

# Question 2: What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into health system strengthening efforts?

## Advancing Locally Led Development Agenda for Health System Strengthening

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### Context

The people of Pakistan are facing several major health problems and the country is lagging against many states in the South Asia region in terms of maternal, newborn, child, and adolescent health and outcomes. Deficiencies within the health system stretch across all the major health system building blocks, especially in relation to human resources for health, stewardship, service delivery, supplies, equipment, information system, civic engagement, and health financing. Health system analysis points out that a good proportion of the existing health infrastructure is inappropriately located, with a major urban focus, and is inadequately resourced and maintained, which further limits the effectiveness of the system. Ultimately, these challenges have impacted negatively on a) access to and utilization of health services, b) quality of health promotive, preventive, and curative services, and c) effectiveness and efficiency of vertical and horizontal linkages within the health system including civic engagement and social accountability. The situation is further complicated by the scale and impact of frequent natural and manmade disasters, and a variety of health systems developmental challenges.

In Pakistan's health system context, NPI EXPAND is implementing USAID's Pakistan Human Development Activity (NPI EXPAND HDA) to advance locally led health development (maternal, newborn and child health – MNCH and family planning – FP) in two districts, Buner and Upper Dir, Khyber Pakhtunkhwa (KP) province, bordering Afghanistan, which have the country's most concerning health and education conditions. This multifaceted project works in alignment with high-level KP government policies on education and health to enhance service access, cross-sectoral collaboration, civic engagement, and partnering with non-governmental actors. Thematic areas for MNCH and FP include promoting key messages in the target communities, strengthening service delivery quality in DoH and PWD facilities, strengthening data management and evidence-based decision making, increasing civic engagement for improved governance, creating an enabling environment for women and girls to adapt evidence-based best practices, and promoting adolescent health.

The project seeks to strengthen the capacity of local organizations to promote a locally led development agenda, integrate local partners within the public health and education systems, expand the use of high-quality services, information, and supplies in KP province, and scale up promising and innovative health and education services. The primary beneficiaries are the most disadvantaged women, girls, children, and newborns living in the target districts of KP. To serve these groups better, emphasis is placed on integrated service delivery approaches that make the most of limited resources and address gender and other barriers to achieve better outcomes. To this end, NPI EXPAND HDA provides grants to local partners and works with them on tailored capacity strengthening assistance to advance development, education, and health aims in KP. Grant recipients are new or underutilized partners (NUPs), based on USAID NPI's definition. NPI EXPAND HDA provides and manages assistance to these organizations so that they can become more reliable and sustainable partners of USAID Pakistan, the Government of Pakistan, and other partners. Depending on the progress of grantees and USAID priorities, NPI EXPAND HDA plans to assist these organizations to qualify for transition awards to become prime recipients of USAID funding.

### Activity Description

The NPI EXPAND HDA activities underpin a holistic approach to health system strengthening, shifting focus from the individual health system "building blocks" to health system outcomes by a) addressing equity concerns through improved access to and availability of quality health services, and b) resource optimization through strengthening capacities of local organizations, health workforce, integration of local organizations with government and networking with other stakeholders. The intended approach is locally led and contributes to developing a responsive and resilient health system that supports high-performing healthcare delivery, which caters to the needs of the population and is based on government and local priorities. The project supports grant making and capacity strengthening of New and Under-Utilized Partners (NUPs) to address organizational, technical, and systems-level gaps and challenges through a participatory approach that is responsive to gender and other inequities, flexible to meet changing needs and conditions, informed by available evidence, and explores integrated solutions between the government Departments of Health, Population Welfare (PWD) and Education. Figures 1 to 4 illustrate the key aspects of a) cocreation with government and development partners to identify and prioritize thematic areas aligned with public health and education sector plans for sustainable impact and to ensure government buy-in from the start, b) identification and selection of NUPs based on stringent processes to action prioritized thematic areas, c) NPI EXPAND HDA approach for capacity strengthening of local partners (NUPs) to advance the locally led agenda, and d) implementing a range of customized, targeted capacity strengthening activities with local partners.

