



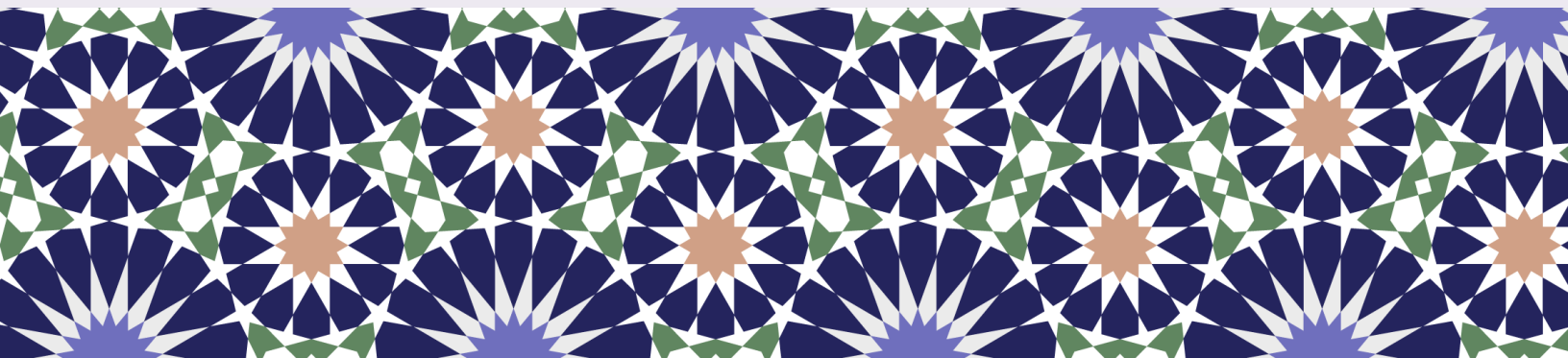
JSI Research & Training Institute, Inc.

USAID's MCH Program Component 5: Health Systems Strengthening

DRAFT

Operational Plan for Health Development Centre
(PHDC), Jamshoro

2015



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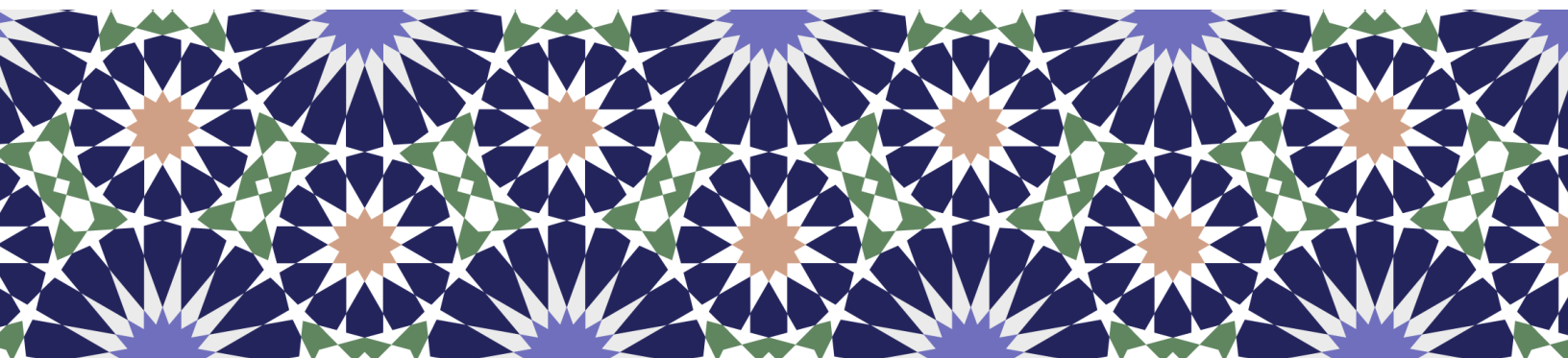


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Acronyms

CBOC	Capacity Building Oversight Committee
CME	Continuing Medical Education
CPSP	College of Physicians and Surgeons Pakistan
DGHS	Director General Health Services
DHDC	District Health Development Center
DHIS	District Health Information System
DOH	Department of Health
EPI	Expanded Programme of Immunization
IHDC	Independent Health Development Center
JDs	Job Descriptions
JSI	John Snow International
HR	Human Resource
HSRU	Health Sector Reform Unit
HSS	Health Sector Strategy
LGO	Local Government Ordinance
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MHSDP	Minimum Health Service Delivery Package
MOU	Memorandum of Understanding
MPDD	Management & Professional Development Department
MPH	Master in Public Health
LUHMS	Liaquat University of Health and Management Sciences
PHC	Primary HealthCare
PHDC	Provincial Health Development Center
PM&DC	Pakistan Medical and Dental Council
QA	Quality Assurance
SWOT	Strengths Weaknesses Opportunities and Threats
SOPs	Standard Operating Procedures
USAID	United States Agency for International Development
WHO	World Health Organization

1. Introduction

1.1 About PHDC

During the early 1990s, in efforts to address the deteriorating demographic and health characteristics of the country, Pakistan government, with assistance from the World Bank, developed the Family Health Project aimed at increasing investments in the social sectors. During its first phase, the project was implemented in Sindh and NWFP (present Khyber Pakhtunkhwa). Among the key objectives of the Family Health Project, an important one was to build the institutional capacity of the healthcare systems at all levels. In order to achieve this objective of the Family Health Project, the Provincial Health Development Center (PHDC) Sindh was established under the direct supervision of the Director General Health Services, Sindh. The mission of the PHDC was to improve the health status of the people through evidence-based policy-making, rational planning, human resource capacity building, management development, operational research, quality assurance in healthcare delivery system, and community development. It was envisioned as a center of excellence for teaching, training, and research. It was envisaged that the center will be responsible for conducting various technical activities including operational research, human resource development, institutional development, health systems management, and community involvement and spread to the lowest level of health care through 16 District Health Development Centers (DHDCs), established at the district level. After the completion of Family Health Project in 1999 a major shift in the status of PHDC was switching from development budget to regular budget.

Following LGO 2000, the system was disrupted and the PHDC with its satellite DHDCs were fragmented resulting in lack of functioning at all levels. However, following the 18th amendment and taking devolution as an opportunity, the DOH is planning to focus on strengthening the health systems and has identified human resource development as one of the key areas to improve the healthcare delivery system and subsequently the health outcomes.

1.2 Scope of this document

The objective of the assignment was to prepare a strategic operations plan for PHDC including restructuring of PHDC in terms of organizational structure, HR, rules of business/procedure and/or identification of any legislation required. Literature shows that systematic and evidence based operational planning is a critical aspect of management and assumes even greater significance in resource constrained environments.

The purpose of the Operational Plan is to provide direction to the PHDC ensuring quality implementation of its operations with greater clarity and transparency within the department of health. The Strategic and Operational Plan is structured as follows:

1. Background section outlines a brief history of the PHDC, its strategic approach, rationale, overall scope and lessons learnt that contributed to the new strategy. It also includes the situational analysis of its strengths and weaknesses and a stakeholder analysis as part of the environmental scan.
2. Strategic framework gives the revised vision and mission of the PHDC and outlines the strategic goals and objectives for the next three years.

3. Operational framework outlines the major activity areas and their subsequent tasks for the first three years of the plan duration. These tasks will contribute towards the strategic objectives and their respective goals.
4. Management framework outlines the roles and responsibilities of the PHDC staff for ensuring the overall fidelity to the new strategic plan. This section also highlights the plan for monitoring the implementation of the operational plan along with the key indicators for strategic objectives and their targets.
5. Financial framework outlines the costing templates per strategic objective with annual costs and funding sources and financial forecasts over the next three years. This includes appropriate assumptions on service development with faculty improvement plan, future expansions in terms of trainings, research, infrastructure etc., identifies different approaches and viable strategies for revenue generation, cash flow forecasts, income and expenditure projections, support from the Government of Sindh, role of development partners etc.

Efforts have been made to develop this framework in sync with the overall Health Sector Strategy and the recently developed Capacity Building Strategy and its Operational Plan for the Health Sector of the Sindh province. It is vital to consider and treat this strategic and operational plan as a living document, which can be changed through using information gathered from monitoring processes and regular annual reviews.

1.3 Strategic Planning Process

The purpose of the strategic operations planning exercise was to review and restructure PHDC in light of recently done assessment by JSI and current health sector needs with a revised vision and objectives. The scope of restructuring included organizational structure, HR, rules of business/procedure and/or identification of any legislation required to be part of the assignment. Literature shows that systematic and evidence based operational planning is a critical aspect of management and assumes even greater significance in resource constrained environments. Keeping this lesson in view, the strategic planning process consisted of the following tasks which were completed in three phases;

- I- *Inception and Planning Phase:*** This phase consisted of initial scoping of the assignment to ensure that the consultant and department are on the same page. Once the initial plan had been agreed upon, tools and guides for the consultations were developed and a framework for the strategic plan was laid out.
- II- *Field work and Data Analysis:*** A comprehensive document review was undertaken of various documents shared by the JSI Office and also collected from the provincial health department and the PHDC itself, relevant to this assignment. The consultant visited PHDC to facilitate a 2-day workshop with key staff and revisited the SWOT analysis, and a one day strategic planning exercise. In addition, also conducted several interviews and FGDs at provincial level with the key stakeholders. After collecting data and financial information from various sources, a thorough review and analysis was carried out to develop assumption for costing of operations plan.

III- Development of Strategic Operational Plan: This was final phase of the assignment which incorporated the analysis and assumptions drawn from all the reviews, conclusions drawn from the discussion with various stakeholders and workshop findings into a roadmap for leading the implementation of PHDC objectives and outputs. Development of a Strategic Operations Plan focused on the following strategic areas:

- a. **Market assessment and service development:** As PHDC, preferably, with its network of DHDC's, will provide services to public sector, the service strategy will be developed focusing on how to strengthen the trainings, expand training options, HR recruitment etc. The consultant developed a roadmap inclusive of a system definition as to how the services will be marketed.
- b. **Competitive factors:** Assessed and analyzed the factors responsible for quality of trainings; cost effectiveness and acceptance of degrees/certificates in the professional market to ensure its optimum performance in a competitive environment. Provision of certified and quality trainings/courses would attract more professionals to avail the facility at PHDC.
- c. **Financial plans:** Reviewed the historical financial performance of the PHDC and prepared a forecast of PHDC's future financial performance over the next three years. This includes appropriate assumptions on service development with faculty improvement plan, future expansions in terms of trainings, infrastructure etc., identified different approaches and viable strategies for revenue generation, cash flow forecasts, income and partners' contributions etc.

2. Background

The PHDC is the institution that can address as well as facilitate the DOH to meet the capacity development needs of a quality, effective healthcare delivery system. Based on the findings pertaining to the current status of the PHDC, a two-step model is proposed whereby initially it should be revived, and then ultimately transformed into a viable public institution that offers in-service trainings to the health sector. The process involved a series of consultations with key stakeholders and a detailed feasibility study before implementation.

Over the years, lack of ownership and inadequate investment by the Department of Health has led to neglect of the PHDC and DHDCs. The current PHDC is mostly a non-functional institution with an old and deteriorating infrastructure and demotivated staff. With the devolution, focus is now again on the revival of the PHDC to address the capacity gaps identified by the recently conducted public sector Health Capacity Assessment¹ within the health sector. However, in order to have an effective PHDC, it was vital to first invest in the development of its strategic planning and staff development. For this purpose, DOH commissioned an assessment of the PHDC. The purpose of this assessment was to review current capacities of PHDC, and propose recommendations for strengthening and/or upgrading the institution. The following

¹ Sindh Health Capacity Assessment Report 2014 by JSI

recommendations were proposed as a result of thorough desk research, field work and consultations for revival as a fully functional Provincial Health Development Center (PHDC):

- i. The DOH to ensure that pre-service induction training and in-service programs are made mandatory and are designed to enhance the professional competence of healthcare providers, while linking them with promotions especially those in the rural areas and associated with teaching institutions. In this context, the PHDC may be given the mandate as a full-fledged in-service training institute. While in cases where requisite expertise is not available within the PHDC, partnerships can be nurtured with public or private sector institutions for providing quality trainings e.g. in areas of procurement, financial management etc.
- ii. The PHDC should review and update all training modules addressing the current needs of the DOH. Furthermore, efforts should be made to access technical assistance to introduce additional tailor-made training courses as per the needs of public sector health providers.
- iii. The PHDC should undertake operations research activities for guiding the DOH to improve service delivery and address the health challenges in the province. They can assist the Health Sector Reform Unit (HSRU) in policy level research to guide the health department in setting its priorities once it acquires the required trained human resource (HR). Using innovations by establishing linkages with both public and private sector universities, PHDC partnerships can be expanded and some of the research can be undertaken in partnership.
- iv. Courses related to the preparation and presentation of lectures, research paper writing and computers' training, specifically emphasizing the use of e-mail and the internet may be included in the program.
- v. The DOH should take necessary actions pertaining to ensuring adequate budget allocations to the PHDC as per its requirements to function as a training institution.
- vi. Efforts should be initiated for the preparation and approval of the PC-1 for addressing the current staffing, staff development, infrastructure and budgetary gaps identified during the assessment for making PHDC into a viable and functioning in-service training institution. The DOH should mandate Capacity Building Oversight Committee (CBOC) to oversee the process and its implementation over a period of 2-3 years.

2.1 Environmental Scan

The team of consultants reviewed a number of documents (listed below) to understand the context in which PHDC operates and the necessary requirements for acting upon the recommendations for strengthening of the PHDC. A brief overview of the external and internal situational analysis is presented below:

External Environment Scan

Although the National Health Policy 2001 had a component on capacity development of health staff as a focal area, it could never be fully implemented. After passage of 18th amendment to the Constitution in July 2011, subjects on the concurrent list were devolved and the provinces became responsible for their own healthcare programs. The 18th amendment provides more opportunities to the provinces to develop and initiate health reforms. The Sindh health department, with technical support of development partners has laid down its reform agenda and initiated a number of steps including establishment of Health Sector Reform Unit (HSRU) with a number of reforms having been introduced or in the process of development. Among these include the ones related to improved service delivery i.e. development and introduction of Minimum Health Service Delivery Package (MHSDP), development of standards for health services at primary and secondary level, options for integration of vertical programs. All these reforms and developments necessitate the need to prepare health providers through capacity development for taking on the new challenges. In the backdrop of reform agenda the important role the PHDC can play is clearly highlighted. The health department strengthening both for leadership and service delivery is incomplete without staff's skill enhancement. The PHDC is a pivotal institution to build staff capacities through in-service training to manage and deliver health services.

