.</p>	CM
7	Additional DGHS	<p>1 one years' experience to work in BPS 20</p> <p>2 Minimum one years' experience to work in the field as DHO/ ADHO/ MS or minimum two years' experience in DGHS office as Additional director/ Deputy Director</p>	CM
8	Provincial Coordinator National Program for FP & PHC	<p>1 Minimum one years' experience in field as DHO/ ADHO</p> <p>2 Preference may be given to those who has two years' experience to work in National Program or MNCH Program or EPI Program or in the office of DGHS or PHDC/ DHDC or HSRU</p>	CM
9	PD, AIDS Control Program	<p>1 Minimum one years' experience in field as DHO/ ADHO</p> <p>2 Preference may be given to those who has two years' experience to work in AIDS Control Program, National Program or MNCH Program or EPI Program or in the office of DGHS or PHDC/ DHDC or in any other vertical program</p>	

10	Divisional Director Health Services	1 Minimum two years' experience in BPS 20 2 Minimum one years' field experience as DHO/ ADHO/ Additional director in DGHS office	CM
11	Director, Public health, EPI, CDC, HMIS , TB Dots, Malaria etc in DGHS office	1 Minimum one years' field experience as DHO/ DDHO/ Additional director in DGHS office/ PHDC/ DHDC/ 2 preference may be given to those having experience to work in any vertical programs/ projects 3 Recommendation of DGHS should be given due weightage.	CM
12	MS DHQ Hospital	Minimum two years of experience to work in hospitals as AMS/ DMS in DHQ/ teaching hospital One year of experience to work as MS in Taluka level hospital	Chief Secretary
13	Additional Chemical Examiner	Requisite qualification is preferably MSC Forensic, Serology/Toxicology/M.Phil biochemistry or DCP/DMJ with 2 years' experience as deputy chemical examiner. Note: In case of non-availability of officer having requisite qualification, officer from HMC may be posted having minimum two years' experience to work in chemical examiner laboratory.	Chief Secretary
14	Additional Director BTS	Requisite qualification is preferably diploma in Blood Transfusion / FCPS haematology/M.Phil./DCP (only for posting) with 2 years' experience as Deputy Director in BTS. NOTE: In case of non-availability of officer having requisite qualification, officer from HMC may be posted having minimum two years' experience to work in BTS .	Chief Secretary

Career growth

Timely promotion is the dream of every doctor & other staff working in public sector; and a well-structured management cadre is the need of the hour for effective governance in health sector. This service structure will provide a defined career path for public health professional and health managers. It is hoped that well groomed and seasoned health managers equipped with appropriate knowledge and skills will play their role in achieving the health related targets. Options for career growth will attract young and enthusiastic medical graduates to join the health management cadre in BPS 18. The chances of timely promotion in HMC are more as compared to general cadre due to higher percentage of posts allocated in BPS 19 & 20 in HMC.

Promotion	Requirement
BPS 18 to BPS 19	5 years' experience in BPS 18
BPS 19 to BPS 20	5 years' experience in BPS 19

Outline of mandatory training courses for promotions

Induction Training

Induction training will be designed for newly recruited medical officers to BS 18 in the health management cadre. This training will equip the doctors with official procedures, rules, government functions, financial and procurement rules to enable them to perform effectively as health managers. It will also help in developing their planning, management and leadership skills. It is proposed that the induction training will be of 08 weeks, three weeks of theory i.e. class room training and five weeks of practical work i.e. rotations in various parts of the Department of Health such as the Directorate General Health Services, vertical programs, secretariat, hospitals and district health offices. Outline of the proposed curriculum and rotations is attached at annex E.

The induction training may be imparted in PHDC in collaboration with Health Department and other institutions if required.

MCMC (Mid-career management course)

Mid-career management course will be designed specifically for in-service training of health managers working in BS 18 and will be mandatory for promotion to BS 19. These trainings, but not limited to, will cover the following broad areas:

1. Health Management
2. Analysis and use of DHIS data, evidence based decision making
3. Epidemiological investigation
4. Financial management, budgeting & forecasting, budget expenditure analysis
5. Research methodology and interpretation of research reports

SMC (Senior management course)

Senior management course will be designed for in-service training of health managers working in BS 19 and will be mandatory for promotion to BS 20. These trainings, but not limited to, will cover the following broad areas:

1. Policy, planning and strategic decision making
2. Advanced management
3. Epidemic intelligence

Caveats of Proposed HMC

The following caveats are identified which may create hindrances during its implementation. While developing proposal of HMC, the followings have been taken into account.

1. Division of Health Department
2. Implementation of Local Government Act
3. Revision of four tier service structure formula of existing general cadre
4. Competitive induction process in BPS 18
5. Induction Training & in-service trainings MCMC & SMC
6. Ban on private practice

Expected Division of Provincial Health Department

It has been learned that Chief Minister Sindh has approved proposal on division of health department and even the notification was issued. This notification seems to be in cold room and department of health has not initiated any process on its implementation. However the notification is yet intact.

The management posts have been identified health facility wise, district wise, primary, secondary and tertiary health care wise. In case of Urban/ Rural or PHC- secondary /tertiary divide of the department the management posts are segregated and may be compartmentalized easily. However in case of divide of the department, it would be an uphill task to divide current employees

into two departments. There will be serious implication in seniority determination, promotion and career progression. It might create unrest among existing employees of the department.

Implementation of Local Government Act

The local Government Act has been passed but its true implementation is delayed due to delay in local bodies' election. The few institutions which were being managed by Metropolitan Corporation in devolved set up would be handed over to metropolitan after enactment of current act. The management posts of these hospital are already not included in HMC. However Local Government may adopt the concept of HMC for efficient running of its own institutions.

Revision of four tier service structure formula of existing General Cadre.

