The Functional Assignment Architecture

Health Sector

Khyber Pakhtunkhwa

Local Government Act 2013

Imprint

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List of Abbreviations

ADP	Annual Development Programme
AI	Autonomous Institutions
BHU	Basic Health Unit
CD	Civil Dispensary
DGHS	Director General of Health Services
DHO	District Health Officer
DHQ	District Headquarter
DoH	Department of Health
E&SED	Elementary and Secondary Education Department
EPI	Expanded Programme on Immunization
FA	Functional Assignment
FY	Financial Year (= 1 July – 30 June)
GDC	German Development Cooperation
GIA	Grants-in-Aid
GIZ	Deutsche Gesellschaft fuer internationale Zusammenarbeit GmbH
GTZ	See GIZ
HIS	Health Information System
HR	Human Resources
HSSP	Health Sector Support Programme
KP	Khyber Pakhtunkhwa
LGA	Local Government Act
LHW	Lady Health Worker
M&E	Monitoring and Evaluation
MCH	Mother and Child Health Care
MNCH	Maternal and Neonatal Child Health
PPHI	Peoples Primary Health Care Initiative
PPP	Public Private Partnership
RHC	Rural Health Center
S&GAD	Services and General Administration Department
SHC	Secondary Health Care
SOP	Standard Operating Procedures
WHO	World Health Organisation

1. Background

The 2013 Local Government Act (LGA) of Khyber Pakhtunkhwa (KP) and the subsequent local government elections in May 2015 (with elections at village neighborhood, tehsil and district level) have set the stage for the re-introduction of a local government system in the province after the previous devolution arrangements had been abolished after 2009. Within the framework of the LGA, the sector departments now need to determine which functions should in future be handled at the district level and below. German Development Cooperation (GDC) has been working with the KP Local Government Department on strengthening of the local government system in KP since 2010. In 2014, based on a request by the Elementary and Secondary Education Department (E&SED), a Functional Assignment exercise was facilitated by GIZ resulting in a proposal for the future allocation of sector functions between the provincial and district level, followed by an analysis of the budgetary implications. The Department of Health (DoH) requested for a similar support in mid-2015, and a Functional Assignment workshop with DoH officials was conducted in August 2015. Further consultations and diagnostic work followed in September and October 2015.

This report summarizes the results of the FA exercise for the health sector. It is structured in five chapters:

- **Chapter 1** looks at the legal framework for assigning functions in the health sector, i.e. the relevant stipulations in the 2013 LGA and subsequent lower-level regulations like the draft Rules of Business for District Governments.
- **Chapter 2** summarizes the results of the functional assignment workshop and subsequent discussions with DoH officials on the distribution of functions. Since not all sector clusters could be discussed in detail with the relevant officials, some functional assignment tables document the technical assessment of the Health Sector Support Programme (HSSP) team and are subject to further vetting by the DoH.
- **Chapter 3** analyses the 2015/16 budget for the health sector in a pre- and post-devolution scenario to indicate the changes that need to occur once the suggested functions are fully devolved to the districts.
- **Chapter 4** looks at potential implications for the Human Resources (HR) management in the sector and the future role of the district government in managing its staff.
- **Chapter 5** summarizes the main findings of the functional assignment exercises and provides a list of policy recommendations for the provincial government, especially the DoH, for making devolution in the health sector a reality.

2. The Legal Framework for Assigning Functions in the Health Sector

The Khyber Pakhtunkhwa Local Government Act was passed in late 2013. Elections to the district, tehsil and village/neighborhood councils took place in May 2015, and by October 2015 most district councilors and *Nazims* (District Heads) had been installed in their positions.

The 2013 LGA in its Preamble refers to Article 37.1 of the Constitution of the Islamic Republic of Pakistan which "… requires decentralization of government administration so as to facilitate expeditious disposal of its business to meet the convenience and requirements of the public". It also makes reference to Article 140A.1 which "provides for establishment of a local government system and devolution of political, administrative and financial responsibility and authority to the elected representatives of the local governments." The LGA establishes different categories of local governments, from the village level up to the district level. Based on the LGA, the Government of Khyber Pakhtunkhwa is currently working on the various administrative rules and procedures required to enable the local governments to function effectively. The intergovernmental fiscal transfer system between the Province and the different tiers of local government has still be determined and made operational.

The First Schedule (Part A) of the 2013 LGA does not mention the specific sector functions to be devolved to the district level but lists the organizational units of the sector that come under the authority of the District Government. For the health sector, the sector units earmarked for devolution include (i) Mother and Child Health Care Centers, (ii) Basic Health Units (BHU), (iii) Rural Health Centers (RHC) and (iv) Hospitals other than District Headquarters, Teaching and Tertiary Hospitals.[1] The LGA does not specifically mention a District Health Office as a devolved office and as the administrative and strategic center of the health sector at the district level. The existence and role of such a sector office is however regulated in the Rules of Business of the District Government.[2]

By conclusion one can argue that according to the First Schedule all functions and services provided by the mentioned service facilities will come under the mandate of the District Government and will be conducting their business in line with the existing and emerging legal framework. Taking this logic further, their activities and further development should be planned at the district level and their funding should be reflected in the district budget. Accountability of these units for service delivery should primarily be to the District Council.