Figure 1: Cocreation-Promoting Locally Led Development & Prioritization of Needs



Figure 2: NUPs Selection & Grant Issuing Process

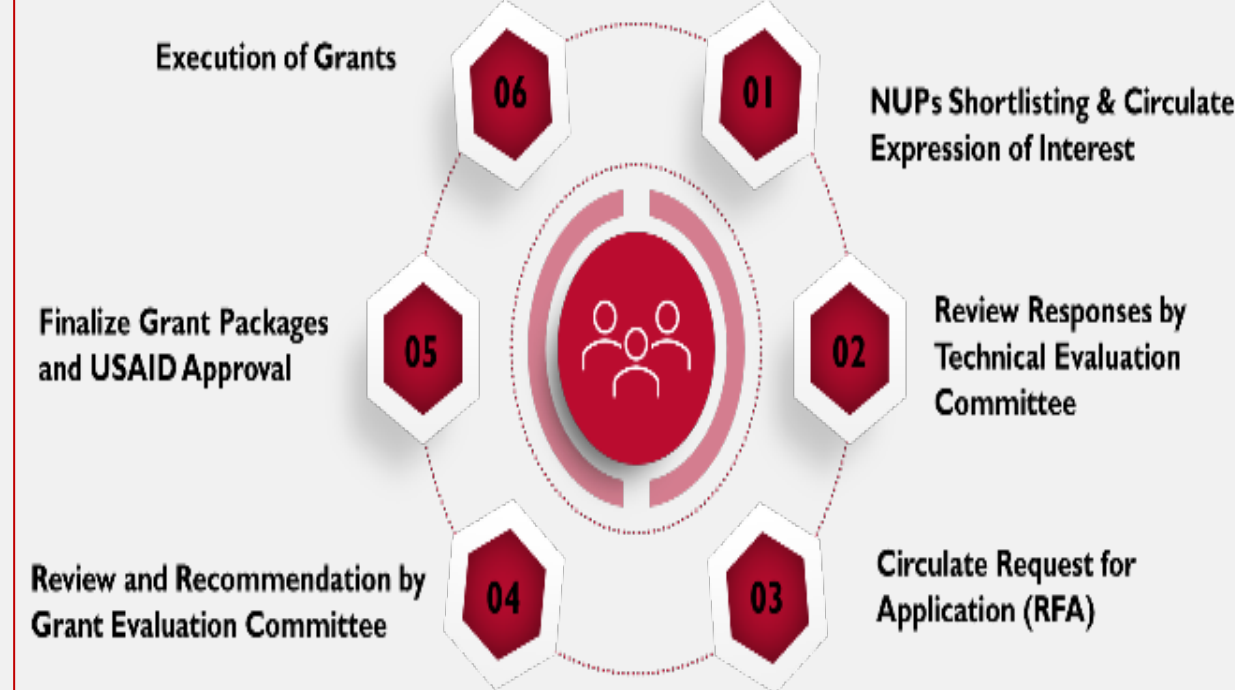


Figure 3: Capacity Strengthening Levels

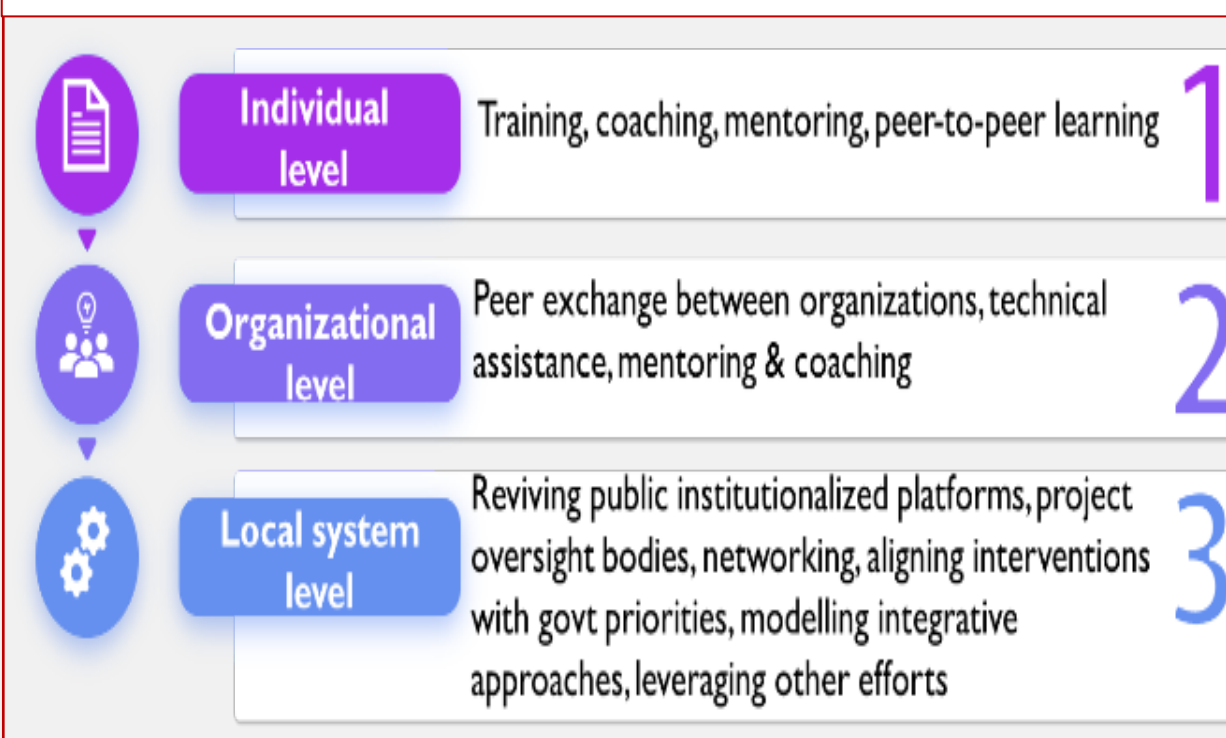
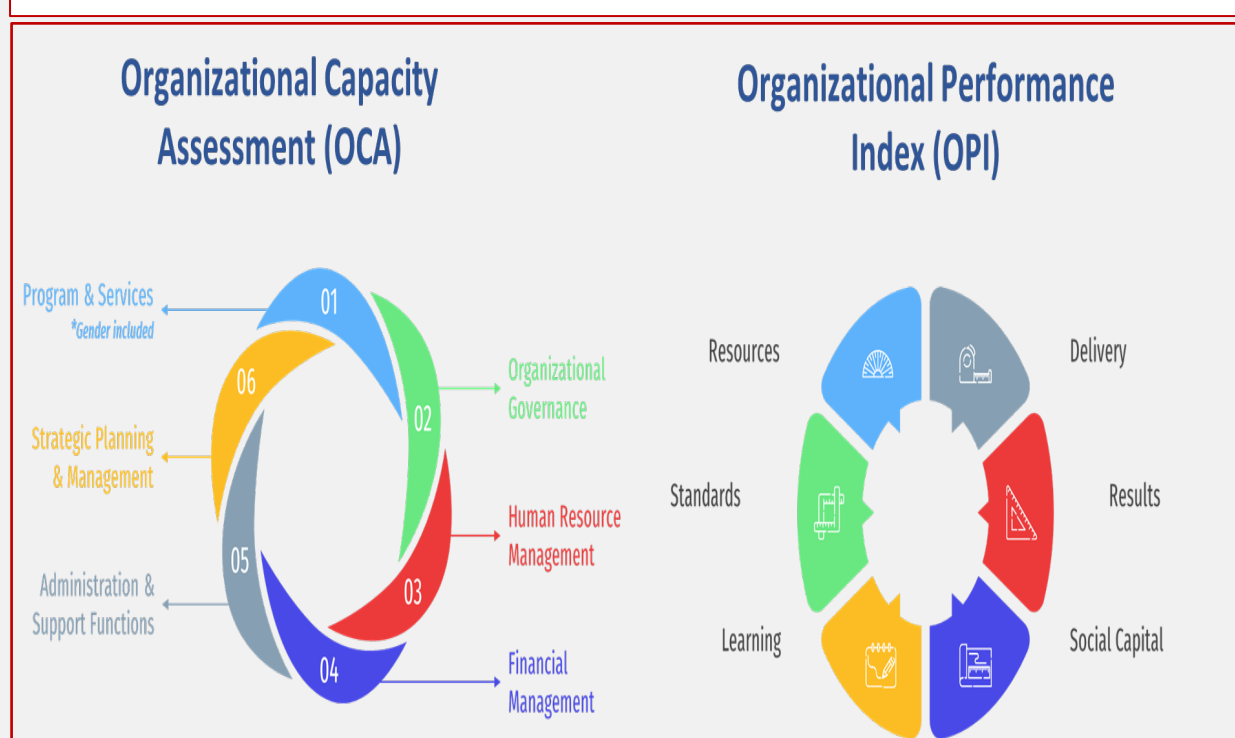