Before enactment of 4 tier service structure the promotion process of doctors working in general cadre was very slow. Most of the doctors join in BPS 17 and retire sometimes in the same grade while a few retire in the next grade i.e. in BPS 18. This created demotivation and unrest in doctors' community in general. The government of Sindh approved 4 tier service structure for the promotion of general cadre doctors in year 2011. The allocation of posts in 4 tier service structure of general cadre are; 50% of the total posts are allocated in BPS 17, 34% in BPS 18, 15% in BPS 19 and 1% in BPS 20. The new proposed health management cadre will extract its posts from existing general cadre because currently health management posts are part of this general cadre. It will disrupt the ratio of 4 tier service structure. The doctors working in general cadre may presume that, with creation of HMC, their chances of promotion will be reduced.

The analysis of budget book for the year 2014-15 reveals that currently management posts in BPS 18 are 497, in BPS 19 are 567 & in BPS 20 are 84.

Management Posts in Existing General Cadre		
BPS 18	BPS 19	BPS 20
497	567	84

The posts in proposed HMC and revision of posts in existing general cadre given in below table which reflects:

- The general cadre is feeding cadre for HMC. The induction in HMC in BPS 18 will be through promotion from doctors of BPS 17 serving in General Cadre possessing requisite qualification and experience.

- The proposed allocation of posts in BPS 18 in HMC is 697 against existing 497 management posts in General Cadre. It will promote trend of post-graduation among general cadre doctors.
- The proposed allocation of posts of BPS 19 in HMC is 568 against already existing 567 posts for management in general cadre. The only difference is that majority doctors currently working on management posts do not possess post graduate qualification in public health. They may create hindrances in its implementation.
- In proposed HMC the promotion and posting is linked with certain eligibility criteria.
- The splashing of posts in BPS 20 are rationalized in new proposed cadre. The proposed posts of BPS 20 in HMC are 69 and 40 posts are reserved for general doctors whose promotion is not linked with attaining additional qualification and successful completion of mandatory training courses.

Existing Strength of General Cadre			
BPS 17 (50%)	BPS 18 (34%)	BPS 19 (15%)	BPS20 (1%)
5454	3709	1636	109
Proposed Posts in HMC			
	BPS18	BPS19	BPS 20
	821	462	75
Revised Strength of General Cadre			
BPS 17	BPS 18	BPS 19	BPS20
5454	2888	1174	34

Competitive induction process in BPS 18

It is proposed that one time option will be given to eligible doctors serving in general cadre to join in their respective grades. Subsequently 70% posts will be filled in HMC cadre by promotion from general cadres among eligible candidates on seniority cum fitness basis and 30% through Sindh Public Service Commission on open competition from Public and Private sector. A transparent competitive process is proposed here including written examination & interview.

Another apprehension indicated by stakeholders was why a doctor serving in general cadre (BPS 17) would opt to appear in the tough and competitive process for selection in HMC on 30% posts. This apprehension was responded with the couple of arguments given below ;

- Currently there are three cadres in DoH; General, Specialist and Teaching cadres. If doctor serving in general cadre attains requisite qualification to enter in other cadres, he/she has to appear in a competitive process. The same method will apply here.
- The analysis of allocation of posts reveals that chances of time scale promotion from one grade to next are more in health management cadre as compared to general cadre. There are ample chances of grooming as professional public health manager and better career progression.
- Being at administrative positions, members of HMC will enjoy more perks and privileges as compared to general cadre doctors.

Induction Training & in-service trainings MCMC & SMC:

The eight weeks induction training is proposed and its outline is also shared. Its curriculum comprises subjects on: management, planning tools, health management information system, M&E, etc. It contains three week theory in class room setting and five weeks attachment to gain practical experience. On the analogy of KPK, duration of induction training course was proposed for six months, two month class room training and four month attachment for practical part, however concerns were raised by relevant stakeholders about duration of the training in stakeholders meeting chaired by DGHS. They proposed that duration of induction training should not be more than 8 weeks. Their concern was taken as valid and hence eight weeks training has been proposed. However it is recommended that training need assessment may be conducted.

Another caveat identified was, the duration of induction training course of those doctors working in general cadre possessing required qualification and opt to join HMC in BPS 18 and above. If everyone has to undergo eight week training course then the service delivery will be hampered badly. It will be difficult to impart training to such a huge numbers of doctors. The issue is addressed in a way that three weeks class room training will be imparted to current managers working in BPS 18,19 & 20.

The other caveat identified about capacity of PHDC to impart MCMC & SMC. For initial courses the DoH may outsource it to any renowned, well recognized institutions in private sector. The presence of AKU, CPSP, etc. in Sindh province is added advantage to the province in this regards and with the financial support of development partner's agreement for training may be reached. However DoH has to establish its own institutionalized arrangements, the strengthening of PHDC is recommended.

Ban on private practice:

The private practice is a lucrative incentive for the doctors working in public sector in different cadres. It has been observed that private practice is a big impediment in delivering managerial tasks in DoH. The managerial jobs in DoH requires more focus attention and may requires late sitting in the office. The other factor is frequent field visits. The health management is a very specialized job and for this purpose they will be groomed properly. They will acquire different skills as compared to clinicians. If they are allowed to undertake private practice, it will be injustice with the patients as well.