The LGA stipulates only a minor monitoring role in the health sector for the levels below the district level. The LGA sections on Tehsil and Town Municipal Administration do not mention the health sector at all. Section 29 of the LGA stipulates that Village or Neighborhood Councils shall "monitor and supervise the performance of functionaries of all government offices located in the area of the respective village council or neighborhood council, including ….health…, and hold them accountable by making inquiries and reports to the tehsil municipal administration, district government or, as the case may be, the Government for consideration and action." There is no stipulation in the LGA that mandates below-district levels of local administration to provide particular health services or to earmark funds for such services. For the health service

[1] There are more than 1500 health facilities in KP, including 92 Rural Health Centers, 771 Basic Health Units, 583 other primary health centers, 190 hospitals plus 9 tertiary hospitals. (Finance Department, Medium-Term Budget Estimates for Service Delivery 2015-18, p. 26).

[2] The latest draft of these Rules of Business is of June 2015.

facilities located at these levels, reporting and accountability lines are upwards to the District Health Office.

In 2015, the LGA was amended twice. One relevant change for the functional assignment arrangements in the health sector is the new Article 105A which stipulates that the Government "may, by notification, exclude any of the functions assigned to the city District Government, District Government, Tehsil Municipal Administration or Town Municipal Administration as the case may be, outsource these function to any authority, firm or company on such terms and conditions as it may determine in accordance with existing laws or rules in force in the province." This will mean that districts will have no jurisdiction for functions associated with devolved service facilities if the Provincial Government decides to outsource these functions – which in fact is currently the case in 17 of the 25 districts of the province.

The June 2015 draft of the District Government Rules of Business in its First Schedule provide for the establishment of a district health office with four components: (i) Primary Health Care including hospitals except District Headquarter (DHQ) Hospitals, Teaching and Tertiary Hospitals, (ii) Rural Health Centers (RHC), (iii) Basic Health Units (BHU), and (iv) Mother and Child Health Centers. The Second Schedule lists 13 items as so called "Operational Components & Business" of the District Health Office as follows:

- "(i) ensure the delivery of preventive, curative, rehabilitative and promotive health services in primary health care facilities (BHU, RHC, CD, SHC and MCH)[3] and hospitals excluding teaching hospitals and DHQs as per policies of the Health Department,
- (ii) ensure implementation of laid down policies, quality standards, protocols and standard operating procedures in the district;
- (iii) formulate evidence-based district health plans for district health care delivery system based on real time data,
- (iv) planning, development and operational interventions in health facilities and outlets in the district for up-gradation and optimal usage of health care facilities leading to measurable improvement in primary and secondary health care,
- (v) ensures the provision of valid, timely and analyzed information on emerging health problems, disease surveillance and trends, including disaster preparedness and response,
- (vi) ensures the efficient and effective implementation of advocacy and health education strategies, (vii) supervision, monitoring and grievance redressal at district level;
- (viii) ensures the provision of medico-legal services in facilities under their control, (ix) facilitates the establishment of an efficient and effective referral system,
- (x) ensures the regulation of occupational, environmental safety and implementation of public health laws,
- (xi) litigation related to district level,
- (xii) procurement of equipment and medicines … based on the provincial rate contract finalized by DGHS office…..".

A final item (xiii) explicitly excludes the districts from handling contracts and service delivery agreements as well as Public Private Partnership (PPP) arrangements which are reserved as domain of the Provincial Government.

The formulation of these "operational components" is relatively close to what according the the Functional Assignment approach should be the formulation of functions. Ensuring the provision

[3] CD: Civil Dispensary; SHC: Secondary Health Care; MCH: Mother and Child Health Care.

of preventive, curative, rehabilitative and promotive health services in primary health care facilities (BHU, RHC, CD, SHC and MCH) and hospitals (excluding tertiary hospitals and DHQ Hospitals) will be a main function to be handled by the district level. Other functions than can be extracted from the draft Rules of Business are

- district-wide planning for the health facilities (based on district data and according to the district needs),
- monitoring of the health situation in the district
- timely reporting of emerging issues to the provincial level
- implementation of advocacy and health education strategies
- grievance redressal at district level
- provision of medico-legal services for facilities under the district's control,
- establishment of an efficient and effective referral system,
- regulation[4] of occupational, environmental safety and implementation of public health laws,
- litigation related to district level, and
- procurement of equipment and medicines.

Some formulations could be made more explicit and precise to avoid the need for interpretation, but overall they provide a good start for a comprehensive functional assignment process that also needs to indicate the multi-level distribution of management roles for each of these functions. Additional district and provincial-level functions might be derived from analyzing existing sectoral laws, including the 2015 Medical Teaching Institutions Reforms Act, the Health Foundation Act, the 2011 Khyber Pakhtunkhwa (Appointment, Deputation, Posting and Transfer of Teachers, Lecturers, Instructors and Doctors) Regulatory Act, the 2014 Health Care Commission Act and others. Such analysis still needs to be done in order to supplement and firm up the results of the functional assignment exercise.