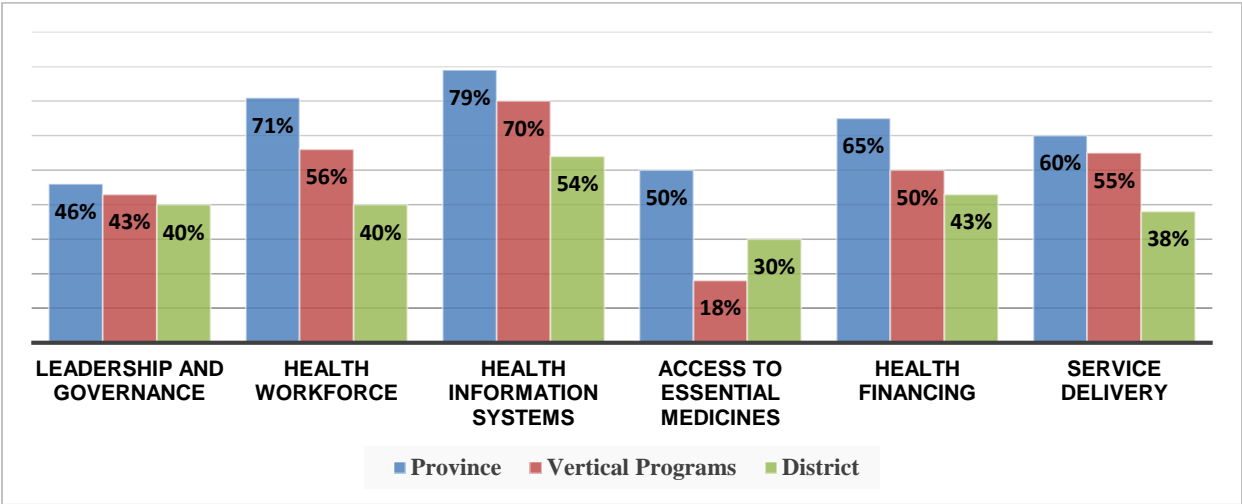
The role of PHDC is directly linked with the strategic outcome 2 of recently approved Health Sector Strategy (HSS), i.e., "streamline human resource production, retention and capacity to support priority health needs". The HSS for Sindh also called for developing a Human Resource (HR) strategy for the province. The strategy document recommends conduct of trainings through various institutions in the public sectors, while focusing on PHDC and DHDCs as institutions of choice for in service trainings component. Overall, there are 10,908 staff in the general cadre, which forms the single largest concentration of staff in the public sector and are involved in performing both administrative and clinical services. Further, staff appointed on administrative posts are not exposed to pre-service and in-service trainings, and career progression to senior leadership posts is made on the basis of departmental promotions committee recommendations and de-linked to any process of public health certification. There is also a need for widening management skills to incorporate the new demands of planning, evidence based monitoring, and financing. This is envisaged by providing in-service training to the general cadre staff and "developing a trained administrative cadre to improve efficiency of health administration at district and provincial level"².

Further, no formal training needs assessment had ever been undertaken by the Department of Health to define what should be done to achieve the desired health outcomes and meet the MDG targets in the past. The DoH has yet to establish human resource requirements for the province and steer human resource production and deployment to fill existing gaps. The gap is addressed

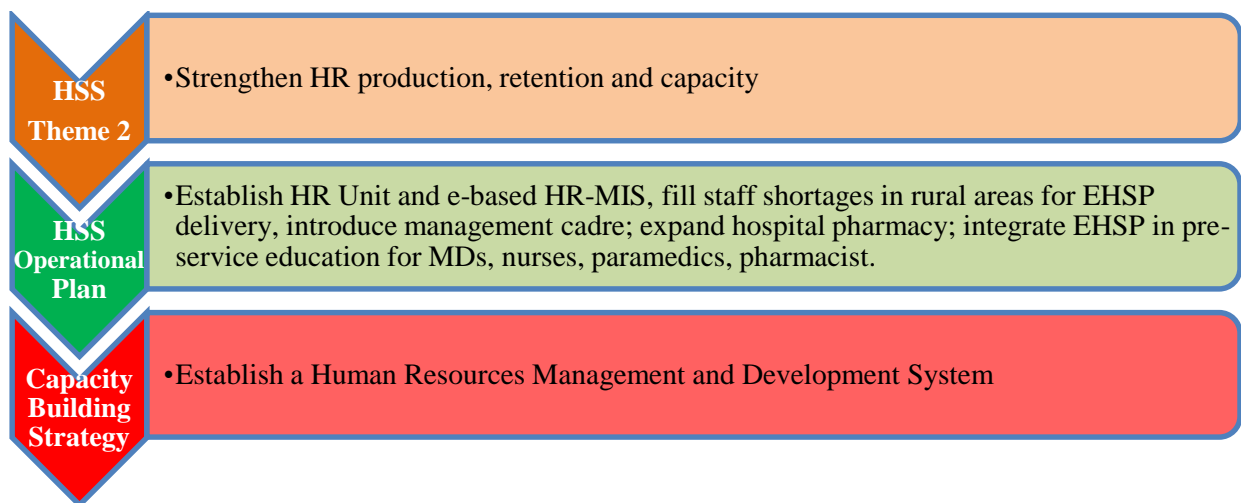
² Taken from HSS 2012-17

in the Health Sector Strategy through strengthening human resource management by establishment of a permanent unit within the Health Secretariat (HS). This unit, once established and functional should be able to determine the health provider needs at various levels of health services; identify the requisite needs for type of staff and skills required, and liaison with both the public and private sector medical training institutions for production of the requisite cadre needed by the health department.

However, to address the gaps, the DOH with the support from JSI undertook capacity assessment of the Sindh Department of Health (DOH). The goal of the assessment was to identify the current capacity (strengths and weaknesses) of the public health system in Sindh, based on the six health system building blocks defined by the World Health Organization (WHO) and linked to the HSS strategic plan of the province. The assessment laid the foundation for a capacity building strategic plan to improve the individual skills and practices, organizational procedures and systems needed for long term sustainable delivery of essential health services. Some of the key findings of the assessment at various levels of healthcare system is given below;



The strategy proposed interventions to build individual, organizational and systems’ capacities for improved health system. The objective 2 of the capacity building strategy draws upon the theme “strengthen HR production, retention and capacity” of HSS and its related key intervention of HSS Operational plan i.e. Establish a Human Resources Management and Development System. The capacity building strategy envisages PHDC to play a major role in realization of the key health outcomes related especially to service delivery. The interventions proposed at *the individual level* include training and follow up support and accountability for applying training on the job. Training can provide new levels of knowledge and skills; development of internal processes, tools and other resources such as supervision tools, data collection and review procedures and others, provide the organizational capacity to use the new skills; and appropriate HR policies provide the systems framework for deployment, retention and promotion of newly trained managers.



The CBOC in the above context has endorsed a capacity building framework that focuses on the capacity of individuals, organizations and systems to achieve their mandate, e.g., reach the goals of the HSS, identifying PHDC as a major resource for in-service trainings and capacity building.

Moreover, PHDC can collaborate directly with vertical programs (such as MCH and EPI etc.) within the DOH and serve as a hub for the need based trainings and refresher courses and for conducting third party evaluation and operations research for these programmes. Further, with capacity enhancement, it also has the capacity and skills to undertake secondary analysis of District Health Information System (DHIS) data, and be able to guide the DOH on implementation strategies. In addition, overtime the DHIS Unit should be merged with the M&E unit of the office of the Director General Health Services (DGHS) Sindh and both should be associated with the PHDC for enhancing their analytical capacities.

Currently the PHDC is not known among the international implementation partners. Although, overtime, the WHO has used the PHDC premises for training activities, the PHDC staff were not part of the training and no funds were paid to PHDC for the use of premises. As per the assessment carried out for developing a strategic operational plan, the international implementing partners are willing to extend support to the PHDC once it has an effective leadership and a strategic operational plan in place. Their support can include the establishment of a high-tech resource center, refurbishment of training halls/equipment, designated institution for all levels of training and capacity building activities, operational research, third party evaluations etc. They can also be approached with proposals for upgrading the skills of the PHDC staff.

Internal Environment Scan

The current PHDC resources include a steady annual budget and qualified staff. However, assessment showed that the funds are inadequate for staff development or implementing a training programme that meets the needs of the health department. Budgetary analysis showed that there has been minimal allocation for training component over the years, with most of the budget spent on salaries, allowances, and operating expenses. The PHDC has regular budgetary

allocation since inception. In this context, over the past three years they received a total of PKR 17,277,900/- for 2010-11, PKR 19,897,200/- for 2011-12, and PKR 24,918,000/- for 2012-13.

It is important to note that, except for the current fiscal year, there has been minimal allocation for training, with most of the budget spent on salaries, allowances, and operating expenses. The total amount allocated for FY 2010-11 was PKR 500,000/-, PKR 630,000/- for 2011-12, and PKR 662,000/- for 2012-13. Therefore, due to severe budget constraints, the PHDC has been able to organize only a limited number of trainings, i.e. approximately 10-12 over the past three years. Most of the trainings were conducted for preventive programs, especially the MNCH Programme, and were clinically based. No management training has been organized in the past three years. The current audit and accounts system also needs to be upgraded to ensure efficient financial management and accountability.

Similarly, the staff due to lack of opportunities for exposure and development over the years appears demotivated. Majority of the current staff have been there for more than 5 years, and some since its establishment. Owing to lack of opportunities for staff development and research the outputs of the PHDC have been minimal and no research publications have been possible in past years. The training materials available are outdated and need to be refreshed and brought up to date with the latest developments, new concepts, approaches and technologies in all subject areas.

Another weak area within the PHDC is its weak linkages with the DHDCs. DHDCs once served as extended facilities of PHDC as in-service training centers for all types of district health staff, particularly mid-level female health personnel. However, after the introduction of the Local Government Ordinance 2001, the administrative structure changed and the district government was managed by the Nazims³, with the administrative control of DHDCs given to the Executive District Officer Health, (EDO (H)). As a result the link between the PHDC and DHDC was broken and to-date has not been re-established, even after repeal of the LGO 2001 and devolution. Any efforts related to establishing the extension wing of the PHDC into the district can be done through refresher training of the staff.

2.2 SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • The PHDC used to be the only public sector, in-service training/development institution to take the lead role in managing continued professional development in the health sector. • It was envisioned as a center of excellence for teaching, training, and research and had 	<ul style="list-style-type: none"> • Progressively, it has lost its vision and mission, and needs a strategic and implementation plan. • The roles initially designated to the PHDC have been taken over by other entities e.g. vertical programmes, UN partners etc.

³ Elected representatives of the local councils at district level

partially achieved the objectives of its establishment in the past.

- In the past, PHDC has been an effective institution, fulfilling the mission for which it was built; thus, it can be revived and modified to meet the needs of today.
- Staff is qualified but not current with latest practices and technologies. However, they are committed to contributing to the revised vision and objectives.
- The current staff at PHDC is well qualified to design and conduct research and can be made more efficient with necessary capacity building and motivation.
- DHDC buildings and some staff are still available in the district health network to serve as outreach hubs of the PHDC.
- Custom built training and hostel building **and** available land for possible extension.
- Ongoing annual financial allocations.
- DOH, Sindh supports revival of PHDC.

- Lacks effective linkages with the health sector generally and preventive programs specifically.
- Dearth of opportunities for staff has led to its demotivated state and its lack of commitment with the job.
- Run-down infrastructure and premises, including hostel facilities.
- Staff’s focus on activities outside of the PHDC for personal benefits.
- Previously, lack of interest of Department of Health, Sindh to improve the status and workings of this institution.
- Lack of confidence of the international implementation partners in DOH for effective revival of the PHDC.
- PHDC lacks consistent leadership.
- No specific HR policy for PHDC staff.
- Lack of a strategic operational plan.
- Major part of budget allocated for staff salary.
- Annual budget allocation is not linked with objective outputs.
- Political influence prevails in hiring and placement of PHDC staff.

Opportunities

- As an in-service institution, the PHDC can cater to the needs of the public and private sector health workforce.
- PHDC Alumni throughout the health community feel an ownership towards the institution.

Threats

- If not operationalized, the PHDC might cease to exist, leaving no in-service institution in the province.
- As there are no objective outputs from the PHDC, funding might cease to exist in view of financial constraint in the province

- Willingness of international funding partner organizations to extend support toward operationalization of PHDC.
 - With capacity building, strengthening inputs and refreshers, the PHDC staff can conduct fast track management courses as part of the DoH management cadre initiative.
 - Current technical staff capacities can be developed quickly with minimum resources.
 - If institution is revived with hostel facilities, it can provide cost effective trainings to the public sector and once established fully can also attract NGOs for trainings at a much lower cost.
 - Under the devolved situation, PHDC can be granted some financial autonomy to generate and retain funds as a training institute.
- generally and for the health department specifically.
- If the PHDC closes, the premises will also be allocated for some other purpose and thus the revival options will be limited.

3. Strategic Plan 2015-2020

3.1 Vision

“PHDC envisages a community of health workers in which all cadres are fully equipped with up to date expertise and skills to perform their assigned duties par excellence.”

3.2 Mission

“It is the mission of the PHDC to contribute towards strengthening the health systems by establishing itself as an accredited training institute and resource center in the region for development of professionals from all cadres of public and private health service delivery.”