Annex : A

Draft working paper

Subject: HEALTH MANAGEMENT CADRE IN HEALTH DEPARTMENT

1. The Secretary Health, Government of Sindh has desired to develop working paper & draft rules for establishment of a separate Health Management Cadre in the Health Department.
2. Recommendations from a number of meetings under the Chairmanship of Director General Health Services involving all relevant stakeholders on the subject are incorporated in the design of the proposed Management cadre. Health Sector Reforms Unit, after reviewing the aforementioned report, submits the following justification and proposal for establishment of a Health Management Cadre in the Department of Health.
3. About 10,908¹² positions are sanctioned in the general cadre in the Department of Health (DoH), Sindh. There is no separation of administrative staff from general cadre doctors. Staff appointed on administrative posts is not exposed to pre-service and in-service training, and career progression to senior leadership posts is de-linked from public health certification. The service structure is 4 tiered and allocation of posts in different pay scales are based upon a designated formula with the proportionate ratios: 50% in BPS BPS 17, 34% in BPS 18, 15% in BPS 19 and 1% in BPS 20

Total Posts	BPS 17	BPS 18	BPS 19	BPS 20
10908	50%	34%	15%	1%
	5454	3709	1636	109

The general cadre forms the largest concentration of staff within Department of Health and currently lacks rationalization; for example, there is no separation of administrative

¹² Sindh Health Sector Strategy 2012

staff from general practitioners. The eligibility criteria for promotion in general cadre is “Seniority cum fitness.” Moreover the nomenclature of posts in general cadre from BPS 18 to BPS 20 is senior medical officer (SMO). However staff posted against different administrative posts derives the nomenclature of that post. Following Punjab, the below mentioned nomenclature for the posts in general cadre is being proposed :

BPS 17	MO/ WMO
BPS 18	SMO/ SWMO
BPS 19	Additional Principal Medical Officer/ APWMO
BPS 20	Principal Medical Officer/ PWMO

The Staff appointed on administrative posts is not exposed to mandatory pre-service and in-service trainings. Moreover, career progression to senior posts is not linked to post graduate degrees or trainings and almost 80% senior level managers do not possess any post-graduate degrees in Public Health, hospital management, administration or related themes. Resultantly, they lack the skill to forecast epidemics, epidemic investigation and infection control mechanisms. Most of the staff in management positions also lack appropriate skills regarding strategic planning, evidence-based decision making, monitoring, mentoring, supportive supervision, budgeting and health financing.

4. Introduction of professional management in health care is essential in order to bring efficiencies in health care delivery, through better supervision and controlling costs. Health and hospital management has become a specialized subject and should be in the hands of professional managers with orientation towards customer service ethos. It is in this perspective that a new Health Management Cadre in the Health Department is being proposed for management of health care facilities.
5. Sindh’s 2012 Health Sector Strategy recommends the development of a trained administrative cadre (aka Health Management) to improve efficiency of the health administration at the district and provincial level (Strategy 3.3), aligned with Pakistan’s National Health Policy 2001. Sindh’s Health Sector Strategy provides guidelines for this proposed Health Management cadre, which includes requirements of an MBBS and a post-graduate degree in public health from an institution recognized by the Pakistan Medical and Dental Council and Higher Education Commission. According to Sindh’s Health Strategy, administrative posts like Medical Superintendent in public hospitals and

district-level posts like Executive District Officer (health), DHOs, and Program Managers etc. are to be filled by doctors from the Health Management cadre.

6. The existing general cadre needs to be reorganized and segregation of posts among health facilities have been rationalized. Currently, in some RHCs, there is one post of BPS 19 and in some there are two posts allocated without any rationale. The posts in general cadre related to management are identified and proposed to re-designate for Health Management Cadre. There will be no creation of new posts. The list of posts to be included in Management Cadre is attached as “**Annex C HR Plan**”. The nomenclature of posts for Management Cadre is proposed as Deputy Director Health (BPS 18)/ DMS, Additional Director Health (BPS 19)/AMS, Director Health (BPS 20) / MS/ DHO and DGHS (BPS 20). The summary of strength of proposed HMC is shown in table below:

Revised strength of General Cadre			
Basic Scale	Existing Strength of General Cadre	Proposed posts in Management Cadre	Remaining posts in General Cadre
17	5454	0	5454
18	3709	821	2888
19	1636	462	1174
20	109	75	34
Total	10908	1358	9550

7. Initially the regular doctors of Health Department in BS-18, 19 and 20 who have acquired experience & qualification recognized by PMDC, such as MPH, MHM, MSc (Medical Admin), & DPH or equivalent will be allowed to opt for Management Cadre till December 2015, and their seniority will be protected. The following committee is hereby proposed to scrutinize their applications and recommend induction from general cadre of Health Department into the Management Cadre.

Special Secretary Health	Chair-person
Additional Secretary Regulation, SGA&CD	Member
Additional Secretary Services, SGA&CD	Member
Additional Secretary (Admn) Health	Member

Director General Health Services	Member
Deputy Secretary (Admn) Health	Secretary
Representative from Finance Dept	Member

Health Department will arrange induction training immediately to the inducted doctors in PHDC on management skills.

One time exercise. (a) Notwithstanding anything contained in the provision of these rules, Government shall, as one-time exercise, fill in posts in the Service described in Schedule-I by way of permanent transfer from amongst the Officers of General Cadre in equivalent basic pay scale who have the requisite qualification (recognized by PMDC) i.e. Master of Public Health or Postgraduate Diploma in Public Health or Postgraduate Diploma in Hospital Administration or Health Planning and Management or equivalent Master's Degree / Diploma in Health management or allied disciplines and opt for absorption; Provided that the option once exercised shall be final.

(b) Where the number of officers opting for absorption in Management Cadre are more than the available positions in respective grade, the selection under one time exercise shall be done on the basis of seniority-cum-merit only in the respective grade; Provided that for determining the suitability of the officers, additional relevant qualifications, trainings/courses in the relevant field and managerial experience, as such, shall be taken into consideration.

8. After December 2015, entry into Management Cadre will only be permissible as per Service Rules for the Cadre. The draft Service Rules, have been prepared (**Annex-B**) and will be placed before the Service Rules Committee of the SG&ACD after approval of the establishment of Management Cadre. The entry point for the cadre is proposed to be *BS-18* and initial recruitment will be through Public Service Commission in regular mode. Initial recruitment in *BS-19* will also be allowed in a specific percentage through open competition to encourage talent hunt.
9. Currently PHDC is organizing training courses for health managers but these are not linked to career structures. These training programs are not even linked to organizational needs and are, therefore, not so useful in improving performance.