The formulation in the draft Rules of Business do not say so explicitly but overall all functions and tasks listed appear to be mandatory or obligatory. There are no functions mentioned that could be interpreted as permissive or discretionary functions. This mirrors the approach of the LGA which also does not include any reference to a "rights of initiative" or to a general competence type of local government system.

[4] A better formulation would probably be "the enforcement of" or "supervision of the implementation of…." as the laws regulating the mentioned issues are passed at the provincial level.

3. Functional Assignment in the Health Sector

The Functional Assignment methodology developed by GIZ[5] can be a tool to achieve greater clarity on what is being done by which level of government and thus lay out the functional landscape of what is happening in a sector. The identified status quo can be used as starting point for the re-assignment of functions. Earlier, this approach had been applied in GIZ's support to the Elementary and Secondary Education Department of KP[6] in 2014/15. A main feature of the methodology is the horizontal and vertical unbundling of the functions in the sector, which can be used to compare the current status quo ("pre-devolution scenario") with a potential post-devolution scenario. **Vertical unbundling** is the disaggregation of a sector into sub-sectors or major components. **Horizontal unbundling** is based on the understanding that for all governmental functions resulting in the provision of services, regulations and/or public goods, so-called "management functions" exist that can be used to further disaggregate the analysis of which government level handles which component of a function. As functions are analyzed using the concept of "management functions" for each of them, the methodology allows for a more detailed consultation about who should be doing what in the post-devolution scenario. The resulting distribution of functions serves as an important input for mapping the required human and financial resources between the levels of government ("funds follows functions"), and for improving the institutional set-up of the health sector at each level ("form follows functions").

On 10/11 August 2015, an initial Functional Assignment workshop was attended by 13 officials from the Department of Health, including the former Special Secretary Zubair Asghar Qureshi, and by nine advisors from the Health Sector Support Programme implemented by GIZ (see Annex 1). At the beginning of the Workshop, the former Special Secretary gave a short overview of current reform issues in the health sector. Beside the devolution agenda this cover the policy of achieving higher autonomy for the healthcare establishments including the contracting out of health services to the private sector, and the need for organizational reforms in the Department of Health. The Special Secretary also pointed out that the DoH had sent a proposal to the KP Local Government Department that included the functions that the devolved district health office was expected to implement in future. This proposal was meant as an input to the new District Government Rules of Business which need to be finalized by the Provincial Government.

As a first step in the FA methodology, a list of sector functions is generated ("vertical unbundling"). The list of sector functions used during the workshop was based on the WHO model for the health sector[7], using six main clusters: (i) Leadership and Governance, (ii) Service Delivery, (iii) Infrastructure, Equipment and Medical Products, (iv) Health Work Force, (v) Health Financing, and (vi) Health Information.[8] From the workshop and subsequent consultations and inputs, a list of 43 sector functions emerged (see Table 1).

[5] GTZ (Sector Network Governance Asia) (2009), Functional Assignment in Multi-Level Government (Volume 1 and Volume 2), Eschborn.

[6] GIZ (Support for Good Governance Programme) 2015; Functional Assignment in the Elementary and Secondary Education Sector. Islamabad. (Draft August 2015)

[7] World Health Organization (WHO) (2007). Everybody's Business. Strengthening Health Systems to Improve Health Outcomes. WHO's Framework for Action. Geneva.

[8] Later in the process, Health Information was included in the Service Delivery cluster, therefore only five clusters remain.

Following this vertical unbundling of the sector, each function was analyzed regarding the responsibility for its "management functions" like policy making, planning, regulation, implementation, M&E etc. During the August 2015 workshop, participants discussed in detail functions in the Leadership and Governance and in the Service Delivery clusters. The results for these two clusters were vetted and improved upon during a follow-up meeting between DoH officials and HSSP advisors on 29 September 2015. For the remaining three clusters, the

Table 1: Suggested List of Health Sector Functions

Cluster	Suggested Functions
Leadership and Governance	Formulation of Sector Policies Formulation of Sector Strategic Plan Regulation of Public and Private Service Providers Monitoring and Evaluation of Sector Performance Preparation of Legal Instruments (Acts, Regulations Rules) for the Sector Setting of Technical Norms and Standards Setting of Clinical Standards, Guidelines, SOPs Evidence-based Planning (ADP) & Recurrent Planning Vertical & Horizontal Coordination (e.g. of health programmes) Management of Service Contracts Establishment of Disaster & Emergencies Preparedness Establishment of an Accountability and Public Disclosure System
Service Delivery	Provision of Essential Packages of Primary Health Services Provision of Curative Services Provision of Rehabilitative Services Management of the Individual Health Facility Collection and Disposal of Medical Waste Quality Assurance & Quality Management Establishment and Maintenance of a Referral System Management of Community Relations Provision of Community-Based Services Provision of Outreach Services Provision of Medico-Legal Services Provision of Disaster and Emergency Response Services Litigation Management & Maintenance of HIS
Health Work Force	Creation of Posts Recruiting Posting and Transfers Performance Evaluation Promotion Staff Welfare Issues Pre-Service Training In-Service Training
Health Financing	Budgeting Regulation of Health Fees Internal Audit and Accounting Financial Management (Revenue & Expenditures) Development and Implementation of Alternative Financing Mechanisms
Infrastructure, Equipment & Medical Products	Procurement Provision of Infrastructure (Health and Administrative Facilities) Maintenance & Repairs (of health facilities, equipment etc.) Logistics & Supply Chain Management

HSSP team has suggested arrangements which, however, still need to be discussed with and need to be modified and/or endorsed by the DoH.