Figure 4: Organizational Capacity Strengthening Aspects



### Activity Impact

NPI EXPAND HDA work is supporting improvement in multiple health system components with a focus on health system outcomes. The cocreation with involved stakeholders (representatives from government health and education sectors from national, provincial, and districts levels, and development partners including UN and donor agencies) led to the prioritization of thematic areas, as presented in Figure 5. These thematic areas were identified based on the listed principles in Figure 6 in alignment with the government health and education sector plans. Subsequently, NPI EXPAND identified six local partners in three rounds to action all the prioritized health and integrative health and education thematic areas by issuing ten grants to NUPs for working in collaboration with the health and education system at district and provincial levels, as reflected in Figure 5. The NUPs were kept on board in three rounds and began activity implementation on a rolling basis. They are in various stages of project implementation, however the results to date are promising and have led to several developments and successes that suggest the NPI EXPAND HDA approach to health system strengthening is ideally placed to bear significant, positive, and lasting impact as:

- Improved quality of healthcare through training of the health workforce, supportive supervision, and on-the-job mentoring and coaching
- Enhanced utilization of healthcare services, particularly MNCH, FP, Respectful Maternity Care, Prenatal Counselling, Infant and Young Child Feeding (IYCF), Emergency Obstetric Care, and Emergency Newborn Care
- Expanded access to and availability of healthcare services in hard-to-reach and marginalized communities through community outreach events and camps and revitalization of community-based healthcare services
- Integration of respectful maternity care and premarital counselling within the existing MNCH and FP healthcare delivery model
- Improved referral system between communities and the healthcare delivery system
- Scale-up of promising and innovative solutions including improved use of technology for health management information systems, provision of technology-based healthcare delivery, social marketing and private sector engagement
- Improved availability and efficient use of pharmaceuticals, medical and non-medical supplies, and equipment within the healthcare delivery system
- Improved community awareness and demand creation for services through adaptation of culturally appropriate social behavior change communication (SBCC) approaches and channels (counselling, group sessions, and use of electronic media)
- Enhanced civic mobilization and establishment of civic engagement platforms to promote active citizenry and citizen-state joined-up social accountability for citizen centric healthcare delivery
- Improved cross-sectoral collaboration (health, population welfare and education sectors) and integrative health and education services
- Improved governance/stewardship by the health system and local ownership generated through cocreation, prioritization of themes, project steering committees, and on-going review mechanisms
- Established network of capable local partners and their integration within the public health and education systems