3.3 Organizational Values

As an envisaged center of excellence for training and development of the health services professionals, PHDC holds a great responsibility within the health sector. The following values represent the core priorities for PHDC:

- ***Leadership and Collaboration:*** PHDC takes initiatives in contributing to the training and staff development goals within the health sector to ensure collaboration across all stakeholders.
- PHDC encourages ***open participation*** and inputs from all stakeholders and staff in the planning, implementation and evaluation of PHDC activities.
- Commitment to ***Excellence and Quality*** in designing, planning, and conducting all trainings and staff development activities. Making all efforts to keep the services and products up to date and responsive to a strong health system, particularly human resources.
- ***Transparency and accountability*** for all organizational, programmatic, financial and operational systems and procedures, and takes responsibility for its activities and their results.
- Maintain a ***data bank for all trainers, trainees and trainings***. Further institute a mechanism for regular training need assessments and identification of critical gaps in staff and skills to guide the DOH in making adjustments to human resources plans.
- ***Innovation and maximum utilization*** of available resources – financial and human- for achievement of results that lead to larger impacts.

3.4 Strategic Choices

Through a thorough external and internal reviews, and consultations with stakeholders the following three strategic choices were proposed as key drivers to: 1) overcome the strategic issues identified during the workshop, and 2) determine future strategic objectives and activities.

Strategic Choice 1: Establishment of the PHDC as a recognized and valued training institute

Strategic Goal 1: PHDC serves as an accredited institute for in-service trainings of all cadres of public healthcare workers in the province

PHDC's main function is the training and development of health workforce community in order to strengthen the institutional capacities and to improve the quality of service delivery. The scope of its beneficiaries includes the general cadre of health officers, health managers, policy and planning staff, and community health workers. Certified in-service trainings from accredited institutes are often considered as incentives for provincial and district health managers and are objects of greater interest within the professionals. Certified training courses, along with comfortable training and accommodation facilities, will also attract international collaborating agencies, development partners, donors. Thus, contributing towards strategic goals for revival of PHDC as a center of excellence and a partner of choice for fulfilling training and staff development needs of the health sector.

In the coming years, PHDC will strategically work towards becoming an accredited institute within the province and building stronger linkages and partnerships with other academic institutes that provide pre/in-service and induction trainings in health. PHDC will continue to provide trainings as its primary function while also focusing on improving its internal capacity to be at par with any state of the art capacity building institute. PHDC has a curriculum development unit, but there is a need to further enhance its quality in terms of content, tools, and pedagogical methodologies. The following strategic objectives aim to capture the scope of this goal over the next three years;

Strategic objective 1.1: To get accreditation for the PHDC as a recognized and credible institute to provide in-service certificate courses for health workforce

Strategic Objective 1.2: To improve the governance and management of the PHDC for increasing its efficiency.

Strategic Objective 1.3: To establish strong strategic linkages and partnerships within the health sector to enhance the demand and up-take of PHDC trainings.

Strategic Choice 2: Sustainability and Resource Management

Strategic Goal 2: PHDC is adequately financed and resourced to serve as a center of excellence and a resource center for trainings and staff development for the health sector in the province

In order to be an effective and functioning center for training and staff development, it is acknowledged as a major priority to have financial sustainability and adequate maintenance of the physical, financial and human resources of the institution. Although a set annual budget is allocated by the DOH, additional resource mobilization is critical for meeting the stated objectives of the other strategic goals. The resource mobilization strategy must include mechanisms for donor and funds mapping, This would require marketing of its technical resources and curricula by building training and capacity building proposals closely aligned with the emerging donor priority areas with the health sector of the province. Innovative resource mobilization strategies would also require a greater investment (in terms of capacity and confidence building) in the human resources of the PHDC. The roles and responsibilities for implementation of resource mobilization processes, and related performance objectives, and incentives should be included in the HR systems. These officials of PHDC who are responsible for bringing businesses and funds should be assessed for their capacity to mobilize resources and must be trained for this skill if needed. Investing in a business development consultant during the first year of implementation is also desired. The following strategic objectives provide a road map for achieving this goal:

Strategic objective 2.1: To develop a resource mobilization and business development strategy and institutionalize it with respect to tools and processes.

Strategic Objective 2.2: To revive and operationalize PHDC facilities for catering to the training needs in both public and private sector in the province.

Strategic Objective 2.3: To revise and institutionalize HR policies, systems and tools in accordance with the resource mobilization strategy.

Strategic Choice 3: Knowledge and information management

Strategic Goal 3: PHDC functions as a resource center with an effective knowledge management and information system for training, development and research with in the health sector of the province.

The Operational Plan 2015-20 of the HSS for Sindh emphasized development of a monitoring and evaluation framework; improved coordination and information sharing between departments, and establishment of database and information systems for prioritization and effective programming. Building on these strategic directions, PHDC needs to improve its efforts for quality assurance, monitoring and evaluation of its programs. Currently, there are concerns about data quality and limited skills and motivation to analyze, present and review data routinely, thus limiting the use of the data for planning and resource allocation. PHDC has a wealth of training resources and curricula but a system for updating, management and dissemination of these resources needs strengthening. A robust strategy is required for information sharing and dissemination with the stakeholders. For emerging as a leader in health services and management trainings, PHDC needs to take initiative in identifying training needs for public sector and make subsequent training schedules and plans accordingly.

Strategic objective 3.1: To develop and institutionalize a data management system for keeping information, knowledge and resources.

Strategic Objective 3.2: Training needs assessment system is developed and conducted in accordance with the HR policies of DOH.

Strategic Objective 3.3: Quality assurance, monitoring and learning mechanisms are developed and in place for all PHDC programs and trainings.

Strategic Objective 3.4: Communication and dissemination strategies for products, services, results and achievements of PHDC are developed and in place.

4. Operational Plan

4.1 Area 1: Establishment of the PHDC as a recognized and valued training institute

Strategic Goal 1: PHDC serves as an accredited institute for in-service trainings of all cadres of private and public healthcare workers in the province											
Strategic objective 1.1: To get accreditation for the PHDC as a recognized and credible institute to provide in-service certificate courses for health workforce.											
Activities	Timeline						Responsibility	Inputs/Resources		Means of verification	Frequency of measure
	Y1				Y2	Y3		Financial	Human/technical		
	Q1	Q2	Q3	Q4							
Develop a policy document for the PHDC as an accredited institute affiliated with an academic institute for CME	✓	✓	✓				Project Director		✓	Policy document, Meeting minutes	Annual
Develop and implement an advocacy plan for promoting PHDC as an in-service training institution with partners		✓	✓	✓			Project Director	✓	✓	Meeting minutes, review report	Annual
Propose and notify PHDC as an accredited public sector training institute for in-service training and staff development affiliated with Jamshoro University of Health and Management Sciences					✓	✓	Project Director, Director Admin & Finance		✓	Meeting minutes, Affiliation MOU, certification	Annual
Notify CBOC as oversight body for PHDC		✓	✓	✓			Project Director		✓	MOUs, SOPs,	Annual

Strategic Objective 1.2: To improve the governance and management of the PHDC for enhancing efficiency and effectiveness of its functions.									
Activities	Timeline					Responsibility	Inputs/Resources	Means of verification	Frequency of

	Y1				Y2	Y3		Financial	Human/technical	n	measure
	Q1	Q2	Q3	Q4							
Develop processes, indicators and tools for ensuring an oversight of strategic plan implementation.	✓	✓									
Develop terms and reference for a representative management committee within the PHDC and establish it on urgent basis		✓	✓	✓			Project Director, Director Academics, Director Admin & Finance	✓	✓	TORs, list of members	Once
Hold quarterly meetings of the management committee for review and planning		✓	✓	✓	✓	✓	Management Committee		✓	Meeting minutes	Quarterly
Develop terms and reference for a technical committee for innovative designing and development of PHDC services and curriculum		✓	✓				Director Academics, Project Director		✓	TORs, list of members	Annual
Hold regular meetings of the technical committee for designing and development of upcoming trainings/courses		✓	✓	✓	✓	✓	Technical Committee, and Director Academics		✓	Meeting minutes	Need based
Review the status of the training materials, equipment and make a proposal for necessary additions	✓	✓						✓	✓	Inventories	Annual

Strategic Objective 1.3: To establish strong strategic linkages and partnerships within the health sector (services and education) to increase the demand and up-take of PHDC trainings

Activities	Timeline						Responsibility	Inputs/Resources		Means of verification	Frequency of measure
	Y1				Y2	Y3		Financial	Human/technical		
	Q1	Q2	Q3	Q4							
Develop and regularly review complete package of continued professional development	✓	✓	✓	✓	✓	✓	Director Academics, M&E	✓	✓	New curricula, training modules	Annual
Hold a dissemination seminar for the PHDC services and development packages				✓			Director Academics, Director Admin & Finance	✓	✓	Event report including pictures	Once
Revise the partnership policy and include specific strategies for different categories of partners (e.g., vertical programs, DHDCs, academic institutes, private & civil society organizations etc.)		✓	✓				Deputy Project Director		✓	Policy	Annual
Develop and share annual schedules for joint and shadow trainings with different partner categories				✓	✓	✓	Director Academics		✓	Schedule	Annual
Hold orientation meetings with potential academic and civil society partners	✓	✓	✓				Deputy Director, Director Academics	✓	✓	Meeting minutes, presentations	Biannual reviews
MOU signing with selected institutes for trainings on topics like marketing, finance etc.		✓	✓	✓				✓	✓	MOUs	Biannual reviews
Develop and share annual trainings schedule				✓	✓	✓			✓		Annual

4.2 Area 2: Sustainability and Resource Management of PHDC

Strategic Goal 2: PHDC is adequately financed and resourced to serve as a center of excellence and a resource center for trainings and development for the health sector in the province.

Strategic objective 2.1: To develop a resource mobilization and business development strategy and institutionalize it with respect to tools and processes.

Activities	Timeline						Responsibility	Inputs/Resources		Means of verification	Frequency of measure
	Y1				Y2	Y3		Financial	Human/technical		
	Q1	Q2	Q3	Q4							
Mobilize TA for development of the strategy		✓					Director and external consultant	✓	✓	TORs for the consultant	Annual
Develop and approve the strategy				✓			Director and external consultant	✓	✓	Strategy produced and printed	Annual
Widely disseminate the strategy and share with all stakeholders				✓	✓	✓	Communication Unit		✓	No. of activities	Annual
Develop and institute processes and tools for mapping of potential donors and business partners (e.g., academic institutes and NGOs)		✓	✓	✓	✓	✓	Director and external consultant	✓	✓	No. of marketing campaigns	Annual
Hold separate meetings or seminars for business development with each category of potential donors and business partners (including DOH)				✓	✓	✓	Project Director, technical committee members, and external consultant	✓	✓	Event reports and follow-up communication	Annual
Explore a diverse donor base for support in the revival of facilities			✓	✓	✓	✓		✓	✓	Donor database, business plan,	Biannual

										meeting minutes	
Advertise the availability of hostel facility for other organizations on a rental fee	✓	✓	✓	✓	✓	✓		✓	✓	Collaboration document	Biannual
Strategic Objective 2.2: To revive and operationalize PHDC facilities for catering to the training needs in both public and private sector in the province.											
Activities	Timeline						Responsibility	Inputs/Resources		Means of verification	Frequency of measure
	Y1				Y2	Y3		Financial	Human/technical		
	Q1	Q2	Q3	Q4							
Develop technical and financial proposals for necessary refurbishment of the PHDC facility		✓	✓				Director Admin and Finance, external consultant		✓	Proposal	Annual
Develop technical and financial proposals and feasibility plan for upgrading the PHDC library			✓	✓					✓	Feasibility plan, proposal	Annual
Strategic Objective 2.3: To revise and institutionalize HR policies, systems and tools in accordance with the resource mobilization strategy.											
Activities	Timeline						Responsibility	Inputs/Resources		Means of verification	Frequency of measure
	Y1				Y2	Y3		Financial	Human/technical		
	Q1	Q2	Q3	Q4							
Incorporate roles, responsibilities and incentive for resource mobilization in the existing HR policy	✓	✓	✓	✓			Director Admin and Finance, Deputy Project Director	✓	✓	HR Policy	Annual

Distribute revised HR policy and job descriptions to all manager and respective staff			✓	✓			Project Director		✓	JDs	Annual
Introduce and implement a performance management system			✓	✓	✓	✓	Project Director, Deputy Project Director	✓	✓	Performance review, system tools	Biannual
Organize a 3-day training for PHDC management and staff on resource mobilization, marketing, and identifying and capitalizing potential partnerships				✓							
Develop and implement a capacity building plan for the PHDC staff for keeping it up-to-date on their respective skills			✓	✓	✓	✓	Project Director, Deputy Project Director	✓	✓	Capacity Building Plan, trainings reports	Biannual

4.3 Area 3: Knowledge and Informational Management

Strategic Goal 3: PHDC functions as a resource center with an effective knowledge management and information system for training, development and research with in the health sector of the province.

Strategic Objective 3.1: To develop and institutionalize a data management system for keeping information, knowledge and resources.

Activities	Timeline						Responsibility	Inputs/Resources		Means of verification	Frequency of measure
	Y1				Y2	Y3		Financial	Human/technical		
	Q1	Q2	Q3	Q4							
Review and upgrade the terms and standard operating guidelines for data and knowledge management	✓	✓	✓				With help from DoH	✓	✓	HIS system, database, TORs, SOPs	Annual
Develop and install a data management software and train the respective unit on using the software		✓	✓				Technical consultant	✓	✓	Software, training reports	Once
Develop a mechanism for collecting monthly and quarterly report updates from all health units on regular basis	✓	✓	✓				Director QA, Evaluation and research		✓	SOP document,	Monthly
Develop a database of independent consultants categorized by areas of specific expertise		✓	✓	✓	✓	✓	Subject Dev. Specialist, Director Academics		✓	Database	Annual
Develop a database of trained staff of DHDC that can be used as extension trainers for the PHDC		✓	✓	✓			Director QA, Evaluation and Research		✓	Database	Annual

Strategic Objective 3.2: Training needs assessment system is developed and conducted in accordance with the HR policies of DOH .

