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# STRONG SYSTEMS SAVE LIVES

Health Systems Strengthening in Pictures

**Health Systems Strengthening Component of  
USAID's Maternal and Child Health Program**



In Sindh Province, the HSS Component worked with the government to strengthen health systems for improved reproductive, maternal, newborn, and child health service delivery. Here, women wait in line to register for services at Qasimabad Hospital.







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A stronger health system delivers better health services. Here, a health worker provides lifesaving antenatal care to an expectant mother in rural Sindh Province.

## Health Systems Strengthening Component of USAID's Maternal and Child Health Program

The Health Systems Strengthening (HSS) Component of USAID's Maternal and Child Health Program is a five-year cooperative agreement (2013-2018) to develop and support cost-effective, high-quality, and integrated reproductive, maternal, and child (RMNCH) health programs and services in Pakistan.

The HSS Component supported the Federal Ministry of National Health Services, Regulation, & Coordination and Sindh Province's Department of Health to develop management systems and human resource capacity for improved health services. Special attention was paid to the quality and equity of services.

The Sindh Department of Health is now better able to manage the equitable provision of health services to a rapidly growing population. More resources are now available and clear roles and responsibilities have been delineated for federal, provincial, and district levels.

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Strong health systems effectively plan, budget, and provide training for the human resources they need.



**Where the  
HSS Component  
worked:**



**The HSS Component had three objectives:**



Strengthen systems to improve reproductive, maternal, newborn, and child health (RMNCH) service delivery and outcomes, including accountability and transparency



Strengthen management capacity at provincial and district levels



Strengthen private sector service delivery for the poor

## About the Health Systems Strengthening Component

The Health Systems Strengthening Component of USAID's Maternal and Child Health Program (the HSS Component) worked to strengthen the Government of Pakistan's health system, with a particular focus on reproductive, maternal, newborn, and child health (RMNCH) services in Sindh province. In 2010, Pakistan's 18th constitutional amendment decentralized the country's health system, giving provinces a much greater role in setting health sector strategies, policies, and financing. Decentralization was a major paradigm shift for Pakistan, and required provincial health systems to make substantial structural and fiscal adjustments to be in line with the new legislation.

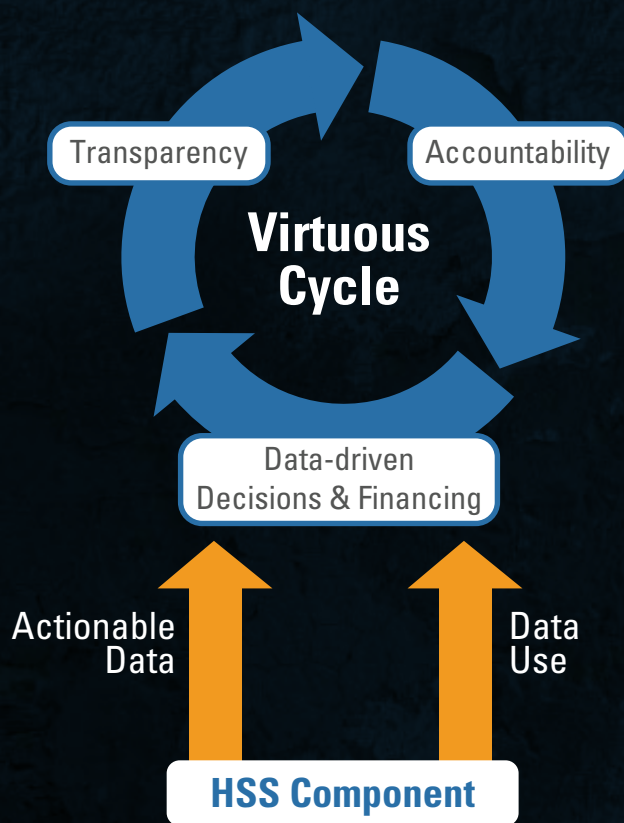
USAID's Maternal and Child Health Program was developed to support the Pakistani government and Sindh province, in particular, through the initial process of decentralization. The HSS Component worked at all levels of government to make critical human and financial resources available at federal, provincial, and district levels. In Sindh, the HSS Component worked with the Department of Health to improve its ability to manage how RMNCH services are provided to citizens.