Table 2: Overview of Suggested Post-Devolution Functional Assignment

		Policy	Planning	Budget & Funding	Regulation	M&R	M&E	Implementation
	Leadership and Governance							
1	Formulation of Sector Policies	Provincial	Shared	Provincial	Provincial		Provincial	Provincial
2	Formulation of Sector Strategic Plan	Provincial	Shared	Provincial	Provincial		Shared	Shared
3	Regulation of Public and Private Service Providers	Provincial	Shared	Provincial	Provincial		Provincial	Shared
4	Monitoring and Evaluation of Sector Performance	Provincial	Provincial	Provincial	Provincial		Shared	Shared
5	Preparation of Legal Instruments (Acts, Regulations, Rules) for the Sector	Provincial	Shared	Shared	Shared	Shared	Shared	Shared
6	Setting of Technical Norms and Standards	Provincial	Provincial & Federal	Provincial & Federal	Provincial & Federal		Provincial & Federal	Provincial & Federal
7	Setting of Clinical Standards, Guidelines, SOPs	Provincial	Provincial	Provincial	Provincial		Provincial	Provincial
8	Evidence-based Planning (ADP) & Recurrent Planning	Provincial	Shared	Shared			Shared	Shared
9	Vertical & Horizontal Coordination (e.g. of health programmes)	Provincial	Shared	Shared	Shared		Shared	Shared
10	Management of Service Contracts	Provincial	Provincial	Provincial	Provincial		Provincial	Shared
11	Establishment of Disaster & Emergencies Preparedness	Provincial & Federal	Provincial & Federal	Provincial & Federal	Provincial & Federal		Shared	Shared
12	Establishment of an Accountability and Public Disclosure System	Provincial	Shared	Shared	Provincial		Shared	Shared
	Service Delivery							
13	Provision of Essential Packages of Primary Health Services	Shared	Shared	Shared	Shared		Shared	Shared
14	Provision of Curative Services	Provincial	Shared	Shared	Shared	Shared	Provincial	Shared
15	Provision of Rehabilitative Services	Provincial	Shared	Shared	Provincial	Shared	Shared	Shared
16	Management of the Individual Health Facility	Shared	Shared	Shared	Shared	Shared	Shared	Shared
17	Collection and Disposal of Medical Waste	Shared	Shared	Shared	Provincial	Shared	Shared	Shared
18	(Internal) Quality Assurance & Quality Management	Provincial	Shared	Shared	Provincial	Shared	Shared	Shared

19	Establishment and Maintenance of a Referral System	Provincial	Shared	Shared	Provincial		Shared	Shared
20	Management of Community Relations	Shared	Shared	Shared	Shared		Shared	Shared
21	Provision of Community-Based Services	Shared	Shared	Shared	Shared		Shared	Shared
22	Provision of Outreach Services	Provincial	Shared	Shared	Shared	Shared	Shared	Shared
23	Provision of Medico-Legal Services	Provincial	Shared	Shared	Judiciary		Shared	Shared
24	Provision of Disaster and Emergency Response Services	Shared*	Shared*	Shared*	Shared*	Shared*	Shared*	Shared*
25	Litigation	Provincial	Shared	Shared	Judiciary		Shared	Shared
26	Management & Maintenance of HIS	Shared*	Shared	Shared*	Shared*		Shared	Shared
	Health Work Force							
27	Creation of Posts (BPS 1-15)	Shared	Shared	Shared	Provincial		Shared	Shared
	Creation of Posts (BPS 15 and above)	Provincial	Provincial	Provincial	Provincial		Shared	Shared
28	Recruiting (BPS 1-15)	Shared	Shared	Shared	Provincial		Shared	Shared
	Recruiting (BPS 15 and above)	Provincial	Provincial	Shared	Provincial		Shared	Shared
29	Posting and Transfers (BPS 1-15)	Shared	Shared		Provincial		Shared	Shared
	Posting and Transfers (BPS 15 and above)	Shared	Shared		Provincial		Shared	Shared
30	Performance Evaluation (BPS 1-15)	Shared	Shared		Provincial		Shared	Shared
	Performance Evaluation (BPS 15 and above)	Shared	Shared		Provincial		Shared	Shared
31	Promotion (BPS 1-15)	Shared	Shared		Provincial		Shared	Shared
	Promotion (BPS 15 and above)	Provincial	Shared		Provincial		Shared	Shared
32	Staff Welfare Issues (BPS 1-15)	Shared	Shared	Shared	Provincial		Shared	Shared
	Staff Welfare Issues (BPS 15 and above)	Shared	Shared	Shared	Provincial		Shared	Shared
33	Pre-Service Training (BPS 1-15)	Provincial	Provincial	Provincial	Federal, Provincial		Provincial	Provincial
	Pre-Service Training (BPS 15 and above)	Provincial	Provincial	Provincial	Federal, Provincial		Provincial	Provincial
34	In-Service Training (BPS 1-15)	Shared	Shared	Shared	Provincial		Provincial	Providers
	In-Service Training (BPS 15 and above)	Shared	Shared	Shared	Provincial		Shared	Providers
	Health Financing							
35	Budgeting	Shared	Shared		Provincial		Shared	Shared
36	Regulation of Health Fees	Provincial	Shared		Shared +		Shared	Shared