Activities	Timeline						Responsibility	Inputs/Resources		Means of verification	Frequency of measure
	Y1				Y2	Y3		Financial	Human/technical		
	Q1	Q2	Q3	Q4							
Identify and develop profiles of health sector staff trained by PHDC	✓	✓					Consultant, and Director QA, Evaluation and Research			Tools, plan for TNA, TNA reports, consultant contracts and reports	Annual
Develop TNA methodology and tools			✓	✓							
Conduct a staff training on TNA methodology and tools					✓						
Identify sectors that require TNA and establish a schedule					✓	✓					
Carry out TNA for public sector trainings					✓	✓					

Strategic Objective 3.3: Quality assurance, monitoring and learning mechanisms are developed and in place for all PHDC programs and trainings.

Activities	Timeline						Responsibility	Inputs/Resources		Means of verification	Frequency of measure
	Y1				Y2	Y3		Financial	Human/technical		
	Q1	Q2	Q3	Q4							
Identify pressing learning questions for improving CME and training modalities and commence general and operational research using PHDC resources					✓	✓	Project Director	✓	✓	Research proposals, reports	Annual
Develop monitoring and reporting tools and systems for quality assurance of trainings			✓	✓			Program Evaluation Officer		✓	Tools	Annual
Develop quality assurance mechanism and checklists for curriculum development			✓	✓			Director QA, Evaluation and Research		✓	Checklists, tools	Annual

Conduct peer review workshops for all curricula developed by PHDC		✓		✓	✓	✓	DD Curriculum Review and Evaluation	✓	✓	Peer reviews, workshop reports	Biannual
Carry out Biannual review and planning meetings		✓		✓	✓	✓	Director QA, Evaluation and Research	✓	✓	Meeting minutes	Biannual

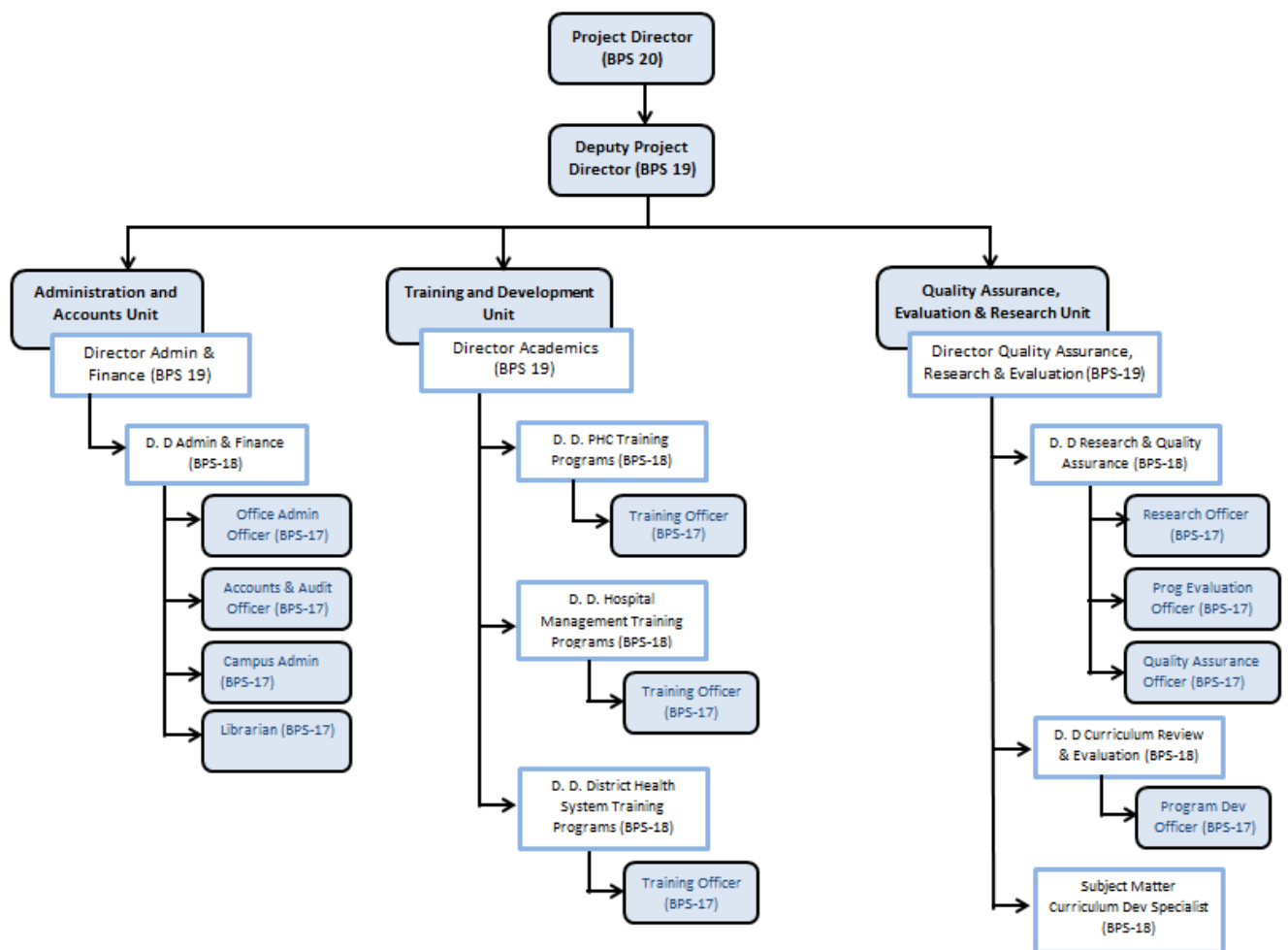
Strategic Objective 3.4: Communication and dissemination strategies for products, services, results and achievements of PHDC are developed and in place.

Activities	Timeline						Responsibility	Inputs/Resources		Means of verification	Frequency of measure
	Y1				Y2	Y3		Financial	Human/technical		
	Q1	Q2	Q3	Q4							
Develop a communication strategy	✓	✓	✓	✓			External consultant	✓	✓	Strategy document	Annual
Hold review and planning meetings for sharing results		✓		✓	✓	✓	Director Quality Assurance, Evaluation and Research	✓	✓	Meeting minutes, attendance sheets	Biannual
Develop and disseminate program brochures			✓		✓	✓	Librarian with relevant programs	✓	✓	IEC material, brochures	Annual
Establish/update PHDC website	✓	✓	✓	✓	✓	✓	Director Admin and Finance, Librarian; external consultant	✓	✓	Website	Regular

5. Governance and Management

5.1 Organizational Structure

The present PHDC organizational structure includes 27 staff which was made in accordance with the initial scope of the department and has been operational since 1993. The strategic planning exercise also included a thorough review of the existing organizational structure and its relevance for the new mission and strategic goals. After extensive discussions with the staff and key stakeholders a few amendments were suggested in the structure. The resulting new organogram for the PHDC is:



Brief description, roles and responsibilities of each position are annexed (see Annex VII).

5.2 Management Plan

Management plan deals with the systems and processes to be established in the PHDC that will support the implementation and management of this strategic plan. A strategic and operations

plan is only useful if it's an evolving document and not just left in the files and shelves. The aim of preparing a management plan is to ensure better governance and setup a mechanism that provides a systematic referral to the strategic and operational plan in all functions of the PHDC and give an opportunity to review it.

Specific indicators will be developed to monitor and track progress of implementation of the PHDC's strategic operational plan. Semi-annual monitoring reviews will be carried out and will also involve stakeholders at district and provincial level. Changes, if any, will be made in the plan as per achievements and/or lessons learned.

An annual work plan will be developed each year using the operational plan as a roadmap for activities. Planning of the work plan will be decentralized, with all district DHDCs plans will be collated to prepare a provincial plan.

5.2.1 Communication and Marketing

It is important for successful implementation of the new strategic objectives that the larger health services community is aware of and understands the role of PHDC. There will be increased efforts for visibility and marketing to ensure attention of the private health providers, donors and NGOs to the PHDC services, products and programmes. An attractive, easy to navigate and current website is key to a communication and marketing plan, which will be developed and first equipped by an external consultant. The subsequent maintenance will be carried out by the PHDC.

While the overall responsibility of overseeing marketing and communication lies with the Project Director, the whole team shares the responsibility for communicating the new vision and mission, and marketing the new or upcoming trainings to the health sector and other stakeholders.

This section provides the strategic Operational plan for PHDC to show its value and its commitment for capacity building and trainings of the health workforce. This section will be mentioning in detail the opportunities that PHDC can avail and by translating those opportunities into a marketing strategy to maximize results from its trainings' operations.

As the above sections of the report has shown its current strategic place in the market, the following section of the report will propose strategies on which PHDC can revive its status as the premier public sector training institute for health workforce by rearranging available resources and organizing various activities within the available resources and realizing its Long Term Vision of restructuring of PHDC, moving towards revitalizing and strengthening linkages with DHDCs and establishing the role of PHDC in District Health Care Delivery System for strengthening HR as a regular feature. Reviewing its progress on quarterly basis and raising the level of review meetings by inviting Advisor to CM on Health, Secretary Health, DGHS Sindh etc.

What needs to be shared	What groups do we need to serve	Best mode of communication	Timings and frequency of the communication	Follow ups
Mission and Vision of PHDC	All stakeholders	Strategic Operational plan disseminating workshop, Department brochures & website	Launch on all forums and meetings	Not applicable
Trainings, certificate courses	Relevant departments of the DOH, NGOs, donors, bilateral,	E/mails, trainings calendars, website, DOH Circulars/Memos	Annual plans for upcoming trainings both short and long courses	Alumni networks, performance reviews
Reviews, evaluation reports, and research findings	Relevant stakeholders, attendees of respective trainings, NGOs, academia	Disseminating workshops, annual report, website, mails	Annual reports, no later than 3 months of the training	Meetings and conferences

I. Short Term Strategies

1. Establishing Linkages with DHDC

In the short term strategy, the PHDC needs to re-establish its linkages with District Health Development Centers which are currently placed under and reportable to DHO. The process can be reverted to pre LGO 2001 situation that the DHDC are again the satellite arms of the PHDC and it can simply be done through a notification from the DOH. Staff of DHDCs should be aligned together and assessment could be made of their strengths so as to identify and address the weaknesses to be able to play a stronger role in district health system strengthening. Following the decision to revive the PHDC and DHDCs linkages, all district level trainings could be performed at DHDC training centers, rather than requiring the district staff to travel all the way to province for getting trained. This would result in effective and efficient use of government resources.

2. Establishing Linkages with International And Development Partners

Following the establishment of linkages between DHDCs and PHDC, additional new linkages will be established with the bilateral development and other UN partners who spend a major portion of their budgets for providing technical assistance for trainings and capacity building activities. Leadership of PHDC while aligning with the DHDCs, should not only be to work closely and identify training needs of health work force but also offer their support in providing

those trainings. During initial assessment meetings with the UN and USAID MCH Program Partners, it was observed that they are not only interested in conducting trainings at these facilities but also willing to provide opportunities for capacity building to PHDC faculty to strengthen capacities. The process will not only provide PHDC the opportunity to save resources but also be able to provide quality trainings in a compact training environment. The partners has shown keen interest in providing technical support for faculty development and providing technical assistance, this linkage will also help PHDC to get support for reviewing the status of available curriculum, identify gaps and future needs. This will go a long way towards strengthening of not only the existing faculty but also develop PHDC ability to revise the curriculum in view of latest developments. Moreover, the capacity will be enhanced to adapt or develop tailor made courses to meet the needs of both the partners and government.

3. Receive In – Kind Support

In addition to the government support, PHDC should also utilize established relationship with the USAID MCH Program, UN and bilateral partners for strengthening its capacities including human resource skills and technologies. Since the current government funding alone is not enough for PHDC revival, the partners support can be tapped as in-kind support to meet some of the requirements mentioned in Annex VII -- for refurbishments of hostel and training center. The activities listed in the “Annex V” have an estimated cost of approximately PKR: 3.6 million, which can be contributed as in-kind support by the UN and USAID partners for refurbishment of the current facilities to make the PHDC as a functional concern.

4. Coming into Highlights – Communication Strategy

During the process of establishing linkages and with commencement of training activities, PHDC must develop a Communication Strategy, under which by involving electronic and paper media, highlight its activities and achievements. This effort will help PHDC to publicize its training activities and gain a place along with similar institutions in public sector.

Another strategy should involve, advocating the institution by inviting various influential in the public sector to various activities being organized by PHDC. This could help in achieving the appreciation from those who could be the champions and advocate at all the right forums. This could lead to achieving positive feedback from both government sector and influential and all will come to recognize the results that a public sector training institute could achieve.

II. Medium Term Strategies

1. Baseline Studies

The institution must plan training needs assessment of the government health sector in view of the recently conducted capacity assessment of the districts by JSI to determine the current as well as future training needs of the health department. This will help determine current as well as

project future needs and enable PHDC to forecast requirements for the next three years in line with its outlined objectives.

2. Obtain Funds from the Government Counterparts

Once the institution has a clearly worked out requirements and workplan outlining resource needs, PHDC should prepare a comprehensive PC-I seeking funds from the government, since for long term sustainability, government support will be a must. The recent achievements of the PHDC will pave the way to obtain funds from the government and its ownership. The government support and ownership will further facilitate and revive donor interest and ensure support both financial and in-kind thus recognizing PHDC as the only public sector training institute. In addition, the HSRU and the Planning Cell of the DOH should be approached for mobilizing additional resources – both in-kind and financial, for PHDC strengthening.

III. Long term Strategies

1. Accredited Training Institute

Success in the medium term will pave way for possibility of PHDC being accorded status of an **accredited training institute**. The government could commission a third party review of the institution with the objective of reviewing options for making it as revenue generating unit rather than a cost center through issuance of a policy decision and necessary legislation, and affiliating it with Liaquat University of Medical & Health Sciences as a center for in-service training and a training databank. This will help the PHDC in getting due recognition as a training entity and be able to not only generate funds but also use it for other institutional purposes. The success of the strategy is linked to PHDC's ability to gain recognitions as a revenue generating reputed training institute for staff development.