10. Health Department will arrange induction training immediately to the inducted doctors/other eligible officers in PHDC/ any other institution identified by DoH on management skills. The duration of this training shall be 03 weeks for those who are already working in DoH in General Cadre in BPS 18,19 & 20 and opted for HMC . Subsequently the duration of induction training will be 8 weeks; 3 weeks class room training and five weeks hands on training.
11. Mandatory in service training course are being proposed. The eight weeks mid-career management training course (MCMC) shall be mandatory for promotion from BS-18 to BS-19. Similarly, eight weeks senior level training course (SMC) shall be mandatory for promotion from BS-19 to BS-20. The GoS may outsource these training course to well reputed training institutions such as AKU, CPSP, etc. or may find the possibilities in NIPA.
12. There will be a ban on private practice for all doctors working in health management cadre. In lieu of this ban, they will be given special incentives including non-practicing allowance and management cadre allowance. The Health Managers in private sector are getting much higher pay packages than in public sector and it is proposed that health managers may also be given incentives. The Health Department will move a separate case in this regards with details of incentives and financial implications involved.
13. Chief Minister may kindly approve proposals contained in paras 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13/ante.

Annex: B

Service rules

SERVICE RULES FOR HEALTH MANAGEMENT CADRE (Sindh Province)

Three tier service structure, starting from BPS-18 to 20

From the date of notification the separate seniority lists for management cadre (BS 18--20) will be notified

Initial seniority will be determined from the date of existing seniority list. Subsequently seniority will be determined from date of entry into management cadre.

All qualification (recognized by PMDC) mentioned in service rule shall carry equal right for promotion.

One time options will be allowed to exercise to eligible doctors from GC

Name of Department	Name of Posts	Appointing Authority	Qualification for Appointment	Method of Recruitment	Age Limit for Initial Recruitment
					Minimum Maximum

BPS-18					
Health Department	Member of Service (BPS 18)	Secretary Health	<p>i) DPH, MPH, MSPH, MHM, MSc (Medical Admn.), MBA (Health Mgt) or equivalent qualification from a recognized university / institution. (All qualification subject to recognition by PMDC/HEC)</p> <p>ii) 5 years relevant experience in private sector / 5 years work experience in BS-17 in public sector</p> <p>.....</p>	<p>i. One time option will be given to all serving doctors in BS-18, who are qualified as DPH, MPH, MHM, MSc (Medical Admn), MBA (HM) or equivalent.</p> <p>.....</p> <p>ii. Remaining posts will be filled by promotion of medical officers in BS-17 from general cadre with requisite qualification according to seniority cum fitness and minimum 5 years' service.</p> <p>.....</p> <p>iii. Subsequently 70% appointments will be made by promotion among officers of general cadre and 30% direct recruitment through Public Service Commission as per criteria mentioned in qualification for appointment.</p>	30 40
BPS-19					
Health Department	Member of Service (BPS 19)	Chief Minister Chief Secretary	<p>i.) DPH, MPH, MSPH, MHM, MSc (Medical Admn.), MBA (Health Mgt) or equivalent qualification from a recognized university / institution. (All qualification subject to recognition by PMDC/HEC)</p> <p>ii. Experience to work in BPS-18 at least for three years.</p> <p>iii. Successfully completed 8 weeks mid-level management course (MLM) in an institution determined by the Government.</p> <p>)</p>	<p>i. One time option will be given to all serving doctors in BS-19, who are qualified as DPH, MPH, MHM, MSc (Medical Admn) or equivalent.</p> <p>ii. Subsequently 100% by Promotion on seniority cum fitness from amongst the Deputy Directors with minimum 3 years' experience in BS-18</p>	30 45
BPS 20					
Health Department	Member of Service (BPS 20)	Chief Minister	<p>i.) DPH, MPH, MSPH, MHM, MSc (Medical Admn.), MBA (Health Mgt) or equivalent qualification from a recognized university / institution. (All qualification subject to recognition by PMDC/HEC)</p> <p>i. At least five years' experience to work in BS-19 .</p> <p>iii. Successfully completed 8 weeks Senior management course (SMC) in any institution determined by the Government.</p>	<p>i. One time option will be given to all serving doctors in BS-20, who are qualified as DPH, MPH, MHM, DHA, MSc (Medical Admn) or equivalent.</p> <p>ii Subsequently 100% by Promotion on seniority cum fitness from amongst the Additional Directors with 5 years' experience in BS-19.</p>	30 59

Annex C

HR Plan (Please see attached excel sheet)

Hospitals

HR Plan of HMC								Proposed Management Posts		
S#	DISTRICT	TALUKA	HEALTH INSTITUTIONS		BEDS	BPS-18 DMS/DD	BPS-19 (MS/AMS)	BPS 20 (MS/Director)		
			1	HYDERABAD					1. Hyderabad	1
	City	2	C.D.F. Hospital Hyderabad		85	4	3			
		3	Govt.Hosp:Phuleli P'bad Hyd:		50	3	2	0		
		4	Under construction Hosp: at Phuleli near Tanga Stand Hyd		30	2	1	0		
	2. Hyderabad Rural	1	THQ Tando Jam		50	3	2	0		
		3	RHC Tando Qaiser		10	1	0	0		
	3. Latifabad	1	Sir C.J.Inst: Psychiatry Hyd:		496	8	3	1		
		2	Shah Bhitai Govt.Hosp: L'abad		158	5	3	1		
		3	Kohisar Housing Scheme Hospital HDA Hyd.		100	4	3	1		
	4. Qasimabad	1	Services Hospital Hyderabad.		-	4	3	1		
		2	50 Beded Hosp:Qasimabad Hyd:		50	3	2			
2	MATIARI	1. Matiari	1		RHC Matiari	20	1	1		
			3		RHC Uderolal Station	20	1	1		
			4		RHC Nasarpur	10	1	0	0	