37	Internal Audit and Accounting	Provincial	Shared		Shared		Shared	Shared
38	Financial Management (Revenue & Expenditures)	Provincial	Shared		Shared		Shared	Shared
39	Development/Implementation of Alternative Financing Mechanisms	Provincial	Provincial	Provincial	Provincial		Shared	Shared
	Infrastructure, Equipment & Medical products							
40	Procurement	Shared	Shared	Shared	Provincial		Shared	Shared
41	Provision of Infrastructure (Health and Administrative Facilities)	Shared	Shared	Shared	Provincial		Shared	Shared
42	Maintenance & Repairs (of health facilities, equipment etc.)	Shared	Shared	Shared	Provincial		Shared	Shared
43	Logistics & Supply Chain Management	Shared	Shared	Shared	Shared		Shared	Shared

Notes:
Shared* = Involves all levels (Federal, Provincial, District)
Shared+ = For development budget, provincial only

Provincial
District
Shared
Others

Table 2 summarizes the suggested future functional assignment in the sector. The results of the analysis for the five clusters are given in the Annexes 2-6. For each sector function, the function tables in the annex show the level of government (provincial or district) and the respective institution(s) responsible for particular elements of the sector function, both for the status quo (pre- devolution) and for the suggested post-devolution scenario. This allows a quick overview to identify the changes in the functional arrangements that need to be realized in the process of implementing the 2013 LGA.

A main caveat is in order here: as outlined by the Special Secretary in the initial functional assignment workshop, strengthening the autonomy of healthcare establishments and increasing the role of the private sector in providing health services are other major policy reforms in the health sector that run concurrent with devolution. In 17 out of 25 districts, the Provincial Government has contracted out the management of large parts of the primary health care facilities to the private sector.[9] The new Article 105A of the LGA gives legal backing to a policy that could undermine the purpose and objective of devolution as formulated in the LGA. There is no principled contradiction between devolution and a policy promoting private sector involvement in running public services or a policy fostering larger management autonomy of

[9] Under the Peoples Primary Healthcare Initiative (PPHI), the DoH has contracted out BHUs in 17 districts "which will ensure the improvements in the health service delivery by improvements in the basic infrastructure of health facilities, by ensuring availability of medicines and staff, and coordination of activities relating to healthcare service delivery at the primary level including promotive, preventive and curative healthcare." (Finance Department, Medium-Term Budget Estimates for Service Delivery 2015-18, p. 26).

public service units as sub-national governments have also the option to contract out services or to engage in public-private partnerships for those services for which they have been made responsible. But under the current arrangement they are excluded from making any service delivery choices, and large parts of the primary health sector remain with the Provincial Government, giving little discretion and space for the 17 districts to adjust their health services to the locally specific conditions.

Leaving this caveat aside for the time being, what are the visible changes that can be observed in the allocation of responsibilities between the province and the districts, based on the results of the functional assignment exercise?

In all the service clusters, the **provincial level retains most of the policy and regulatory functions**. "Province" here does not necessarily mean "Department of Health", but includes also other provincial government departments (like Finance, Planning), or regulatory bodies like the Health Care Commission. There are also cases where policy and/or regulatory functions are split between the federal and the provincial level (like for disaster and emergency issues, for the setting of norms and standards, and for training and education of medical and paramedical staff).

A **large number of shared responsibilities** is apparent under "implementation" where one would expect a more prominent role of the districts since most of the health services are being rendered there. This is due to the fact that the districts get responsibility only for the lower levels of healthcare establishments (like Basic Health Units, Rural Health Centers, Tehsil Headquarter Hospitals). The Province retains responsibility not only for the tertiary and teaching hospitals but even for the District Headquarter Hospitals (which fulfill a crucial role in the district health delivery system). Therefore most management functions in the Service Delivery cluster (including planning, budgeting, M&E) are shared between the province and the district level.

The cluster **Governance and Leadership** (see Annex 2) shows a dominating role of the provincial level which is in line with the functions listed here. The overall legal and regulatory framework for the sector is established and controlled by the Province (as mentioned above, sometimes in conjunction with the federal level). Where districts share responsibilities with the province, this is of course limited to their areas of jurisdiction.