Conclusions

- Establishing linkages with various public sector institutions would enable PHDC to develop and market short courses accredited by these renowned universities. This would attract a relevant group of professionals, especially fresh graduates, to attend those courses to gain requisite skills needed for career advancement.
- Undertaking training need assessment and working with the DOH for health systems strengthening is in line with the Capacity Building Strategy (under approval) for improving health outcomes.
- Broadening the scope of trainings as mandatory trainings for induction of newly recruited health professionals, appraisals and promotions of health management cadre, and as a pre-requisite for posting on management positions etc.

- Enhancing staff's capacity- focusing on developing and designing training curriculum and courses, modules, operations research etc.
- Affiliation with Liaquat University of Health & Management Sciences (LUHMS) for accreditation.
- Collaboration with International partners & NGOs along with harmonizing with international donors.
- Explore possibilities with College of Physicians and Surgeons Pakistan (CPSP) and Pakistan Medical and Dental Council (PM&DC) to be a center for CME (Continued Medical Education) for medical professionals.
- Establishing linkages with Higher Education Commission of Pakistan, Health Services Academy Islamabad, Liaquat University of Medical & Health Sciences, National Institute of Management, National College of Public Policy etc.
- Developing new trends for research work relating to quality of care and staff of health sector with the collaboration of LUHMS etc.

Such initiatives will help ensure sustainability of the PHDC through innovative strategies with the support of Government of Sindh and assistance of international partners. This will certainly add value by ensuring quality and effective trainings that will improve service delivery and governance in the health sector through trained, capable, committed and honest human resource.

5.2.2 Data /Resource Management

The PHDC will keep a database for its services, products, and clients. The primary responsibility of resource management lies with the Librarian and IT Officer who will be coordinating with other units on regular basis for ensuring that the database and resources are updated. This database will include the following:

Services and products: PHDC will catalogue all its trainings into subject areas and topics with their subsequent training materials, curricula, reports, reviews and evaluation results duly listed and filed.

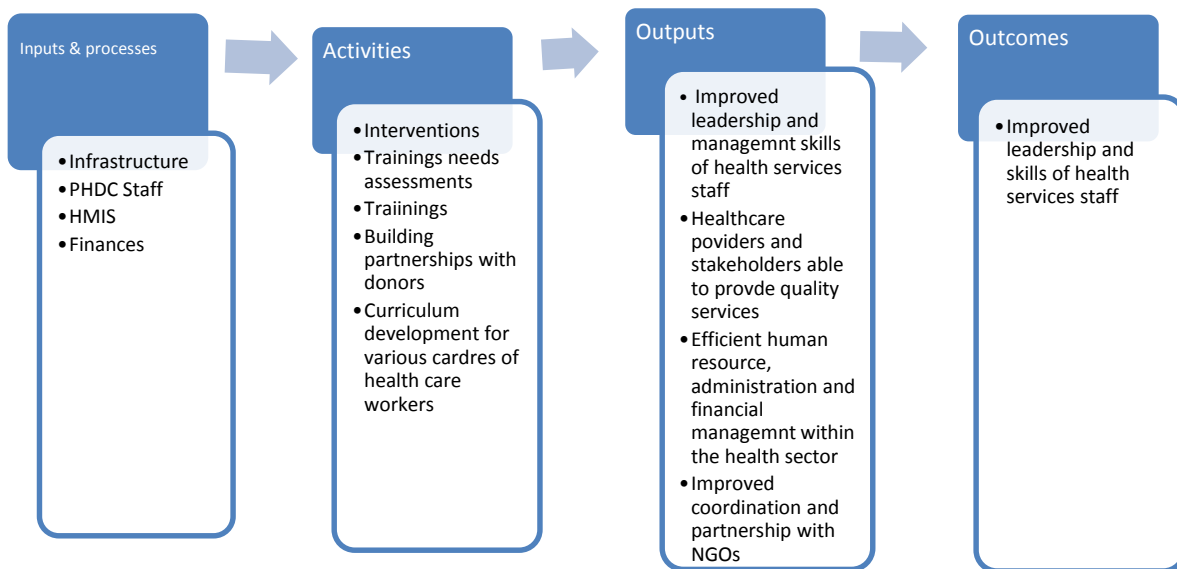
Clients: A record will be maintained for all alumni of PHDC along with their individual profiles and list of trainings and courses they have attended. While this database will be helpful in evaluation of PHDC's progress, it will also be helpful in conducting follow ups, creating profiles of upcoming trainings and building a supervisory and mentoring network within the department.

5.2.3 Monitoring and Supervision

Monitoring is the systematic follow-up and reporting of achievements in relation to objectives set out in the strategic plan. Evaluation is measuring implementation results by comparison to strategic goals and objectives. Based on the past experiences, regular monitoring, evaluation and

supervision are critical for improvement of the PHDC. Systematic and in-built monitoring and evaluation increases effectiveness, accountability and transparency.

The monitoring and evaluation components of the strategic and operational plan of PHDC have been identified with the involvement of key staff and management working together with the consultant. The resultant framework allows following up on the inputs, activities, outputs, outcomes and impact – which were identified and categorized keeping the new goals and objectives in mind.



Operational Plan will provide a framework for development of programmatic work plans for each unit that will focus on how each unit will meet specific objectives within the strategic Operational Plan. It is important for the monitoring of progress on this strategic Operational Plan and respective unit workplans that they are linked with the individual performance plans of each staff member as per their role and responsibilities within the department. Overall the Director of Quality Assurance, Evaluation and Research will be responsible for the monitoring and quality assurance of the implementation of Operational Plans and will establish a quality improvement program based on PHDC policies. The Operational Plan will be reviewed against the indicators of success provided in the next section on quarterly basis during the first year, and bi-annually in the subsequent years of the strategy implementation. At the end of each quarter, activity results and outputs will be analyzed in comparison with the initial predictions and will be used in making amendments (if any) in the strategy, and development of subsequent annual plans.

6. Financial Plan & Funds Forecast

6.1 Budgets & Expenditure Analysis

This section of the report provides analysis on the budget allocation to PHDC and its historical trends during the last five financial year's period i.e. 2010-11 to 2014-15. It starts by providing a broad analysis on the consolidated budget allocation, followed by analysis of component of trainings' budget.

Year	Total Budget Estimates PHDC	Actual Expenditure PHDC	% of Trainings Budget against Total Budget Estimates
2010-11	16,180,100	13,208,765	3%
2011-12	20,739,400	18,829,562	3%
2012-13	22,181,400	20,903,476	3%
2013-14	24,918,000	23,406,129	3%
2014-15	27,835,400	22,842,000	2%

At present the budgets allocated and released to PHDC from the Government of Sindh does not truly reflect the nature of activities that PHDC has the capacity to perform, Thus decreasing trends in PHDC budget for trainings does not reflect a healthy trend in addressing the various capacity building needs and challenges. The key mandate of PHDC is to conduct effective in-service trainings for staff development within the health sector. However, by not allocating sufficient funding for trainings, the government of Sindh shows lack of priority accorded to the training component and its role in improving the health outcomes in the province.

6.2 Standardized Unit Cost for Trainings to be held at PHDC

In the desk review of various models practiced in the public sector organizations with roles similar to PHDC, such as Management & Professional Development Department (MPDD) received more funding for trainings. MPDD operates the public sector environment funded entirely by Government of Punjab. Role of MPDD is somewhat similar to PHDC, though different at the same time as the activities held at MPDD are planned on a larger scale, diversified and cater to needs of public sector as a whole rather than focusing only on one entity. MPDD has allocated a block budget allocation in the Annual Development Plan for Government of Punjab. They are entitled to withdraw funds on the basis of approved annual training plan using standardized unit cost for trainings, approved by the government. They prepare their annual training requirements and calculate the number of participants to be trained while taking into account any last minute requests from any government department. The expenditure is

reconciled through number of staff trained against funds utilized. After reviewing this model for applicability towards Provincial Health Development Centre and after thorough consultations with various stakeholders, a standardized unit cost has been derived for conducting trainings at PHDC. These standard costs can be used as a benchmark to conduct initial trainings at PHDC. This is a cost which can be shared with various implementing partners and UN Partners who use PHDC as a training facility. This cost is more likely to be cost effective and also efficient in a compact training environment compared to hotels or other private sector locations. The following table shows the detailed standard unit cost that can be used for future cost assumptions for conducting trainings for up to three years taking into account the inflation effect. More details in Annex VI.

Provincial Health Development Centre – Jamshoro					
Standardized Unit Cost for Trainings to be held in PHDC					
Expenditure Category - Per Training Cost	Unit of Measurement	Unit Cost (PKR)	Year 1	Year II	Year III
Seminar Room Charges	Lump Sum	6,000	6,000	6,600	7,260
Air Conditioners (per hour rate)/Single Unit	Cost of Electricity - 8 hrs	1,800	1,800	1,980	2,178
IT Infrastructure (Laptops, Multimedia, Sound System)	Lump Sum	2,000	2,000	2,200	2,420
Fees to Resource Persons/Facilitators	Rate per session - 60 min.	3,000	3,000	3,300	3,630
Tea Arrangements - With two snacks	Cost per person	150	150	165	182
Daily meals – Lunch	Cost per person	500	500	550	605
Breakfast & Dinner (For Boarders) if any	Cost per person	600	600	660	726
Hostel charges - Twin Occupancy	Cost per Night	800	800	880	968
Stationary expenses - Reading material, certificates, folders , pens etc.	Cost per person	2,000	2,000	2,200	2,420
Other consumables (Mineral water, napkins, toiletries)	Cost per person	100	100	110	121
Operational Cost (POL, Generator)	Cost per person	60	60	66	73
Management Cost	10% of the total cost				

6.3 Revenue Generation for 2015-16

This section of the report illustrates the source of revenue that can be generated from conducting trainings both at provincial & district levels after strengthening PHDC. The trainings plans were obtained from USAID implementing partners, vertical programmes and UN plans. Desired trainings are annexed for each partner detailing the training plan for the next one year. As per the initial plan it is forecasted that the amount of management cost that PHDC will be entitled to receive from the partners is estimated at PKR 3.8 Million, though it is highly recommended that

instead of cash, PHDC can receive in-kind support of the same value hence financial accountability will not be subject to review.

The following table shows the number of trainings and number of participants expected to attend the trainings both at provincial and district level. The cost of trainings has been determined using the standardized unit cost referred to the table above. The projected trainings of implementing partners' details are at Annex I.

Revenue Source for PHDC – Jamshoro							
Services offered by PHDC	Number of Trainings		Total Participants		Total Cost of Trainings		Revenue Source
	District	Provincial	District	Provincial	Province	District	Management Cost @ 10%
Induction Trainings	10	0	2739	0	-	2,701,442	270,144
In-Service Trainings	35	3	8313	1205	1,188,477	8,199,008	938,748
Pre-Service Trainings	4	0	1108	0	-	1,092,807	109,281
Project Specific Trainings	13	18	21822	747	736,757	21,522,767	2,225,952
TB Control Program	0	5	0	219	215,997	-	21,600
Malaria Control Program	0	5	0	183	180,491	-	18,049
National Program for Family Planning	1	1	2533	92	90,738	2,498,266	258,900
Nutrition Support Program	10	2	310	40	39,452	305,749	34,520
	73	34	36825	2486	2,451,911	36,320,039	3,877,195

6.4 Capital & Recurring Cost

The infrastructure of the Provincial Health Development Centre in Jamshoro has deteriorated over the years. The facility requires major overhauling and investments in terms of infrastructure and equipment to fully revive its operations. The hostel facility at present is also in undesirable state and requires major refurbishment. Detailed assessment of facility was carried out in 2014. The cost estimates are based on C&W approved rates and market rates were used where appropriate and lump sum costing was also done where deemed necessary. Assumptions along with detailed costing and physical phasing out of activities are annexed at Annex V. The costs estimates for Year 1 activities are kept low because these activities will be reliant on in-kind

support from the development and USAID partners. From Year 2 onwards it is estimated that major costs will be requested through the development budget from the government. It is important that as part of Year 1 activities, PHDC should start preparation of comprehensive PC I and seek its approval with a base of year 1 activities that will convince government towards further enhancement and revival of PHDC. Moreover, after year 3, the PHDC should commission a third party evaluation to assess its achievements against revised goals and objectives and if desired can further explore possibilities for becoming an affiliate institution of Liaquat University of Medical and Health Sciences, Jamshoro or opt for autonomous/semi-autonomous status after showing its potential as a revenue generating and sustainable unit. The following table shows the summary of costs that are estimated to fully revive the operations of the PHDC.

Provincial Health Development Centre – Jamshoro						
Sr. No.	Activities	Cost Estimates			All Figs in Million (Rs.)	
		Year I	Year II	Year III	Total	% of Base Cost
		1	Civil Works - New Construction & Renovation	-		
2	Procurement of Goods	5.170	34.323	8.450	47.943	11%
3	Human Resource ⁴	3.101	55.493	59.300	117.894	27%
4	Project Execution ⁵	7.425	9.263	10.828	27.516	
	Total Cost	15.69	335.35	87.62	438.67	94%

6.5 Source of Funds

Detailed assessment of the requirements of infrastructure and equipment was carried out following finalization of the cost estimates from the previous chart. It was concluded that major funding will be sourced from Government of Sindh to ensure PHDC's sustainability. In addition, following discussions with bilateral, UN and USAID MCH Program Partners that they are committed to providing in kind support to PHDC in either infrastructure or equipment, the following table below shows the sources of funds inflow to PHDC expected in coming years.

Sources of Funds	Estimated Amount of Inflow
Implementing Partners – In kind Support	PKR 3.8 Millions
HSRU Budget	PKR 20 Million
Current Budget Estimates	PKR 30 Million
Total requirement for three years	PKR 438.67
Funding Gap to filled in by Government of Sindh	PKR 350 Millions

⁴ All technical and support staff of PHDC

⁵ Overheads, utilities, repair and maintenance costs

Annexures

Annex I: Projected Trainings of Implementing & Development Partners.