Figure 5: Cocreation Prioritized Thematic Areas & Program Response

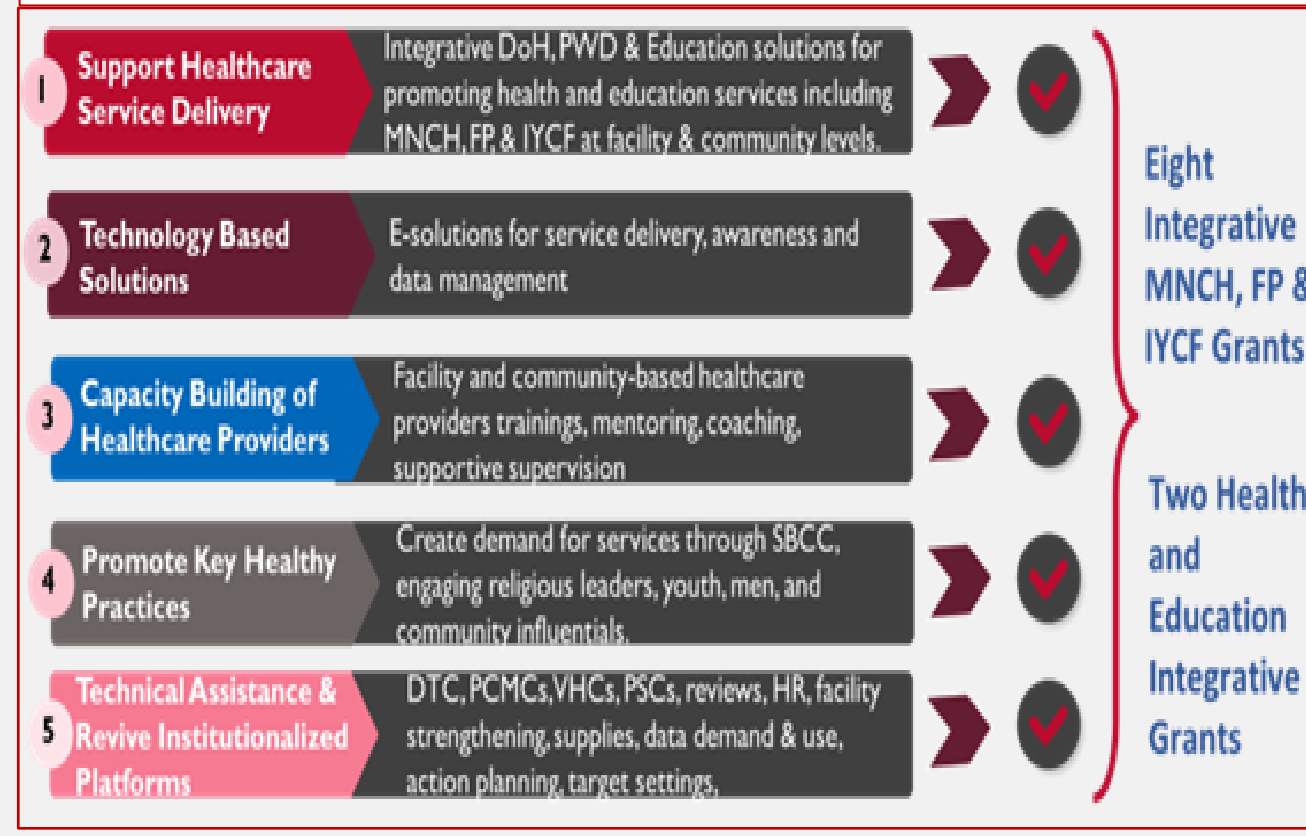


Figure 6: Underpinning Approaches for Selection of Interventions



### Evidence

NPI EXPAND HDA operates by engaging and leveraging the expertise of new and underutilized local partners (NUPs) and deploying a holistic approach to health system strengthening to expand utilization of high-quality and high impact health services. The project seeks improvements in multiple health system components with a focus on health system outcomes. To this end, the project has a well-defined and structured theory of change and performance monitoring plan for measuring progress against key performance indicators. These key performance indicators have been further categorized into a) technical performance delivery with focus on healthcare services utilization and uptake, b) capacity building of health workforce, c) local partners (NUPs) capacity strengthening (organizational capacity assessments and organizational capacity index). Figures 7 and 8 provide snapshots of the improved services utilization in the early phases of the project implementation and the accomplishment so far are indicative that NPI EXPAND HDA will contribute significantly to strengthening health system and achieving the intended project goals of strengthen local partners capacities and improved access to availability of quality healthcare services. In addition to the improved services utilization, project in the early stages of implementation has:

- Trained 1,990 healthcare providers (1,667 female and 199 male) on MNCH, IMNCI, FP, BEmONC. Additionally trained 300 schoolteachers on health and hygiene screening.
- Conducted 1,690 health education and awareness sessions and reached a total 29,871 individuals (19,930 female and 9,941 males) on MNCH, FP, and IYCF.
- Oriented and engaged 20 religious leaders on the importance of MNCH and FP promotion messages in Friday sermons
- Identified 37 youth ambassadors (21 male and 16 female) by engaging civil society organizations, local government representatives, and community influential.
- Established 61 civic engagement platforms (26 Primary Health Care Management Committees, 8 Village Health Committees, 15 Tehsil Development Committees, 9 Village Councils, and 3 neighborhood councils). Also established Project Steering Committees at provincial and both districts.
- Conducted health and hygiene screening in 122 public schools and screened/assisted 25,082 children. Also oriented 3,010 adolescent girls on menstrual hygiene management.