The functions in the cluster **Service Delivery** (see Annex 3) are mostly shared, with a stronger provincial role in "Policy" and "Regulation". In the community-related areas, one would have expected a more prominent role of the districts – as it is, the Province will maintain a role even in the planning and funding of community relations and community services.

The **Health Work Force** (see Annex 4) cluster likewise shows a large number of shared functions, based on the assumption that the districts will have a much more prominent role in the management of their human resources up to BPS Grade 15. For the grades above BPS 15, it is understood that the province will remain in the lead, so the term "shared" has rather to be understood in the sense of the districts participating, contributing, commenting etc. –but without having a decision-making role. Regulatory issues are exclusively with the provincial level in line with the need to maintain a standardized HR system for public officials that allows for mobility and equal service conditions irrespective of the place and institution of service. For

the same reason, the pre-service function is mostly with the provincial level. For the BPS Grades 15 and above, a stronger role of the districts in recruitment, promotion, posting/transfer and training would be advisable to allow district governments to make their own choices on senior staff in the service sectors and adjust professional development initiatives to their specific needs.[10]

The cluster **Health Financing** (see Annex 5) shows a predominantly provincial role in "Policy" and in the field of alternative financing mechanisms because these are still at an early stage of design and implementation. The shared role of the districts in the other functions is again limited to their own areas of jurisdiction where they might develop their own set of policies and approaches in line with the provincial framework.

Finally, the cluster **Infrastructure, Equipment, Medical Product** (see Annex 6) shows mainly shared roles with the exception of the regulatory role. The understanding here is that each level (province, district) is responsible for the infrastructure and hardware of the health and administrative facilities under its control. Districts would be responsible for all the BHUs, RHCs, Mother & Child Health Care Centers, Tehsil hospitals and their own administrative facilities, while the province would look after the DHQ Hospitals, higher level hospitals, specialized institutions, as well as the provincial training and administrative facilities.

The emerging picture of functional assignment in the health sector after devolution is of a sector with a dominating provincial level and a rather modest devolution of decision-making power to the districts. If at all, districts receive more implementing functions. And here the above-mentioned caveat comes into play again: as long as the districts do not have a significant role in managing the contracting out of primary service facilities under their jurisdiction, devolution in the health sector appears rather meager as compared to other sectors.

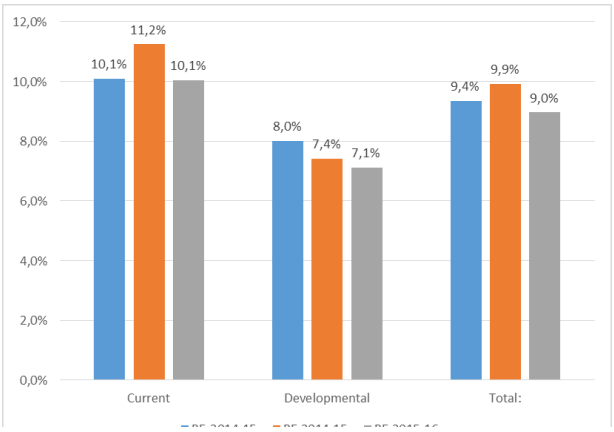
[10] For a more detailed discussion of HR issues in a devolved health sector, see Chapter 4.

4. Budget Issues for a Devolved Health Sector

In the following, we will look at the implications of the suggested functional assignment for the budget of the health sector. Using the available data for the Financial Year (FY) 2015/16,[11] we will analyse how the different pillars of the budget (salary, non-salary, development) should change once the new assignment of functions is applied.

Overall, the total budget allocation to the Health Department in FY 2015/16 is 9 percent of the total provincial budget (7.1 percent of the development budget and 10.1 percent of the current budget).

Figure 1: Share of Health Department Budget out of Total Provincial Budget (2015/16)



As can be seen from Table 3, the overall budget allocation to the Department of Health in FY 2015/16 was Rs. 42.38 billion, out of which Rs. 29.95 billion was for current expenditures, and Rs. 12.43 billion was for development expenditures. Approximately three quarter of current expenditures was for salary expenditures (Rs. 22.89 billon), while approx. one quarter was for non-salary expenditures (Rs. 7.05 billion).

Table 3: Current and Development Budget in Health (FY 2015/16)

Rs. In Million

Description	Budget Estimates 2014-15	Revised Estimates 2014-15	Budget Estimates 2015-16
Current	**25.237,123**	**28.672,301**	**29.953,440**
Salary	18.807,264	18.050,538	22.899,920
Non-Salary	6.429,859	10.621,763	7.053,520
Developmental	**11.210,544**	**9.987,893**	**12.432,594**
Total:	**36.447,667**	**38.660,194**	**42.386,034**

Table 4 provides the budget distribution between the provincial and the district level in the current scenario. The district data shown is arrived at by deducting the provincial allocation from the total allocation, because no detailed district data is available yet. The largest portion of all the three budget pillars sits with the provincial level: out of Rs. 22.89 billion salary expenditures, the provincial level controls Rs. 15.20 billion while Rs. 7.69 billion is spent by the districts. Out of Rs. 7.05 billion non-salary expenditures, Rs. 6.36 billion is with the province, and Rs. 685 million is with the districts. The entire local development funds (= ADP) (Rs. 8.28