		2. Hala	1	Taluka Hospital Hala	60	3	2	0
			2	Taluka Bhitshah	60	3	2	0
		3. New Saeedabd	1	RHC New Saeedabad	10	1	0	0
			2	RHC Bhalay Dino Kaka	20	1	1	0
3	TANDO MUHAMMAD KHAN	1.T.M. Khan.	1	Tal: Hosp: Tando Muhammad Khan	50	3	2	0
			2	RHC Rajo Nizamani.	20	1	1	0
		2. Bulri Shah Karim	1	RHC Bulri Shah Karim	10	1	0	0
		3. Tando Ghul:	1	Under Construction RHC Tando Ghulam Hyder	10	1		
4	TANDO ALLAH Yar	1.T.A. Yar	1	Tal: Hospital Tando Allahyar	32	3	2	0
		3. Chamber	1	RHC Chambar	10	1	0	0
5	<u>THATTA</u>	1. Thatta	1	Civil Hospital Thatta	325	6	3	1
			5	RHC Jherruck	20	1	1	
			6	RHC Jungshahi	20	1	1	
		2. Sujawal	1	Taluka Hospital Sujawal	90	4	3	
		3. M. Sakro	1	Shaikh Zaid Medical Centre Mirpur Sakro.	60	3	2	
			2	RHC Gharo	10	1		
			4	RHC Buhara	20	1	1	
		4. Mirpur Bathoro	1	Tal: Hospital Mirpur Bathoro	60	3	2	
			3	RHC Darro	20	1	1	
		5. Jati	1	Taluka Hospital Jati	60	3	2	
		6.Ghora	1	RHC Ver	10	1	0	

		7. Shah Bunder	1	RHC Chuhar Jamali	10	1	0	
		9. Keti	1	RHC Began	10	1	0	
		Bunder	2	RHC Keti Bunder	10	1	0	
6	<u>BADIN</u>	1. Badin	1	Civil Hospital Badin	248	6	3	1
			2	T.B. Clinic Badin	6	1		
			3	Govt. Maternity Home Badin	8	1		
			4	RHC Kadhan	10	1		
		2. Golarchi	1	Taluka Hospital Golarchi	50	1	1	
			2	Medical Centre Karyo Gahnwar	22	1	1	
		3. Matli	1	Taluka Hospital Matli	60	3	2	
			2	Maternity Home Matli	8	1		
			3	RHC Tando Ghulam Ali	10	1		
			4	RHC Thari	20	1	1	
		4. Tando Bago	1	Taluka Hospital Tando Bago	50	3	2	
			4	RHC Pangrio	20	1	1	
			8	RHC Dei	10	1		
			9	RHC Khoski.	20			
		5. Talhar	1	RHC Talhar	10	1		
7	<u>DADU</u>	1. Dadu	1	Civil Hospital Dadu	203	6	3	1
		2. Mehar	1	Taluka Hospital Mehar	65	3	2	
		3. K.N. Shah	1	Taluka Hospital K.N. Shah	60	3	2	
			2	RHC Sita Road	20	1	1	
		4. Johi	1	Taluka Hospital Johi	60	3	2	
			2	RHC Drigh Bala	20	1	1	
8	<u>JAMSHORO</u>	1. Sehwan	1	Taluka Hospital Sehwan	30	3	2	

		3	RHC Bhan Saeedabad	20	1	1	
		4	RHC Arazi	20	1	1	
		7	RHC Jhangara	20	1	1	
		2. Kotri	1 Inst: of Chest Diseases Kotri	204	6	3	1
			2 Taluka Hospital Kotri	50	3	2	
		3. Manjhand	3 Govt. Hospital Manjhand	30	2	1	
			4 RHC Unnerpur	20	1	1	
			5 RHC Sann	20	1	1	
		7.T.B. Khan	1 RHC Thano Bula Khan	8	1		
			Taluka Hosp: Thano Bula Khan				
9	<u>MIRPUR KHAS</u>	1. Mirpur	1 Civil Hospital Mirpurkhas	264	6	3	1
		Khas	2 Gibson Mat:Home Mirpurkhas	16	1	1	
			4 RHC Mirwah Gorchani	10	1		
			12 RHC Khadim Ali Shah	10	1		
		3. Sindhri	1 RHC Phullahdyun	8	1		
		4.K.Ghulam Muhammad	1 T.Hosp: Kot Ghulam Muhammad	50	3	2	
		5. Digri	1 Taluka Hospital Digri	62	3	2	
			2 RHC Tando Jan Muhammad	10	1		
		6. Jhudo	1 RHC Naukot	10	1		
			2 RHC Jhudo	10	1		
10	<u>UMERKOT</u>	1. Umerkot	1 Taluka Hospital Umerkot	50	3	2	
			2 Govt. Eye Hospital Umerkot	10			

			3	RHC Fakir Amin Mangrio	-			
				RHC Hyder Farm.				
			4	RHC Dhoro Naro	20	1	1	
		2. Kunri	1	RHC Nabisar Road	8	1		
			2	RHC Kunri	20	1	1	
		3. Pithoro	1	RHC Pithoro	10	1		
		4. Samaro	1	Taluka Hospital Samaro	4			
11	THARPARKAR	1. Mithi	1	Civil Hospital Mithi	212	6	3	
		2. Diplo	1	Taluka Hospital Diplo	70	4	3	
			2	Maternity Home Diplo	10	1		
		3. Chachro	1	RHC Chachro	10	1		
				Taluka Hospital Chachro				
		4. Nagar Parkar	1	Taluka Hospital Nagarparkar	50	3	2	
12	SANGHAR	1. Sanghar	1	Civil Hospital Sanghar	208	6	3	1
			5	RHC Kandhari	10	1		
		2. Sinjhor	1	Taluka Hospital Sinjhor	50	3	2	
				RHC Khadro				
			2	RHC Jhol	8	1		
		3. Jam Nawaz Ali	1	RHC Jam Nawaz Ali	20	1	1	
			3	RHC Berani.	10	1		
				50-Beded Hosp: Jam Nawaz Ali	50	3	2	
		4. Shahdadpur	1	Taluka Hospital Shahdadpur	82	4	3	
			2	RHC Sarhari	20	1	1	