The HSS Component's health systems strengthening work with the Sindh Department of Health had the objective of improving reproductive, maternal, newborn, and child health services and outcomes in the province.





## Follow the Data


An important part of health systems strengthening is expanding health managers' access to actionable data and motivating managers to use the data to make critical health sector planning and financial decisions. The HSS Component was able to do both successfully: expand access to actionable data and increase the use of data for decision-making.

As access to actionable data and data use increase, a virtuous cycle ensues: data-driven decisions and financing increase, which results in increased transparency and accountability. The cycle repeats over and over, each time strengthening actionable data and data use.

An important driver of this virtuous cycle was the creation of an online integrated dashboard, available to anyone with a login and password. At the click of a mouse, the dashboard gives health managers access to a multitude of health data they can use to identify and solve problems, plan, budget, and more.

On the following pages, we'll follow the data from the collection through decision-making stages to understand how data truly can transform a health system.





Dr. Anwar Shah, a lady health worker supervisor, is collecting data from a lady health worker in Umerkot district, Sindh. This data will be uploaded to the integrated dashboard, where health managers in all districts and at the provincial level will be able to use it for planning, budgeting, and troubleshooting.



At the click of a mouse, health managers and health providers have access to the DHIS2, management information systems for vertical programs such as malaria and lady health workers, and various health sector surveys. The integrated dashboard also includes the monitoring and supervision system (M&S), which allows district and provincial managers to verify that supervisory visits are taking place, monitor areas of strengths and weaknesses, and plan for how and where to make improvements.

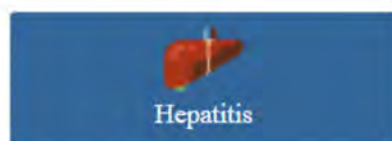


## Health Department Government of Sindh Integrated Dashboard

Login

Sindh Health Information System (SHIS) - Integrating health services, logistics and surveillance data

### MIS Dashboards



### Surveys







The HSS Component provided technical assistance and training to district and provincial teams to use the integrated dashboard for planning, budgeting, and troubleshooting. Here, Dr. Akhlaque Khan and his team from the Director General Health Services office are using the integrated dashboard to retrieve data for planning.



A lady health worker (LHW) writes health data (e.g., immunizations, illnesses, pregnant women) on the wall of a house in rural Sindh. The integrated dashboard allows users to view data on each individual LHW, including her performance, commodities she has available, and more. When the LHW data first was transferred to the online dashboard, health managers discovered that many LHWs did not have enough commodities to perform their duties. This provided agency for LHWs to advocate successfully for more funds.







After receiving technical assistance from the HSS Component, district health managers are now able to use and analyze their data (made accessible via the online integrated dashboard) to resolve 80 percent of their own district-level challenges. Open, accessible data has also generated a healthy competition among districts. Each district wants to be seen as high-performing, which further propels improvement.



The integrated dashboard allows provincial health managers (shown here are Dr. Akhlaque Khan and his team from the DGHS) to view and compare data across facilities and districts. They can also monitor supervision visits through the online monitoring and supervisory system.





The online integrated dashboard made data transparent in Sindh Province. This transparency allows actors at every level of the health system (provincial managers, district managers, health workers) to advocate for and make positive change.



## CHX

Pakistan's Ministry of National Health Services, Regulation, and Coordination (MNHSR&C) requested assistance from the HSS Component to work with partners to introduce and scale up the use of chlorhexidine (CHX) to prevent newborn sepsis and decrease the country's high newborn mortality rate. The HSS Component's approach, which used health system levers, was successful in setting the stage for CHX scale-up nationwide.