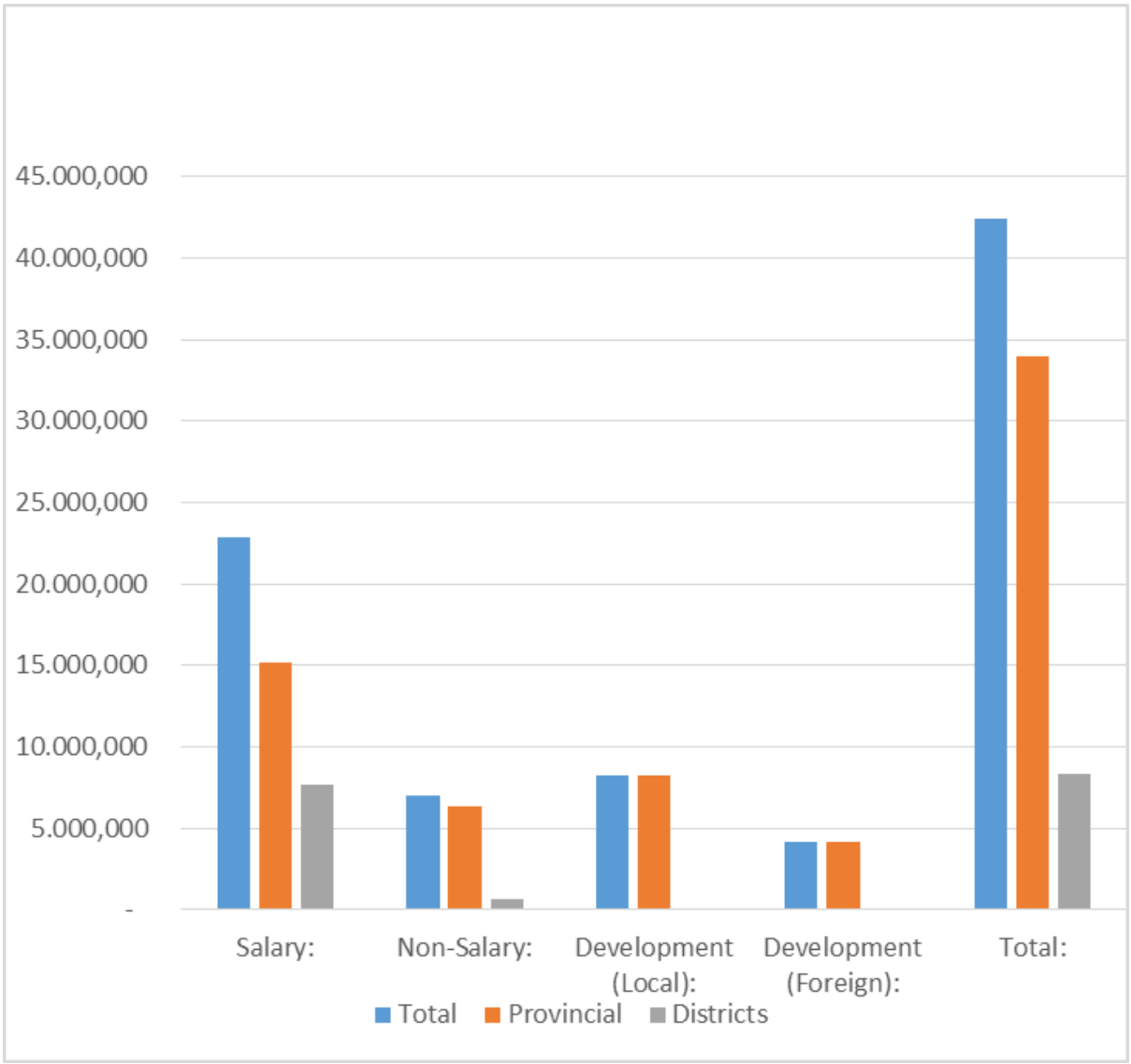
[11] All data have been extracted from the Finance Department's Budget Book 2015/16. Unless indicated otherwise, all data refer to Budget Estimates.

billion) and the entire external development budget (Rs. 4.15 billion) is controlled by the province. Details of the individual district budgets for FY 2014/15 are provided in Annex 7.