			3	RHC Shahpur Chakar	8	1		
		5. Tado Adam	1	Taluka Hospital Tando Adam	60	3	2	
		6. Khipro	1	Taluka Hospital Khipro	60	3	2	
				RHC Hathungo	10	1		
13	<u>SUKKUR</u>	1. Sukkur	1	Civil Hospital Sukkur	305	6	3	1
			2	Anwar Piracha Govt. Hosp:	30	2	1	
			9	RHC Bachal Shah Miani	10	1	1	
			16	Government Hospital Bagarji	20	1	1	
		2. Rohri	1	Taluka Hospital Rohri	46	3	2	
			2	RHC Kandhra	20	1	1	
		4. Pano Akil	1	Taluka Hospital Pano Akil	50	3	2	
14	<u>GHOTKI</u>	1. Ghotki	1	DHQ Hospital Ghotki	200	6	3	1
			2	RHC Adilpur	20	1	1	
		2. Mirpur	1	Civil Hospital Mirpur Mathelo	50	3	2	
		Mathelo	2	RHC Jarwar	20	1	1	
		3.Khan Garh	1	S.Hamid Bin Mohd.Hosp:Khanpur	50	3	2	
		4. Ubauro	1	Taluka Hospital Ubauro	50	3	2	
		5. Daharki	1	RHC Daharki	20	1	1	
15	<u>KHAIRPUR</u>	1. Khairpur	1	Civil Hospital Khairpur	523	8	4	1
			2	Lady Wilington Hosp:Khairpur	14	1		

		4. Moro	1	Taluka Hospital Moro	62	3	2	
			2	RHC New Jatoi	20	1	1	
			5	RHC Sonhari	20	1	1	
		5. Mehrabpur	1	RHC Mehrabpur	10	1		
17	NAWAB SHAH	1. Nawab	1	Peoples Medical College Hospital Nawabshah	875	13	8	1
			3	Leprosy Clinic Nawabshah	-			
			4	T.B. Clinic Nawabshah	-			
		2. Sakrand	1	Taluka Hospital Sakrand	50	3	2	
			2	RHC Mehrabpur	20	1	1	
			12	RHC Mahar Ali Jamali	20	1	1	
		3.Daulatpur	1	RHC Daulatpur	10	1		
			2	RHC Kazi Ahmed	20	1	1	
		4. Daur	1	RHC Daur	20	1	1	
			2	RHC Bandhi	20	1	1	
			17	RHC Yar Muhammad Jamali	10	1	1	
18	LARKANA	1. Larkana	1	Chandka Medical College Hospital Larkana	1230	13	8	1
			2	Shaikh Zaid Women Hosp:Larkana	100	5	3	
			3	Paediatric Hospital Larkana	145	5	3	
		2. Dokri	1	Taluka Hospital Dokri	60	3	2	
			2	RHC Badah	10	1		
		3.Rato Dero	1	Taluka Hospital Rato Dero	60	3	2	
			2	RHC Nau Dero	20	1	1	
			7	RHC Garhi Khuda Bux	8	1	1	

19	<u>KAMBER @ Shahdadkot</u>	1. Kamar	1	Taluka Hospital Kamar	36	2	1	
		2. Nasirabad	4	RHC Nasirabad	20	1	1	
		3. Warah	1	Taluka Hospital Warah	60	3	2	
			2	RHC Wagan	20			
		4. Miro Khan	1	Taluka Hospital Miro Khan	30	2	1	
		6. Shahdad Kot	1	Taluka Hospital Shahdad Kot	50	3	2	
			2	RHC Umed Ali Junejo	12	1		
		7. Qubo Saeed Khan	1	DHQ Hospital Shikarpur	141	5	3	
20	<u>SHIKARPUR</u>	1. Shikarpur	1	RBUT Hospital Shikarpur	180	6	3	1
			2	20-Baded Female Hosp:Shikarpur	20	1	1	
			3	Hiranand Gnaga Bai Hosp:Shikarpur	12	1		
			5	RHC Sultankot	20	1	1	
				RHC Qubo Saeed Khan	30	2	1	
		2. Khanpur	1	RHC Khanpur	12	1		
			2	RHC Rahimabad	20	1	1	
			3	RHC Mian-jo-Goth	10	1		
			13	RHC Napier Abad	20	1	1	
		3. Lakhi	1	Taluka Hospital Lakhi	50	3	2	
			2	RHC Chak	12	1		
		4. Garhi Yasin	1	T. Garhi Yasin	50	3	2	
			2	Govt. Hospital Madeji	30	2	1	

21	JACOBABAD	1.Jacobabad	1	Civil Hospital Jacobabad	132	5	3	
			3	T.B. Clinic Jacobabad	8	1		
			5	RHC Qadirpur	8	1		
		2. Garhi	1	Taluka Hospital Garhi Khairo	50	3	2	
		3. Thull	1	Taluka Hospital Thull	50	3	2	
			2	RHC Mirpur Buriro	8	1		
			7	RHC Garhi Hassan	8	1		
22	KASHMORE	1. Kandhkot	1	Taluka Hospital Kandhkot	30	2	1	
			2	MCH Centre Kandhkot	-			
			3	Leprosy Clinic Kandhkot	-			
		2. Kashmore	1	Taluka Hospital Kashmore	50	3	2	
			9	RHC Buxapur	8	1		
		3. Tangwani	5	RHC Tangwani	10	1		
23	KARACHI	Korangi Town	1	Sindh Govt. Qatar Hospital Korangi Karachi	100	4	3	1
		Malir Town	2	Ojha Inst: of Chest Dis: Kyc	350	6	3	1
		Malir Town	3	Sindh Govt. Hosp:Saudabad	100	4	3	1
		Bin Qasim Town	4	Sindh Govt.Hosp:Ibrahim Hyderi	36	2	1	
		Orangi Town	5	Shaikh Khalifa Bin-Hamad SGH Orangi Town	260	6	3	1
		Saddar Town	6	Civil Hospital Karachi	1675	13	8	1
		Lyari Town	7	Sindh Govt.Lyari Gen:Hosp:Kyc:	350	6	3	1
		Saddar Town	8	Services Hospital Karachi	100	4	3	