Research published in The Lancet in 2012 (conducted by Pakistan's Aga Khan University, JSI, and funded by USAID) showed that applying CHX antiseptic gel to a newborn's umbilical stump within 24 hours after birth reduced severe infection by 78 percent and death by 38 percent.<sup>1</sup>

<sup>1</sup> Soofi S, Cousens S, Imdad A, Bhutto N, Ali N, Bhutta, ZA. Topical application of chlorhexidine to neonatal umbilical cords for prevention of omphalitis and neonatal mortality in a rural district of Pakistan: a community-based, cluster-randomised trial. Lancet. 2012;379(9820):1029–1036. doi: 10.1016/S0140- 6736(11)61877-1.



A photograph of an elderly woman with a weathered face, wearing a dark patterned headscarf and a colorful floral dress, sitting on a metal bed frame. She is holding a newborn baby wrapped in a light pink cloth. The baby is wearing a small white headband and a yellow and white striped shirt. The background is a plain white tiled wall. To the right, a portion of a metal bed frame is visible.

A woman holds her newborn grandson, who has just received his first dose of CHX in a health facility in Sindh Province.





The HSS Component worked with leadership and governance at all levels to use the evidence base to standardize CHX protocol and ensure the inclusion of CHX as the drug of choice for preventing umbilical cord infection. CHX is now included on Pakistan's essential medicines list. Here, a health manager documents CHX stock, donated by USAID, to go to Kashmir for distribution.





The HSS Component and partners worked together to develop messaging and information to increase communities' acceptance and use of CHX, and increase the health care workforce trained in CHX application. Here, midwives-in-training attend midwife school. Community midwives are an important channel for reaching every newborn with CHX.





Health workers learn how to apply CHX using training dummies, such as the newborn- with-umbilical-stump shown here.






At a basic health unit in rural Sindh, a health worker shows a mother how to apply CHX to her newborn's umbilical stump.





First, the mother must carefully wash her hands before applying CHX.



A woman wearing a white headscarf and a red patterned dress is sitting on a patterned rug. She is holding a newborn baby in her lap. Two young children, a boy and a girl, are sitting next to her. The background is a wall with peeling paint and a light switch.

Pari Gul gave birth to her third son at home, in rural Pakistan. A lady health worker counseled Pari Gul to apply CHX for seven days to her newborn's umbilical stump to keep it clean and free from infection, according to the national CHX protocol.





To truly make a dent in Pakistan's stubborn newborn mortality rate, health workers must be able to reach every newborn, especially those born at home. Here, a lady health worker shows Pari Gul how to apply CHX to her newborn's umbilical stump.



## Routine Immunization

The HSS Component supported the Sindh Department of Health to explore how to improve the coverage of routine immunization using a health systems approach. With the goal to reach every child under two years of age and all pregnant women, this small pilot was implemented in four districts.





To improve routine immunization coverage at the last mile, the HSS Component engaged health workers to raise awareness among communities about the benefits of immunizations. Here, health workers conduct an awareness-raising session with members of the Kolih tribe in Sindh Province.



The systems-based approach to improve routine immunization (RI) coverage included improving actionable RI data by building the capacity of health workers to register every child under two years of age and record and report RI data appropriately.





Immunization coverage of pregnant women (with the tetanus toxoid vaccine) increased from 25 percent to 95 percent under the pilot.







Fathers' commitment to having their children vaccinated was an important success factor. Immunization coverage of children under two (DPT3) increased from 13 percent to 87 percent under the pilot.



An external evaluation of the routine immunization pilot found it to be extremely cost effective. For the amount of money invested in the pilot, the cost savings to the Sindh Department of Health was found to be more than USD 10 million, due to fewer cases of vaccine preventable diseases that would otherwise need to be covered by public funds.





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