Projected Trainings - Implementing Partners & Development Partners			
	Year 1	Year II	Year III
Total Number of Trainings	107	118	141
Total Number of Staff	39311	43242	51891

- The partner wise details are at Annex VII

Annex II: Cost of Trainings as per categorized expenditure over next three years

Expenditure Category – Per Training Cost	Unit of Measurement	Unit Cost (PKR)	Year 1	Year II	Year III
Seminar Room Charges	Lump Sum	6,000	642,000	706,200	847,440
Air Conditioners (per hour rate)/ Two Units/Day	Cost of Electricity - 8 Hrs	2,600	624,000	748,800	898,560
IT Infrastructure (Laptops, Multimedia, Sound System)	Lump Sum	1,500	160,500	176,550	211,860
Lunch Arrangements	Cost per person	800	31,448,800	34,593,680	41,512,416
Tea Arrangements - With two snacks	Cost per person	150	5,896,650	6,486,315	7,783,578

Annex III: Cost per Person Trained and Cost per Training

	Year 1		Year II		Year III	
Cost per Trainings	PKR	362,355	PKR	362,885	PKR	362,885
Cost per person trained	PKR	986.29	PKR	989.36	PKR	991.16

Annex IV: Capacity Utilization based on Number of Training Days

	Year 1	Year II	Year III
Capacity Utilization	66%	76%	87%
Total Number of Training Days	240	276	317

Annex V: Capital Cost Estimates

Civil Works - New Construction

All Figs in Million (PKR)

Sr. No.	Activities	Unit		Phasing out - Physical Targets			Phasing Out - Financial Targets			Total
		Defined	Cost	Year I	Year II	Year III	Year I	Year II	Year III	
A	New Construction									
1.1	Construction of New Academic & Admin Block	Covered Area	C&W Approved Rates	0	100%	0		16.83		16.83
1.2	Construction of 56 seated Male Hostel	Covered Area	C&W Approved Rates	0	100%	0		58.70		58.70
1.3	Construction of Civic Centre	Covered Area	C&W Approved Rates	0	100%	0		6.17		6.17
1.4	Construction of Mosque	Covered Area	C&W Approved Rates	0		100%			4.59	4.59
1.5	Construction of Mini Mart Area	Covered Area	C&W Approved Rates	0		100%			4.45	4.45
B	Renovation of Old Structure			0.00	3.00	2.00	0.00	81.71	9.04	90.75
1.6	Repair & Renovation of Old Academic/Admin Block	Covered Area	C&W Approved Rates		100%			80.95		80.95
1.7	Repair & Renovation of Old Hostel	Covered Area	C&W Approved Rates		100%			73.61		73.61
							0.00	154.57	0.00	154.57
Total Civil Works							-	236.27	9.04	245.31

Procurement

<i>All Figs in Million (Rs.)</i>										
Sr. No.	Activities	Unit		Physical Target			Financial Targets			Total
		Defined	Cost (Pkr)	Year I	Year II	Year III	Year I	Year II	Year III	
C	Procurement of Furniture & Fixture									
C.1	Book Rack(Glass)	Cost/Unit	8000		30		0.00	0.24	0.00	0.24
C.2	Book Rack(Steel)	Cost/Unit	6000		30		0.00	0.18	0.00	0.18
C.3	Wooden Almirah	Cost/Unit	5000		20		0.00	0.10	0.00	0.10
C.4	Steel Almirah	Cost/Unit	10000		25		0.00	0.25	0.00	0.25
C.5	Computer Desk With Chair	Cost/Unit	8000		50		0.00	0.40	0.00	0.40
C.6	Cabinet	Cost/Unit	6000		15		0.00	0.09	0.00	0.09
C.7	Table Double Sided	Cost/Unit	20000		15		0.00	0.30	0.00	0.30
C.8	Revolving Chairs (Executives)	Cost/Unit	9000		4		0.00	0.04	0.00	0.04
C.9	Revolving Chairs (Ordinary)	Cost/Unit	5000		10		0.00	0.05	0.00	0.05
C.10	Office Chairs	Cost/Unit	1500		50		0.00	0.08	0.00	0.08
C.11	Chairs & Cushions	Cost/Unit	1500		50		0.00	0.08	0.00	0.08
C.12	Visitor Chairs	Cost/Unit	1000		70		0.00	0.07	0.00	0.07
C.13	Folding Chairs (Plastic)	Cost/Unit	200		36		0.00	0.01	0.00	0.01
C.14	Sofa Set Executive	Cost/Unit	40000		4		0.00	0.16	0.00	0.16
C.15	Sofa Set Ordinary	Cost/Unit	15000		10		0.00	0.15	0.00	0.15
C.16	Dressing Tables	Cost/Unit	10000		60		0.00	0.60	0.00	0.60
C.17	Writing Tables	Cost/Unit	8000		60		0.00	0.48	0.00	0.48
C.18	Corner Tables	Cost/Unit	2000		120		0.00	0.24	0.00	0.24
C.19	Seats For Lecture Hall and Seminar Rooms	Cost/Unit	2000		200		0.00	0.40	0.00	0.40
C.20	Executive Tables	Cost/Unit	15000		4		0.00	0.06	0.00	0.06
C.21	Folding Tables (Plastic)	Cost/Unit	600		6		0.00	0.00	0.00	0.00
C.22	Table For Liberian	Cost/Unit	18000		1		0.00	0.02	0.00	0.02
C.23	Office Tables	Cost/Unit	4000		20		0.00	0.08	0.00	0.08

C.24	Ordinary Table	Cost/Unit	2000		35		0.00	0.07	0.00	0.07
C.25	Dining Table Set	Cost/Unit	20000		4		0.00	0.08	0.00	0.08
C.26	Folding Tables	Cost/Unit	7000		6		0.00	0.04	0.00	0.04
C.27	Four-Seater Bench	Cost/Unit	4000		10		0.00	0.04	0.00	0.04
C.28	File Cabinet	Cost/Unit	15000		20		0.00	0.30	0.00	0.30
C.29	File Racks	Cost/Unit	2500		25		0.00	0.06	0.00	0.06
C.30	Card Catalog	Cost/Unit	15000		2		0.00	0.03	0.00	0.03
C.31	U-Shaped Table (Large Size)	Cost/Unit	25000		2		0.00	0.05	0.00	0.05
C.32	Rostrum	Cost/Unit	2500		1		0.00	0.00	0.00	0.00
C.33	Dust Bins	Cost/Unit	200		100		0.00	0.02	0.00	0.02
C.34	Notice Boards	Cost/Unit	6000		6		0.00	0.04	0.00	0.04
C.35	Wall Clocks	Cost/Unit	500		50		0.00	0.03	0.00	0.03
C.36	Window Blinders	Cost/Unit	2000		50		0.00	0.10	0.00	0.10
C.37	Telephone Sets	Cost/Unit	1000		60		0.00	0.06	0.00	0.06
C.38	Side Corner For Fax Machine	Cost/Unit	1500		4		0.00	0.01	0.00	0.01
C.39	File Trays	Cost/Unit	250		30		0.00	0.01	0.00	0.01
C.40	Beds for Hostels	Cost/Unit	15000		60		0.00	0.90	0.00	0.90
	Sub Total						0.00	5.90	0.00	5.90
D	Procurement of Equipment									
D.1	Desktop PC with accessories	Cost/Unit	50000		50		0.00	2.50	0.00	2.50
D.2	HP Scanner Full Size	Cost/Unit	5000		3		0.00	0.02	0.00	0.02
D.3	HP Laser Printer	Cost/Unit	25000		2		0.00	0.05	0.00	0.05
D.4	HP Bubble Jet Printer	Cost/Unit	5000		10		0.00	0.05	0.00	0.05
D.5	Multi Media System	Cost/Unit	120000		3		0.00	0.36	0.00	0.36
D.6	Laptop	Cost/Unit	70000		4		0.00	0.28	0.00	0.28
D.7	UPS (High Power)	Cost/Unit	25000		10		0.00	0.25	0.00	0.25
D.8	UPS	Cost/Unit	15000		15		0.00	0.23	0.00	0.23
D.9	Split Air Conditioner 1.5 Ton	Cost/Unit	75000		20		0.00	1.50	0.00	1.50
D.10	Generator 200 KVA(Gas)	Cost/Unit	4050000		1		0.00	4.05	0.00	4.05
D.11	Intercom Telephone Exchange	Cost/Unit	50000		2		0.00	0.10	0.00	0.10
D.12	Photostat Machine (Heavy Duty)	Cost/Unit	220000		1		0.00	0.22	0.00	0.22
D.13	Photostat Machine (Light Duty)	Cost/Unit	70000		4		0.00	0.28	0.00	0.28

D.14	Cyclostyle Machine	Cost/Unit	120000		1		0.00	0.12	0.00	0.12	
D.15	Electric Water Cooler	Cost/Unit	40000		5		0.00	0.20	0.00	0.20	
D.16	Water Dispenser	Cost/Unit	9000		15		0.00	0.14	0.00	0.14	
D.17	Close Circuit TV System	Cost/Unit	1000000		1		0.00	1.00	0.00	1.00	
D.18	Library Software	Cost/Unit	50000		1		0.00	0.05	0.00	0.05	
D.19	Television 36"	Cost/Unit	60000		2		0.00	0.12	0.00	0.12	
D.20	Television 20" (For Hostels and Offices)	Cost/Unit	10000		5		0.00	0.05	0.00	0.05	
D.21	Philip Chart Stands	Cost/Unit	2000		10		0.00	0.02	0.00	0.02	
D.22	Refrigerator Full Size	Cost/Unit	35000		2		0.00	0.07	0.00	0.07	
D.23	Refrigerator Medium Size	Cost/Unit	22000		8		0.00	0.18	0.00	0.18	
D.24	Refrigerator Small Size	Cost/Unit	15000		5		0.00	0.08	0.00	0.08	
D.25	Epidiascopes	Cost/Unit	25000		5		0.00	0.13	0.00	0.13	
D.26	Digital Camera	Cost/Unit	25000		3		0.00	0.08	0.00	0.08	
D.27	Slide Projector	Cost/Unit	15000		2		0.00	0.03	0.00	0.03	
D.28	Sound Amplifier Complete set	Cost/Unit	45000		2		0.00	0.09	0.00	0.09	
D.29	Fax Machine	Cost/Unit	7000		3		0.00	0.02	0.00	0.02	
D.30	Voltage Stabilizer	Cost/Unit	2500		50		0.00	0.13	0.00	0.13	
D.31	Paper Destroyer	Cost/Unit	5000		3		0.00	0.02	0.00	0.02	
D.32	Spiral Binding Machines	Cost/Unit	7000		5		0.00	0.04	0.00	0.04	
D.33	Telephone Sets	Cost/Unit	1500		10		0.00	0.02	0.00	0.02	
							Sub Total	0.00	12.43	0.00	12.43
E.	Procurement of Vehicles										
E.1	Car for Director General	Cost/Unit	1.7		1		0.00	1.70	0.00	1.70	
E.2	28 Seated Mini Coaster	Cost/Unit	4.8		1		0.00	4.80	0.00	4.80	
							Sub Total	0.00	6.50	0.00	6.50
F	Books & Journals, Curriculum Development - Health Education										
F.1	Procurement of Books & Journals	Lump Sum	1.5				0.00	1.50	1.50	3.00	
F.2	Development of Curriculum	Numbers	0.2	10	10	7	2.00	2.00	1.40	5.40	
F.3	Development of Post & Pre Tests	Numbers	0.2	10	10	9	2.00	2.00	1.80	5.80	
F.4	Development of Training Database	Lump Sum	1.0		1		0.00	1.00	0.00	1.00	
F.5	Development of Communication Material	Lump Sum	1.5		1	1	0.00	1.50	1.50	3.00	

	Sub Total						4.00	8.00	6.20	18.20
G.	Training of staff									
G.1	Orientation Training	Cost/ Participant	986.0	30			0.03	0.00	0.00	0.03
G.2	Development of Master Trainers	Numbers	0.03	38	50	75	1.14	1.50	2.25	4.89
	Sub Total						1.17	1.50	2.25	4.92
TOTAL PROCUREMENT							5.17	34.32	8.45	47.94

Human Resource

<i>All Figs in Million (PKR)</i>										
Sr. No.	Activities	Unit		Physical Target			Financial Targets			Total
		Defined	Cost (PKR)	Year I	Year II	Year III	Year I	Year II	Year III	
H. Program Staff										
H.1	Project Director	Cost/Person	1,581,000	0	1	1	0.00	1.74	1.90	3.64
H.2	Project Civil Engineer (Deputation Basis)	Cost/Person	1,031,742	0	1	-	0.00	1.13	-	1.13
H.3	Director Admin & Finance	Cost/Person	1,488,837	0	1	1	0.00	1.64	1.79	3.42
H.4	Director Academics	Cost/Person	1,488,837	0	1	1	0.00	1.64	1.79	3.42
H.5	Director Quality Assurance, Research & Evaluations	Cost/Person	1,488,837	0	1	1	0.00	1.64	1.79	3.42
H.6	Deputy Director Admin & Accounts	Cost/Person	1,031,742	0	1	1	0.00	1.13	1.24	2.37
H.7	Deputy Director PHC Programs	Cost/Person	1,031,742	0	1	1	0.00	1.13	1.24	2.37
H.8	Deputy Director Hospital Management Programs	Cost/Person	1,031,742	0	1	1	0.00	1.13	1.24	2.37
H.9	Deputy Director District Health System Programs	Cost/Person	1,031,742	0	1	1	0.00	1.13	1.24	2.37
H.10	Deputy Director Research &	Cost/Person	1,031,742	0	1	1	0.00	1.13	1.24	2.37