-	Saddar Town	9	Police Hospital Karachi	50	3	2	
-	Saddar Town	10	Skin and Social Hygiene Centre	50	3	2	
-	Liaquatabad	11	Sindh Govt.Hosp: Liaquatabad	100	4	3	
-	New Karachi	12	Sindh Govt.Hosp: New Karachi	50	3	2	
-	Landhi Town	13	RHC Babar Market Landhi.	20	1	1	
-	Gaddap Town	14	RHC Murad Memon Goth	20	1	1	
-	Gadap Town	15	RHC Old Thano	20	1	1	
-	Kemari Town	16	RHC Sher Shah	30	2	1	
-	Gaddap Town	17	RHC Manghopir	20	1	1	
-	Malir Town	49	U.Health Centre Malir City	36	2	1	
-	Orangi Town	50	UHC Orangi Town Sector-10	30	2	1	
-	Orangi Town	51	UHC Orangi Town Sector-15	30	2	1	
-	Baldia Town	54	UH Centre Baldia Town	36	2	1	
-	Kemari Town	55	UHC Keamari.	36	2	1	
-	Jamsehd Town	58	Maternity Home Muslimabad	16	1		
-	Malir Town	59	Maternity Home Saudabad	10	1		
-	Gadap Town	60	Maternity Home Old Thano	10	1		
-	Gadap Town	62	Mat: Home Murad Memon Goth	10	1		
-	Baldia Town	63	Maternity Home Baldia Town	10	1		
-	Liaquatabad	64	Maternity Home Nazimabad	10	1		
					510	290	24

Member of HMC								
Sr.#	Name of Office	Numbers of units	Proposed Posts			Total Posts		
			BPS 18	BPS 19	BPS 20	BPS 18	BPS 19	BPS 20
1	Field Posts at office of District Officer Health (including 6 districts of Karachi) DHO/ ADHO/ THO/ DDOH/ FSMO/ DCN/ Focal Persons	28	8	4	1	224	112	28
2	Office of Director Health Services at Divisional Headquarters , Director/ Add.director/ Deputy director	4	2	2	1	8	8	4
3	Office of Director General Health Services , DGHS, Director/ Add.director/ Deputy director (including all programs)	1	26	26	13	26	26	13
4	Paramedical Schools	4	2	1	0	8	4	0
5	Secretary Sindh Medical Faculty, Karachi	1		1	1	0	1	1
6	Office of PHDC	1	4	2	1	4	2	1
7	Incharge DHDC	15	0	1	0	0	15	0

8	HSRU	1	4	1	1	4	1	1
9	CHEMICO BECTRO LOGICAL LABORATORY KARACHI	1	4	1	1	4	1	1
10	BLOOD TRANSFUSION KARACHI	1	3	1	1	3	1	1
11	Office of Secretary Sindh Blood Transfusion Authority	1	2	1	1	2	1	1
12	District Medicolegal Officers	28	1	0	0	28	0	0
Total Posts at Health Offices						311	172	51
Total Posts at HFS						510	290	24
Grand Total Posts of HMC						821	462	75

Revised strength of General Cadre			
Basic Scale	Existing Strength of General Cadre	Proposed posts in Management Cadre	Remaining posts in General Cadre
17	5454	0	5454
18	3709	821	2888
19	1636	462	1174
20	109	75	34
Total	10908	1358	9550

Annex D

Posting policy according to eligibility criteria

The proposed posting policy Criteria for key management posts is given in the table below.

Sr.#	Nomenclature of Post	Requisite Eligibility	Authority
BPS 20			
1	Director General Health	<p>Minimum of Three Years' experience to work in BPS 20 Field experience to work as EDO/ DOH and/or Director, Health Services for at least 2 years (mandatory) Preferably having 2 years' experience to work in hospital as MS teaching hospital or MS DHQ hospital. A panel of three senior most officers of BPS 20 will be forwarded by DoH to CM for appointment as DGHS. Preference will be given to the one :</p> <p>(a) Having additional postgraduate relevant qualifications or specialized courses</p> <p>.</p> <p>(b) Maximum age 59 years</p>	CM
2	Director PHDC	<p>1 Two years' experience to work in BPS 20</p> <p>2 one years' experience to work in PHDC or in teaching institute</p> <p>3 Preference will be given to those having additional postgraduate relevant qualification</p>	CM
3	DHO/ EDO	<p>Minimum five years' field experience as ADHO/ in-charge DHDC/ In-charge RHC/ Additional director health services</p> <p>Minimum one years' experience as MS, DHQ/ Taluka Hospital</p>	CM

4	MS Teaching Hospital/ Tertiary Care	Minimum two years' experience to work as AMS/ DMS in teaching / Tertiary Care hospital or as MS in DHQ hospital.	CM
5	Chief Chemical Examiner	Qualification is preferably MSC Forensic, Serology/Toxicology/M.Phil. biochemistry or DCP/DMJ with 2 years' experience as Additional chemical examiner Note: In case of non-availability of officer having requisite qualification, officer from HMC may be posted having minimum two years' experience to work in chemical examiner laboratory.	CM
6	Director BTS	Requisite qualification is preferably diploma in Blood Transfusion / FCPS hematology/M.Phil./DCP (only for posting) with two years' experience as Additional Director Blood Transfusion Services. Note: In case of non-availability of officer having requisite qualification, officer from HMC may be posted having minimum two years' experience to work in blood transfusion services.	CM
7	Additional DGHS	1 one years' experience to work in BPS 20 2 Minimum one years' experience to work in the field as DHO/ ADHO/ MS or minimum two years' experience in DGHS office as Additional director/ Deputy Director	CM
8	Provincial Coordinator National Program for FP & PHC	1 Minimum one years' experience in field as DHO/ ADHO 2 Preference may be given to those who has two years' experience to work in National Program or MNCH Program or EPI Program or in the office of DGHS or PHDC/ DHDC or HSRU	CM
9	PD, AIDS Control Program	1 Minimum one years' experience in field as DHO/ ADHO 2 Preference may be given to those who has two years' experience to work in AIDS Control Program, National	