Figure 7: Patient Consultation Utilization Trend

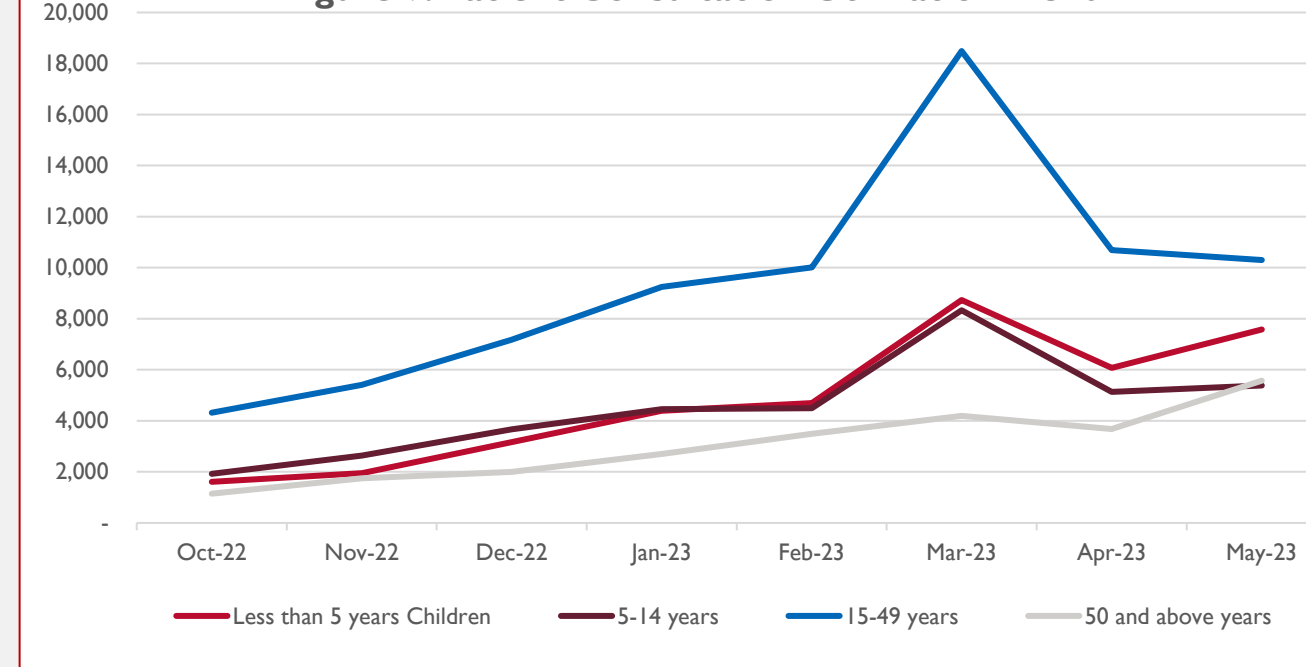
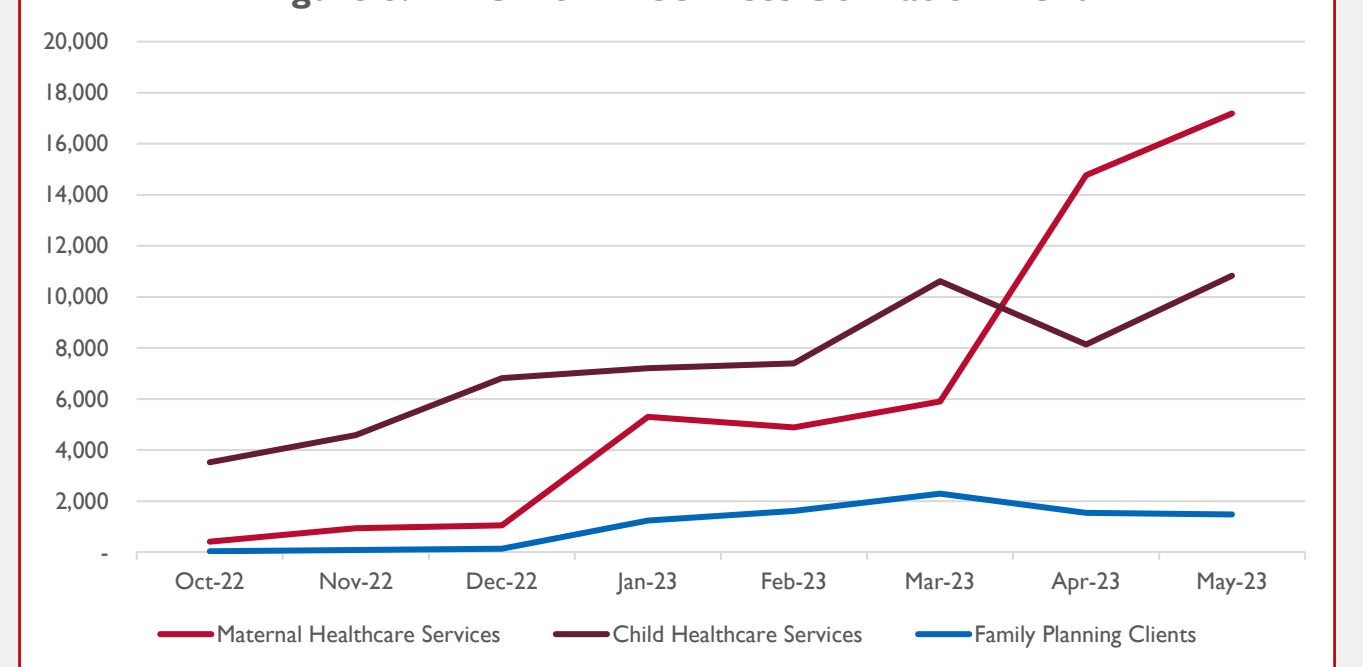