	Quality Assurance									
H.11	Deputy Director Curriculum Review & Evaluation	Cost/Person	1,031,742	0	1	1	0.00	1.13	1.24	2.37
H.12	Subject Matter & Curriculum Dev Specialist	Cost/Person	1,031,742	0	1	1	0.00	1.13	1.24	2.37
H.13	Accounts & Audit Officer	Cost/Person	809,100	0	1	1	0.00	0.89	0.97	1.86
H.14	Office Administration Officer	Cost/Person	809,100	0	1	1	0.00	0.89	0.97	1.86
H.15	Training Officer	Cost/Person	809,100	0	3	3	0.00	2.67	2.91	5.58
H.16	Research Officer	Cost/Person	809,100	0	2	2	0.00	1.78	1.94	3.72
H.17	Program Evaluation Officer	Cost/Person	809,100	0	1	1	0.00	0.89	0.97	1.86
H.18	Program Development Officer	Cost/Person	809,100	0	1	1	0.00	0.89	0.97	1.86
H.19	Quality Assurance Officer	Cost/Person	809,100	0	1	1	0.00	0.89	0.97	1.86
H.20	Campus Administrator	Cost/Person	809,100	0	1	1	0.00	0.89	0.97	1.86
H.21	Librarian	Cost/Person	809,100	0	1	1	0.00	0.89	0.97	1.86
H.22	Auditor/Accountant	Cost/Person	690,804	0	1	1	0.00	0.76	0.83	1.59
H.23	Personal Assistant to PRINCIPAL	Cost/Person	690,804	0	1	1	0.00	0.76	0.83	1.59
H.24	Assistant Librarian	Cost/Person	690,804	0	1	1	0.00	0.76	0.83	1.59
H.25	Printing Press Machine Operator	Cost/Person	690,804	0	1	1	0.00	0.76	0.83	1.59
H.26	Training Assistants	Cost/Person	565,533	0	3	3	0.00	1.87	2.04	3.90
H.27	Hostel Warden	Cost/Person	565,533	0	1	1	0.00	0.62	0.68	1.30
H.28	Book Keeper/Cataloguer	Cost/Person	433,845	0	2	2	0.00	0.95	1.04	2.00
H.29	Personal Assistant to Directors	Cost/Person	433,845	0	3	3	0.00	1.43	1.56	2.99
H.30	Computer Operator	Cost/Person	433,845	0	10	10	0.00	4.77	5.21	9.98
H.31	Projectionist	Cost/Person	433,845	0	3	3	0.00	1.43	1.56	2.99
H.32	Senior Clerk	Cost/Person	350,145				0.00	-	-	0.00
H.33	Junior Clerk	Cost/Person	305,598	1	4	4	0.31	1.34	1.47	3.12
H.34	Office Assistant	Cost/Person	400,086	0	2	2	0.00	0.88	0.96	1.84

H.35	Store In-charge	Cost/Person	400,086	0	1	1	0.00	0.44	0.48	0.92
H.36	Printing Press Machine Assistant	Cost/Person	400,086	0	1	1	0.00	0.44	0.48	0.92
H.37	Electricians	Cost/Person	263,748	0	3	3	0.00	0.87	0.95	1.82
H.38	Plumbers	Cost/Person	242,823	0	4	4	0.00	1.07	1.17	2.23
H.39	Driver	Cost/Person	242,823	2	4	4	0.49	1.07	1.17	2.72
H.40	Guards	Cost/Person	242,823	0	6	6	0.00	1.60	1.75	3.35
H.41	Cook	Cost/Person	223,758	2	6	6	0.45	1.48	1.61	3.54
H.42	Bearer	Cost/Person	169,260	2	6	6	0.34	1.12	1.22	2.67
H.43	Choukidar	Cost/Person	169,260	3	6	6	0.51	1.12	1.22	2.84
H.44	Naib Qasid	Cost/Person	169,260	3	13	13	0.51	2.42	2.64	5.57
H.45	Sanitary Worker	Cost/Person	169,260	3	6	6	0.51	1.12	1.22	2.84
	Sub Total			16	112	111	3.10	55.49	59.30	117.89

Project Execution

All Figs in Million (PKR)

Sr. No.	Activities	Unit		Physical Target			Financial Targets			Total
		Defined	Cost (PKR)	Year I	Year II	Year III	Year I	Year II	Year III	
I	Quality Assurances & Impact Evaluation									
I.1	Impact Evaluation of Trainings Conducted	Per training	0.5				0.00	0.50	0.50	1.00
I.2	Quality Assurance on Trainings Conducted	Number of Trainings	0.5				0.00	0.50	0.50	1.00
	Sub Total						0.00	1.00	1.00	2.00
J	Operational Cost									
J.1	Electricity	Number of Trainings	4000	107	118	141	0.43	0.47	0.56	1.46
J.3	Water Supply	Number of Trainings	1000	107	118	141	0.11	0.12	0.14	0.37
J.4	Telephone/Internet Charges	Annum	0.5				0.50	0.55	0.61	1.66
J.5	Postage, Taxes & Other Misc. Charges	Annum	0.10				0.10	0.11	0.12	0.33
J.6	Durable and other consumables	Number of Staff trained	PKR 100	39311	43242	51891	3.9311	4.3242	5.1891	13.44
J.7	POL – Generator	Cost/Person	PKR 60	39311	43242	51891	2.3587	2.5945	3.1134	8.07
J.8	Repair & Maintenance of Vehicles	5% of Depreciation	0.033					0.03	0.03	0.07
J.9	Repair & Maintenance of Equipment	5% of Depreciation	0.062					0.06	0.06	0.12
J.10	Repair & Maintenance of Furniture & Fixture	5% of Depreciation	0.029					0.03	0.03	0.06
	Total						7.42	9.26	10.83	27.52

Annex VI: Standardized Unit Cost for trainings to be held at PHDC

Provincial Health Development Centre – Jamshoro					
Standardized Unit Cost for Trainings to be held in PHDC					
Expenditure Category - Per Training Cost	Unit of Measurement	Unit Cost (PKR)	Year 1	Year II	Year III
Seminar Room Charges	Lump Sum	6,000	6,000	6,600	7,260
Air Conditioners (per hour rate)/Single Unit	Cost of Electricity - 8 Hrs	1,800	1,800	1,980	2,178
IT Infrastructure (Laptops, Multimedia, Sound System)	Lump Sum	2,000	2,000	2,200	2,420
Fees to Resource Persons/Facilitators	Rate per Session - 60 Mins	3,000	3,000	3,300	3,630
Tea Arrangements - With two snacks	Cost per person	150	150	165	182
Daily meals – Lunch	Cost per person	500	500	550	605
Breakfast & Dinner (For Boarders) if any	Cost per person	600	600	660	726
Hostel charges - Twin Occupancy	Cost per night	800	800	880	968
Stationary expenses - Reading material, certificates, folders , pens etc.	Cost per person	2,000	2,000	2,200	2,420
Other Consumables (Mineral water, napkins, toiletries)	Cost per person	100	100	110	121
Operational Cost (POL, Generator)	Cost per person	60	60	66	73
Management Cost	10% of the Total Cost				

Annex VII: Revenue Source for PHDC.

Revenue Source for PHDC - Jamshoro							
Services offered by PHDC	Number of Trainings		Total Participants		Total Cost of Trainings		Revenue Source
	District	Provincial	District	Provincial	Provincial	District	Management Cost @ 10%
Induction Trainings	10	0	2739	0	-	2,701,442	270,144
In-Service Trainings	35	3	8313	1205	1,188,477	8,199,008	938,748
Pre-Service Trainings	4	0	1108	0	-	1,092,807	109,281
Project Specific Trainings	13	18	21822	747	736,757	21,522,767	2,225,952
TB Control Program	0	5	0	219	215,997	-	21,600
Malaria Control Program	0	5	0	183	180,491	-	18,049
National Program for Family Planning	1	1	2533	92	90,738	2,498,266	258,900
Nutrition Support Program	10	2	310	40	39,452	305,749	34,520
	73	34	36825	2486	2,451,911	36,320,039	3,877,195

Annex VIII: Human Resource Requirements and Job Descriptions for the PHDC

Project Director:

Directly responsible to Secretary Health, the Project Director would be responsible for

- Day to day operations of the project.
- On behalf of the DOH he/she will be able to call tenders, issue work orders and monitor project works. However for selection of any bid of construction, equipment purchase, consultancy of training he/she would be required to seek and abide with advices communicated by technical committee/ committees constituted by DOH as per SPPRA Rules.
- He/she would be full time employee of the DOH with all benefits of grade 19/20 (but with a package salary) and whatever additional the DOH may decide to compensate his/her hard/additional duties.
- His/her position would be only for project period.
- He/she must be a medical graduate (preferably a post graduate MPH) and would be having practical experience of 10 years or more with five years exclusive experience as project director in similar projects or in international collaborating organizations.
- The age limit would be 50 years. However in case of suitable candidate the retired professionals can be appointed with relaxation of age limit.
- There would be no gender restriction. However males would be encouraged due to imperative nature of the job.

Deputy Project Director:

Directly responsible to Project Director the Deputy Project Director would be required to assist the Project Director in all office and field activities of the project. He/she would specially be required for project specific need assessment of the concerned project components, to define the specifications of structure or equipment to be incurred under project, keep liaison between the project, DOH (especially Director General, EDOs Health and office of Additional Secretary Health for P&D) and with provincial P&D Department, international collaborating agencies, NGOs and other stakeholders taught to be influenced by project benefits. The project director would define his job responsibilities and will issue his/her duty plans on when and where required basis. He/she would be fulltime employee of the DOH with all benefits of grade 18/19 (but with a package salary) and whatever additional the DOH may decide to compensate his/her hard/additional duties. His/her position would be only for project period. He/she must be a Civil Engineer (Preferably a post graduate of Structural or Architect Engineering) and would be having practical experience of five years or more with three years exclusive experience of Project Engineer in similar projects or in international collaborating organizations. The age limit would be 45 years. However in case of suitable candidate the retired professionals can be

appointed with relaxation of age limit. There would be no gender restriction, however females would be encouraged.

Staff Requirement For Project Execution.

SR.NO.	DESCRIPTION.	On Contract Basis but equal to BPS.	NO. OF POSTS.
1	Project Director	19 or 20	1
2	Deputy Project Director	18 or 19	1

The proposed salary package inclusive of all financial benefits would be:

- 1. Project Director Rs. 75000/- month
- 2. Deputy Project Director Rs. 35000/- month

B. Project Implementation Team:

Project Director (BPS-20)

He/She would be the chief executive of the academy with all administrative and financial authorities delegated by provincial services rules and regulations to a head of an institution having BPS-20. He/she will direct and monitor all the working staff of academy including officers of whatever rank. The incumbent must have PhD degree in Public Health/Health Management or related specialty and should have relevant experience of 10 years or more. He/she would report regularly to the Board of Directors and Secretary Health Services Sindh regarding performance of various staff working in the academy and about the academy accomplishments. The age limit would be 50 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Director Administration and Finance (BPS-19)

He/she would work directly under the principal and would be responsible for all sorts of administration, finance and HRD responsibilities. He/she would be having administrative and financial authorities delegated under provincial rules and regulations to a similar post of grade 19. He/she will direct and monitor all the subordinate staff of his/ her office including officers of whatever rank below grade 19. He/she would be responsible for overall official affairs of his/her directorate and will plan monitor and evaluate the activities of the directorate. He/she would report regularly to the principal regarding performance of various staff working in the directorate and about the directorate accomplishments.

The eligibility criteria for securing this post include a PhD degree in Management Sciences with five years relevant experience or Master’s degree including MPH with minimum 10 years

relevant experience. The age limit would be 45 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Director Academics (BPS-19)

He/she would work directly under the principal and would be responsible for organizing all sorts of academic and instructional programs of the academy. He will prepare and circulate academic calendar of all training programs of the academy, various instructional plans, and would be responsible for selection of various candidates for different programs and will decide finally the completion status and certificate award for any of the candidate. He/she would be having administrative and financial authorities delegated under provincial rules and regulations to a similar post of grade 19. He/she will direct and monitor all the subordinate staff of his/her office including officers of whatever rank below grade 19. He/she would be responsible for overall official affairs of his/her directorate and will plan monitor and evaluate the activities of the directorate. He/she would report regularly to the Principal regarding performance of various staff working in the directorate and about the directorate accomplishments.

The eligibility criteria for securing this post include a PhD degree in Education or Instructional Sciences with five years relevant experience or Master's degree including MPH with minimum 10 years relevant experience. The age limit would be 45 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Director Quality Assurance, Research & Evaluation (BPS-19)

He/she would work directly under the principal and would be responsible for designing, planning, implementing or conducting operational and conventional research regarding public health or health system issues for DOH, District Health Systems and the for the academy itself. He/she would also be responsible for assessing the impact of various programs offered at academy and would analyze their quality aspects for future enhancement/improvement. He/she would also review various curricula and will suggest improvement/modifications with the changing order of sectoral priorities or to incorporate the up to date information of the subject. He/she would be having administrative and financial authorities delegated under provincial rules and regulations to a similar post of grade 19. He/she will direct and monitor all the subordinate staff of his/her office including officers of whatever rank below grade 19. He/she would be responsible for overall official affairs of his/her directorate and will plan monitor and evaluate the activities of the directorate. He/she would report regularly to the principal regarding performance of various staff working in the directorate and about the directorate accomplishments.

The eligibility criteria for securing this post include a PhD degree in Management or Instructional Sciences with five years relevant experience or Master's degree including MPH with minimum 10 years relevant experience. The age limit would be 45 years, however in case of

suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Deputy Director Admin & Finance (BPS-18)

He/she would work directly under the Director Admin & Finance and would be responsible for assisting director in all his assigned responsibilities regarding admin and finance of the academy. He/She would scrutinize the official matters, correspondence and documents and would put his/her remarks before submission to director for any decision. The director may assign him/her any special assignment whether of office or field regarding official responsibilities of the directorate or any other matter referred by Principal or DOH even if not much related with specific task of the directorate. He/she will bridge gap between the subordinate staff and the top management of the academy and would be responsible for problem shooting concerned with staff or office matters. He/she would be having administrative and financial authorities delegated under provincial rules and regulations to a similar post of grade 18. He/she will direct and monitor all the subordinate staff of his/her office including officers of whatever rank below grade 18. He/she would be responsible for day to day official affairs of his/her directorate and will assist the director in planning, monitoring and evaluation of directorate activities. He/she would report regularly to the director regarding performance of various staff working in his/her section and about the section accomplishments.