		Program or MNCH Program or EPI Program or in the office of DGHS or PHDC/ DHDC or in any other vertical program	
10	Divisional Director Health Services	1 Minimum two years' experience in BPS 20 2 Minimum one years' field experience as DHO/ ADHO/ Additional director in DGHS office	CM
11	Director, Public health, EPI, CDC, HMIS , TB Dots, Malaria etc in DGHS office	1 Minimum one years' field experience as DHO/ DDHO/ Additional director in DGHS office/ PHDC/ DHDC/ 2 preference may be given to those having experience to work in any vertical programs/ projects 3 Recommendation of DGHS should be given due weightage.	CM
12	MS DHQ Hospital	Minimum two years of experience to work in hospitals as AMS/ DMS in DHQ/ teaching hospital One year of experience to work as MS in Taluka level hospital	Chief Secretary
13	Additional Chemical Examiner	Requisite qualification is preferably MSC Forensic, Serology/Toxicology/M.Phil biochemistry or DCP/DMJ with 2 years' experience as deputy chemical examiner. Note: In case of non-availability of officer having requisite qualification, officer from HMC may be posted having minimum two years' experience to work in chemical examiner laboratory.	Chief Secretary
14	Additional Director BTS	Requisite qualification is preferably diploma in Blood Transfusion / FCPS haematology/M.Phil./DCP (only for posting) with 2 years' experience as Deputy Director in BTS. NOTE: In case of non-availability of officer having requisite qualification, officer from HMC may be posted having minimum two years' experience to work in BTS .	Chief Secretary

Annex E

Outline of training courses

Syllabus and Standard for competitive exam for initial recruitment in BS-18

1. The Examination shall include General Compulsory and Specialized Compulsory Subjects, and every candidate will take all the compulsory subjects.
2. A candidate shall answer the papers in English unless otherwise directed.
3. The total marks of General Compulsory Subjects are 100 while there should be two Specialized Compulsory Papers of 100 marks each.
4. Psychological aptitude test 50 Marks
5. Viva Voce 150 Marks
6. Total marks will be 500
7. The general compulsory and specialized compulsory subjects and maximum marks fixed for each subject shall be as shown in the statement below:

General Subjects

Serial No.	Subject	Marks
1.	English	50
2.	General Knowledge & Science	50

Specialized Subjects

1. Health Planning and Management Max Marks: 100
Topics Planning, Planning Cycle, Strategic Planning, Management, Project Management, Hospital Administration, Financial / Stock Management, Human Resource Management, Total Quality Management, Leadership, Decision Making, Organization, Effective Organization and Culture, Organizational Behavior, Human Factor and Motivation, Social Responsibility and Ethics, Management and Society (External Environment), Management of Training and HRD, Communication, Management Information System, etc.
2. Epidemiology, Health System Research, Public Health and Disease Control Max Marks: 100

Topics

Epidemiology, Research Methodology and Biostatistics, Health Systems, Surveillance and disease Control, Monitoring & Evaluation. Infectious Diseases, Epidemiology and preventive methods, Reproductive Health, Occupational Health, Environmental Hazards and Sanitation, Nutrition with related disorders and prevention.

8. No candidate will be called for Psychological Aptitude Test unless he has obtained 40% marks in individual subject with aggregate of 50%.
9. The passing marks in Psychological Aptitude Test are 40%. Those failed will not be called for the interview.
10. The passing marks for Viva Voce are 40%. The candidate failing in interview or remained absent will not be included in the merit.
11. In case of a tie, the order of merit will be determined in accordance with the total number of combined marks achieved in Psychological Aptitude Test and interview. In case of tie in this case even, the decision will be on the basis of marks obtained in compulsory subjects. Even still if there is a tie, the order of merit will be on the basis of age.

INDUCTION TRAINING

Target Group:

The training is designed for newly recruited Medical Officers BS 18 in Health Management cadre.

Objective:

- To equip the doctors with Official Procedures, Financial & Procurement Rules and Regulations, Rules of Business, and other government functions with a view to benefit them for working as Health Managers.
- To develop their skill and knowledge in Planning, management and leadership.
- To develop skill and Knowledge regarding routine office procedures and management

Training Schedule:

The training is divided into two portions:

- Theory total duration 6 week
- Practical total duration 8 months

Theory:

To be imparted in PHDC in collaboration with other government training institutes i.e Audits and accounts training institute, AKU etc.

Topics:

- Relationship of Management with Behaviour
- Principles of Management and planning
- Leadership
- Communication and advocacy
- Motivation.
- Team building
- Project management
- Donor coordination
- Health policies
- Human resource management
- Public private partnership.
- Decentralization.
- Use of information.
- Role of Provincial and district government in context of Local Government Ordinance.
- Medical ethics
- Healthcare financing
- Disease surveillance
- Basics of Epidemiology and epidemic control
- Monitoring and supervision
- Primary health care
- Hospital management
- Waste disposal
- Quality Management
- Vertical programmes and their linkages with in the health system.
- Health system research
- Rules of business
- Auditing & Accounting
- General Financial rules
- Esta code etc.

Practical Training (Attachment): Duration 4 months

During this period the under trainee health managers will be attached with different sections and institutions of DOH to gain supervised Practical experience which will help in developing the needed skills. Break up of Practical Training is as follows:

1. Health Directorate including Vertical Programmes 3 week
2. Health Secretariat 1 week
3. EDO H Office 2 week
4. Hospital 2 week

The Time table and other details of the theory part as well as practical training will be developed by PHDC and to be approved by academic committee of DOH.