Figure 8: MNCH & FP Services Utilization Trend



### Facilitators

The drivers/facilitators of the project success are:

- Cocreation and Government Buy-in:** From the start, NPI EXPAND HDA engaged key state and non-state stakeholders to prioritize evidence-led and high impact health system thematic areas in alignment with government aspirations through a structured process, as reflected in Figure 1. The desk review of the evidence-based and evidence-led interventions, a three-day cocreation workshop, and follow-up discussions with government counterparts and developmental partners including UN organizations, played a central role in developing a roadmap for implementation of interventions at all levels of health system governance architecture. This ensured government buy-in, prioritization of locally led interventions, and integration of evidence-based interventions within existing healthcare delivery.
- Actioning Prioritized Thematic Areas:** Building on the cocreation and shortlisting of prioritized thematic areas, NPI EXPAND HDA followed a stringent process to select local partners (NUPs), as reflected in Figure 2. NPI EXPAND HDA worked closely with NUPs to ensure that intervention design and implementation approaches were crafted in coherence with the intended health system outcomes. Resultantly, NUPs designed interventions that address multiple components of the health strengthening system with a focus on achieving health system outcomes and based on the underpinning approaches, as reflected in Figures 5 and 6.
- NUPs Capacity Strengthening:** NPI EXPAND HDA uses a variety of assessment tools and approaches, as shown in Figures 3 and 4, to work with partners to identify capacity and performance gaps that inform capacity strengthening plans and activities that are owned by the local partners. NPI EXPAND HDA has begun the NUPs capacity strengthening of round 1 and 2 grantees, based on the results of the baseline assessment.
- Health System and Civic Engagement Platforms:** The citizen-state joined-up approach is one of the pillars of NPI EXPAND HDA's multifaceted health system strengthening activities, aiming to improve effectiveness and efficiency of both vertical and horizontal linkages. The citizen-state joined-up approach is designed to mirror the KP province governance architecture to promote active citizenry within the health system including civic engagement and social accountability that requires building citizen capabilities to identify issues, voice demands and advocate for desired service provision, state-based reforms, and policy changes at the local, district and provincial levels for responsive service delivery. The deployed approach underpins a) civic mobilization to engage with duty bearers for citizen-centric and responsive service delivery, b) bridging the gap between service providers and the community they serve through improved dialogue and building trust and a supportive relationship between service provider and the community, c) fostering enabling environment for changes in policies and practices. The deployed approach has led to several developments and successes that suggests it will bear significant, positive, and lasting changes within the paradigm of health system governance and stewardship to provide citizen-centric healthcare services. These platforms are:
  - Community-Level Structures:** Village Health Committees, Tehsil Development Committees, Village Councils, Neighborhood Councils, Women Support Groups
  - Interface between Health System and Community:** Primary Health Care Management Committees (PCMCs)
  - District Health System Level:** District Technical Committees (DTC), Project District Steering Committees
  - Provincial Level:** Provincial Project Steering Committee, Grantees Progress Review Meetings, and FP 2030 forum
  - National Level:** Experience sharing, exchange of ideas and consultations.
- Cross Sectoral Collaboration:** The project works closely with the Health, Population Welfare and Education Departments, local government and district administration that enables NUPs to implement integrative health and education grants in an efficient and effective manner
- Coordination:** USAID played a crucial role in establishing effective coordination with key development partners and other donor agencies including ongoing review and inputs in shaping program delivery.

### Challenges

**Inter-departmental collaboration:** An important challenge is fostering collaboration and teamwork among the three departments - Health, Education and Population Welfare. Barring certain occasions, these departments have seldom worked together, and we must be aware of sensitivities among the three, ensuring active participation, communication, and input. This again requires considerable investment of time from the NPI EXPAND HDA team as their working together harmoniously and collectively cannot be taken for granted.

**Nature of the program:** NPI EXPAND HDA is a non-traditional project as it does not undertake direct implementation itself and carries out its interventions via sub awardees. Further, it cannot provide direct support to government departments such as provision of infrastructure. This is a potential disincentive from the viewpoint of government stakeholders. As a result of NPI EXPAND HDA's continued engagement including cocreation, coordination mechanisms, and grants review, the project has ensured their buy-in and generate support for the project implementation from the government stakeholders.