The eligibility criteria for securing this post include a Master's degree in Management Sciences with five years relevant experience or MPH with minimum seven years relevant experience. The age limit would be 40 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Deputy Director PHC Training Programs (BPS-18/19)

He/she would work directly under the Director Academics and would be responsible for organizing all sorts of academic and instructional programs of Primary Health Care (PHC) offered by the academy. He/she will prepare and circulate calendar of the training programs, various instructional plans, and would be responsible for selection of various candidates for different programs. He/she would scrutinize the official matters, program plans, correspondence and documents and would put his/her remarks before submission to director for any decision. The director may assign him/her any special assignment whether of office or field regarding official responsibilities of the directorate or any other matter referred by principal or DOH even if not much related with specific task of the directorate. He/she will bridge gap between the subordinate staff and the top management of the academy and would be responsible for problem shooting concerned with staff or office matters. He/she would be having administrative and financial authorities delegated under provincial rules and regulations to a similar post of grade 18. He/she will direct and monitor all the subordinate staff of his/her office including officers of whatever rank below grade 18. He/she would be responsible for day to day official affairs of his/her directorate and will assist the director in planning, monitoring and evaluation of

director activities. He/she would report regularly to the director regarding performance of various staff working in his/her section and about the section accomplishments.

The eligibility criteria for securing this post include a Master's degree in PHC or Instructional Sciences with five years relevant experience or MPH with minimum seven years relevant experience. The age limit would be 40 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Deputy Director Hospital Management Training Programs (BPS-18/19)

He/she would work directly under the Director Academics and would be responsible for organizing all sorts of academic and instructional programs regarding Hospital Management offered by the academy. He will prepare and circulate academic calendar of the training programs, various instructional plans, and would be responsible for selection of various candidates for different programs. He/She would scrutinize the official matters, program plans, correspondence and documents and would put his/her remarks before submission to director for any decision. The director may assign him/her any special assignment whether of office or field origin regarding official responsibilities of the directorate or any other matter referred by Principal or DoH even if not much related with specific task of the directorate. He/she will bridge gap between the subordinate staff and the top management of the academy and would be responsible for problem shooting concerned with staff or office matters. He/she would be having administrative and financial authorities delegated under provincial rules and regulations to a similar post of grade 18. He/she will direct and monitor all the subordinate staff of his/her office including officers of whatever rank below grade 18. He/she would be responsible for day to day official affairs of his/ her directorate and will assist the director in planning, monitoring and evaluation of directorate activities. He/ she would report regularly to the director regarding performance of various staff working in his/ her section and about the section accomplishments.

The eligibility criteria for securing this post include a Master's degree in Hospital Management or Instructional Sciences with five years relevant experience or MPH with minimum seven years relevant experience. The age limit would be 40 years, however in case of suitable or already working candidate the age can be relaxed even to accommodate a retired senior person.

Deputy Director District Health System Training Programs (BPS-18/19)

He/she would work directly under the Director Academics and would be responsible for organizing all sorts of academic and instructional programs regarding District Health System offered by the Academy. He will prepare and circulate academic calendar of the training programs, various instructional plans, and would be responsible for selection of various candidates for different programs. He/She would scrutinize the official matters, program plans, correspondence and documents and would put his/her remarks before submission to director for any decision. The director may assign him/her any special assignment whether of office or field origin regarding official responsibilities of the directorate or any other matter referred by principal or DOH even if not much related with specific task of the directorate. He/she will

bridge gap between the subordinate staff and the top management of the academy and would be responsible for problem shooting concerned with staff or office matters. He/she would be having administrative and financial authorities delegated under provincial rules and regulations to a similar post of grade 18. He/she will direct and monitor all the subordinate staff of his/her office including officers of whatever rank below grade 18. He/she would be responsible for day to day official affairs of his/her directorate and will assist the director in planning, monitoring and evaluation of directorate activities. He/she would report regularly to the director regarding performance of various staff working in his/her section and about the section accomplishments.

The eligibility criteria for securing this post include a Master's degree in Health Systems or Instructional Sciences with five years relevant experience or MPH with minimum seven years relevant experience. The age limit would be 40 years, however in case of suitable or already working candidate the age can be relaxed even to accommodate a retired senior person.

Deputy Director Research & Quality Assurance (BPS-18/19)

He/she would work directly under the Director Quality Assurance, Research & Evaluation and would assist him in designing, planning, implementing or conducting operational and conventional research regarding public health or health system issues for DOH, District Health Systems and the for the academy itself. He would also assist the director in introducing a quality assurance mechanism in the academy. He/She would scrutinize the official matters, program plans, correspondence and documents and would put his/her remarks before submission to director for any decision. The director may assign him/her any special assignment whether of office or field origin regarding official responsibilities of the directorate or any other matter referred by principal or DOH even if not much related with specific task of the directorate. He/she will bridge gap between the subordinate staff and the top management of the academy and would be responsible for problem shooting concerned with staff or office matters. He/she would be having administrative and financial authorities delegated under provincial rules and regulations to a similar post of grade 18. He/she will direct and monitor all the subordinate staff of his/her office including officers of whatever rank below grade 18. He/she would be responsible for day to day official affairs of his/her directorate and will assist the director in planning, monitoring and evaluation of directorate activities. He/she would report regularly to the director regarding performance of various staff working in his/her section and about the section accomplishments.

The eligibility criteria for securing this post include a Master's degree in Quality Management Sciences with five years relevant experience or MPH with minimum seven years relevant experience. The age limit would be 40 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Deputy Director Curriculum Review & Evaluation (BPS-18/19)

He/she would work directly under the Director Quality Assurance, Research & Evaluation and would assist him in curriculum review and evaluation of various training programs of Academy.

He/she would also be responsible for assessing the impact of various programs offered at academy and would analyze their quality aspects for future enhancement/improvement. He/she would also review various curricula and will suggest improvement/modifications with the changing order of sectoral priorities or to incorporate the up to date information of the subject. He/She would scrutinize the official matters, program plans, correspondence and documents and would put his/her remarks before submission to director for any decision. The director may assign him/her any special assignment whether of office or field origin regarding official responsibilities of the directorate or any other matter referred by principal or DOH even if not much related with specific task of the directorate. He/she will bridge gap between the subordinate staff and the top management of the academy and would be responsible for problem shooting concerned with staff or office matters. He/she would be having administrative and financial authorities delegated under provincial rules and regulations to a similar post of grade 18. He/she will direct and monitor all the subordinate staff of his/her office including officers of whatever rank below grade 18. He/she would be responsible for day to day official affairs of his/her directorate and will assist the director in planning, monitoring and evaluation of directorate activities. He/she would report regularly to the director regarding performance of various staff working in his/her section and about the section accomplishments.

The eligibility criteria for securing this post include a Master's degree in Education or Instructional Sciences with five years relevant experience or MPH with minimum seven years relevant experience. The age limit would be 40 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Subject Matter Curriculum Dev. Specialist (BPS-18/19)

He/she would work directly under the Director Quality Assurance, Research & Evaluation and would assist him in curriculum development of various training programs of Academy. He/She would scrutinize the official matters, program plans, correspondence and documents and would put his/her remarks before submission to director for any decision. The director may assign him/her any special assignment whether of office or field regarding official responsibilities of the directorate or any other matter referred by principal or DOH even if not much related with specific task of the directorate. He/she will bridge gap between the subordinate staff and the top management of the academy and would be responsible for problem shooting concerned with staff or office matters. He/she would be having administrative and financial authorities delegated under provincial rules and regulations to a similar post of grade 18. He/she will direct and monitor all the subordinate staff of his/her office including officers of whatever rank below grade 18. He/she would be responsible for day to day official affairs of his/her directorate and will assist the director in planning, monitoring and evaluation of directorate activities. He/she would report regularly to the director regarding performance of various staff working in his/her section and about the section accomplishments.

The eligibility criteria for securing this post include a Master's degree in Education or Instructional Sciences with five years relevant experience or MPH with minimum seven years

relevant experience. The age limit would be 40 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Training Officer (BPS-17)

They would work directly under their respective Deputy Director and would assist in organizing and conducting the training programs. They would be responsible for all sorts of paper and other preparation work and would participate in the training session both as the co-instructors with their senior officers as well as independent instructors. They would also be responsible for keeping the record, handling all documents and instructional material, and for conducting pre or post training evaluation.

The eligibility criteria for securing this post include a Master's degree in their relevant subject with three years relevant experience or MPH with minimum one year relevant experience. The working experience with international collaborating agencies or on international aid programs would be preferred. The age limit would be 35 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Office Administration Officer (BPS-17)

He/She would work directly under the Deputy Director Admin and Finance and would be responsible for establishment, general and P&D administration. He/She would also be responsible for keeping the record, handling all documents and official correspondence, and for issuing administrative orders on behalf of Deputy or Director Admin & Finance.

The eligibility criteria for securing this post include a Master's degree in Management Sciences with three years relevant experience or MPH with minimum one year relevant experience. The working experience with international collaborating agencies or on international aid programs would be preferred. The age limit would be 35 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Accounts & Audit Officer (BPS-17)

He/She would work directly under the Deputy Director Admin and Finance and would be responsible for financial matters both of budget and audit origin. He would be responsible to keep cash book, record income and expenditures and prepare expenditure statements for audit. He would take hold of budget books, expenditure registers, cheque books and other documents. He/She would also be responsible for keeping the financial statements, official correspondence, and for issuing orders on behalf of Deputy or Director Admin & Finance.

The eligibility criteria for securing this post include a Master's degree in Accounts or Economics with three years relevant experience, or post-graduation in accounts or economics with minimum one year relevant experience. The working experience with international collaborating agencies or on international aid programs would be preferred. The age limit would be 35 years, however in case of suitable or already working candidate the age can be relaxed even to accommodate a retired senior person.

Campus Administrator (BPS-17)

He/She would work directly under the Deputy Director Admin and Finance and would be custodian of physical infrastructure, land and other physical assets of the academy. He would be responsible for maintaining law and order, ensure security, maintain horticulture, and maintain basic facilities like water, gas, electricity and telephone. He would organize the official functions and gatherings, certificate award ceremony, annual functions etc. He would also be responsible for posting, directing, monitoring of support staff like peons, sweepers, plumbers, electricians, cooks, bearers etc. He/She would also be responsible for keeping the state record, drawings, ownership deeds and other documents pertaining to academy record of rights. He/She would also pursue the legal matters in the court of law or in revenue offices along with legal advisor of the academy.

The eligibility criteria for securing this post include a Bachelor's degree in Law with three years practice in civil matters especially pertaining to land or other property. The working experience with national or international collaborating agencies or on international aid programs would be preferred. The age limit would be 45 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Research Officer (BPS-17)

He/she would work directly under the Deputy Director Quality Assurance, Research & Evaluation and would assist him in designing, planning, implementing or conducting operational and conventional research regarding public health or health system issues for DOH, District Health Systems and the for the academy itself.

The eligibility criteria for securing this post include a Master's Degree in Health System Research or MPH with one year relevant experience or MBBS with three years relevant experience. The working experience with national or international collaborating agencies or on international aid programs would be preferred. The age limit would be 35 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Program Evaluation Officer (BPS-17/18)

He/she would work directly under the Deputy Director Quality Assurance, Research & Evaluation and would assist him in assessing the pre and post program impact evaluation. He/she would design and implement various evaluation/examination methods to conduct content, process or impact evaluation of various programs offered at academy. He/She would keep the record of examination conducted and develop analytical reports on different test reports for future guidance of the instructional staff and academy management.

The eligibility criteria for securing this post include MPH with one year relevant experience or MBBS with three years relevant experience. The working experience with national or international collaborating agencies or on international aid programs would be preferred. The age

limit would be 35 years, however in case of suitable or already working candidate the age can be relaxed even to accommodate a retired senior person.

Program Development Officer (BPS-17/18)

He/she would work directly under the Subject Matter and Curriculum Development Specialist and would assist him in curriculum development and validation of various training programs of Academy. He will organize consultation workshops for development and validation of curriculum among various stakeholders. He will also assist in periodical review of the existing curricula for their fine tuning and up-gradation according to the future needs. He/She would keep the record of various curricula development and develop analytical reports on recommendations, suggestions by the stakeholders for future reference.

The eligibility criteria for securing this post include MPH with one year relevant experience or MBBS with three years relevant experience. The working experience with national or international collaborating agencies or on international aid programs would be preferred. The age limit would be 35 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Quality Assurance Officer (BPS-17/18)

He/she would work directly under the Deputy Director Research & Quality Assurance and would assist him/her in training program audit, academy self-assessment, assessment of admission and certificate award procedures, curriculum review, review of pre and post training evaluation procedures, review of management procedures and practices and suggest quality enhancement initiatives for all instructional, research and management configurations of the academy. He/She would keep the record of various quality assurance, control and enhancement activities conducted at the Academy. He/She would assist the Deputy Director in ISO certification of the academy.

The eligibility criteria for securing this post include MPH with one year relevant experience or MBBS with three years relevant experience. Training in Quality Assurance, Total Quality Management or any Quality Enhancement Skill would be appreciated. The working experience with national or international collaborating agencies or on international aid programs would be preferred. The age limit would be 35 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

Librarian (BPS-17)

He/she would work directly under the Deputy Director Administration & Finance and would be responsible for organizing, operating and maintaining both the conventional and digital libraries of the academy. He/She would hold the charge of all sorts of books, journals, magazines, articles, newspapers, publications etc., maintain their inventories and catalogs, keep the issue and receipt record, uphold purchase and dead stock record, and would circulate monthly and other periodical reports. He/she would ensure proper networking of digital library and will facilitate the trainees

in use of digital library. He would be responsible for uninterrupted operation of both the libraries and would be required to maintain the reading environment in the libraries' premises.

The eligibility criteria for securing this post include Masters in Library Sciences preferably in Digital Library System with one year experience. The academic qualification can be compromised in case of highly experienced candidates. The working experience with national or international collaborating agencies or on international aid programs would be preferred. The age limit would be 35 years, however in case of suitable or already working candidate the age limit can be relaxed even to accommodate a retired senior person.