**Frequent Transfer and Postings of Government Officials at Provincial and District Levels:** Since the inception of the project, changes in the national and provincial government happened through a vote of no confidence at the national level and dissolution of KP's provincial assembly resulting in a massive reshuffling of government officials. This poses a challenge for NPI EXPAND HDA to reengage and reorient new officials on a periodic basis on the nature of the program to ensure their buy-in and support for implementation of activities.

**Government stakeholders' responsibilities and capacities:** Health and Education are the largest departments in the province employing the largest number of personnel in the public sector and spending the highest proportion of provincial budgets. The merger of Newly Merged Districts in the province has further increased their responsibilities and workload. Their senior management and other technical staff face intense workload pressure and mostly work in a "refighting" reactive mode. Despite their best intentions, they cannot devote enough time to NPI EXPAND HDA (or for that matter other donor-funded programs). At the same time, these departments have limited capacity in dealing with non-routine matters like processing memoranda of understanding (MOUs), etc. These factors hamper NPI EXPAND's progress as was witnessed when the MOU that was being processed at these departments was considerably delayed.

**Security and No Objection Certificates (NOC):** The government has stringent requirements for issuance of NOCs to NGOs and for-profit organizations for undertaking development interventions. The procedure for issuance of an NOC is time consuming and rules and regulations for granting an NOC have frequently changed during the project's timeline, delaying the issuance of NOCs to begin implementation of activities. Additionally, project impact districts are conflict affected areas, bordering Afghanistan, which poses challenges regarding travel, particularly for USAID and NPI EXPAND HDA staff.

### Lessons Learned

**Engaging Early with Stakeholders is Key to Advance Locally Led Development:** Since the inception of the project, the NPI EXPAND HDA team made conscious efforts to advance locally-led development by building on existing provincial and district government priorities. The co-creation workshop with PWD, DoH, and DoE laid the foundation to design, plan and implement Human Development Activity grants to achieve the intended objectives of advancing locally-led development. The early engagement and planning with these departments contributed to garnering partnership and generating ownership of the project activities. Subsequently, the departments facilitated NPI EXPAND HDA partners in kicking off grant activities in a timely and coordinated manner. They also set up joint project NOCs, which is a prerequisite to proceed with implementation of activities in the field.

**Better Understanding of Priorities and Needs is Essential to Advance Local Capacity Strengthening:** In the grant making process, the NPI EXPAND HDA team including grantees and government counterparts conducted a situational analysis in a phased manner to prioritize needs at the concept note phase and further refine at the application and the inception phases of the grants. These efforts revolved around building program responses and interventions based on the priorities of the communities and health and education systems by tapping local knowledge, lived experiences, aspirations, and expertise of the people who live them every day. As a result, the process lent a better understanding of priorities and needs that enabled the NPI EXPAND HDA project to design interventions to provide equitable, inclusive, and sustainable responses to the challenges in health and education service delivery within the existing system.

**Thinking of Sustainability from the Start:** USAID and NPI EXPAND HDA emphasized building on existing systems as the cornerstone of program activities. Building on this overarching principle, the project laid out a step-by-step process to ensure that sustainability aspects are integrated across all phases of the project cycle. In the grants making process, the expression of interest (EOI) explicitly stated to address sustainability aspects of the proposed solutions and it was one of the major scoring and marking criteria to shortlist and award sub-grants. Resultantly, grantees worked in collaboration with the government system to design and develop program interventions within the paradigm of the existing system including skills transfer, local capacity building, community engagement and social accountability.

**Applying Gender Lens is Essential for Equity:** To combat ingrained gender biases, NPI EXPAND HDA integrates gender mainstreaming into program interventions as a core element across the project cycle of the HDA activities. Both health and education program grants cater to the needs of all with a focus on girls, women, adolescents, and youth to ensure equity in utilization of services. In both program streams, interventions at service delivery points and at the community level are directed to engage girls and women, provide them with opportunities to access services, mobilize communities in addressing gender barriers at household and community levels, and establish women support groups.

**Capacity Strengthening of Local Partners in Healthcare Delivery:** A large network of local NUPs in KP provide health and hygiene promotion, however there are limited local NUPs working on MNCH, FP, and nutrition service delivery and health system strengthening. During the grant application process, NPI EXPAND HDA received applications from NUPs lacking service delivery and system strengthening experience. NPI EXPAND HDA team provided technical support to refine and align applications to incorporate service delivery and system strengthening at the health facility and community levels. Additionally, NPI EXPAND HDA and USAID team agreed to announce a call for a third round of grant applications on MNCH and FP to solicit more partners and expand partnerships to mitigate the lack of service delivery and system strengthening experience.