Table 4: Provincial/District Share of Health Budget (2015/16)

	Total	Provincial	Districts
Salary	22,899,920,000	15,207,924,000	7,691,996,000
Non-Salary	7,053,520,000	6,368,209,000	685,311,000
Development (Local)	8,280,000,000	8,280,000,000	-
Development (Foreign)	4,152,594,000	4,152,594,000	-
Total	**42,386,034,000**	**34,008,727,000**	**8,377,307,000**

Figure 2: Provincial/District Share of Health Budget (2015/16)



A significant portion of the current revenue budget is disbursed as grants-in-aid to autonomous health institutions and a range of other public and private institutions. In FY 2014/15, total grants-in-aid allocation to the autonomous health institutions was Rs. 7.58 billion; in FY 2015/16, a total of Rs. 8.61 billion was earmarked as contributions to these institutions (see Table 5). These allocations will not be affected by devolution as the receiving health institutions remain autonomous and will continue to be funded by the provincial level. Grants-in-aid to other institutions amounted to Rs. 1.29 billion in FY 2014/15 (Revised Budget Estimates) and Rs. 540.5 million have been allocated in FY 2015/16. Again, these grants-in-aid (like grants going to the Health Regulatory Authority and the Food Safety Authority, various foundations and other health institutions) will not be affected by devolution as they do not cover district-level functions.

As a next step in the analysis, the list of provincial schemes and the list of ADP projects were screened to identify schemes and projects which under the suggested functional assignment would in future come under the jurisdiction of the district level, and where therefore budget allocations should move from the provincial to the district level.

The list of provincial schemes in FY 2015/16 is attached in Annex 8. Out of the nearly 100 schemes, only two schemes allow the conclusion that according to the suggested assignment of functions funds should be allocated to the district level: the scheme “Provision of Emergency Drugs for Poor Patients” (PR4832) indicates in its details an allocation of Rs. 425 million to BHUs and RHCs.

Table 5: Grants-in-Aid (Autonomous Institutions) 2014/15 and 2015/16

Health Department Khyber Pakhtunkhwa Current Revenue Budget 2015-16				
Grant-in-Aid				
Autonomous Bodies				
Grant #	Description	2014-15		2015-16
		Budget Estimates	Revised Estimates	Budget Estimates
	Lady Reading Hospital Peshawar	1.762.998.000		1.924.970.000
	Khyber Teaching Hospital Peshawar	1.066.512.000		1.187.025.000
	Khyber Medical College Peshawar	425.036.000		495.608.000
	Khyber College of Dentistry Peshawar	214.068.000		222.678.000
	Hayatabad Medical Complex Peshawar	834.415.000		1.055.603.000
	Postgraduate Medical Institute Peshawar	1.298.127.000		1.709.136.000
	Ayub Teaching Hospital Abbottabad	895.146.000		939.821.000
	Ayub Medical College Abbottabad	540.389.000		490.180.000
	Institute of Kidney Diseas Peshawar	234.551.000		252.762.000
	Pakistan Institute of Community Opthalmology Hayatabad Medical Complex Peshawar	33.309.000		35.834.000
	Khyber Girls Medical College Peshawar	248.634.000		269.785.000
	Bashir Bilour Memorial Children Hospital Peshawar	25.364.000		25.438.000
	Total:	7.578.549.000	-	8.608.840.000

These units have been devolved by the LGA, therefore this allocation should in future be reflected in the respective district budgets. Scheme PR4849 with an allocation of Rs. 200 million is an umbrella provision for new posts needed in the context of schemes due to be completed. As a proxy, we have used the current staff ratio between provinces and districts (60/40) (see Chapter 4), and divided the scheme allocation accordingly, resulting in Rs. 80

million which also should be transferred to the district level post-devolution. Taken together, based on the results of the functional assignment exercise, the non-salary district portion of the health budget should be increased by Rs. 505 million.

Of course the analysis would look differently if the District Headquarter Hospitals would be included in the list of devolved units. These institutions alone absorb more than Rs. 4 billion in the 2015/16 health sector budget, and employ nearly 9.300 staff.[12]

The development budget of the health sector is financed both by local revenue (the Annual Development Programme/ADP) and by foreign assistance. The 2015/16 ADP amounts to Rs. 8.28 billion, the foreign assistance is Rs. 4.15 billion. All of the foreign assistance is currently under the budget control of the provincial department. The two largest foreign-funded projects (ADP 499: Integration of Health Service Delivery with special focus on MNCH, LHW, EPI[13] and Nutrition Programme with Rs. 1.85 billion foreign funding; ADP503; KPK Immunization Support Programme with Rs. 1.65 billion foreign funding) certainly include large portions of work that deal with district-level functions, and where proceeds from external support should be transferred to the respective district budgets. However, more details would be needed to arrive at a more solid estimate how the allocation should be split between provincial and district level. We have therefore excluded the foreign-funded part of the development budget from the further analysis.

The list of ADP-funded health sector projects is attached in Annex 9. Analyzing the individual ADP projects against the assignment of functions, one can argue that out of the total Rs. 8.28 billion the provincial level needs to retain Rs. 6.44 billion (or 78 percent) because these project cover functions that continue to remain with the provincial level. Rs. 1.84 billion (or 22 percent) cover district-level functions and should therefore be reflected in district budgets.

Beside fiscal transfers from the provincial level, own-source revenue could theoretically be a potential funding source for the health sector in the districts. The Third Schedule (Part I) of the LGA 2013 mentions “taxes for … health” and “fees in respect of … health facilities established or maintained by the District Government” as one of the levies or taxes than can be determined by the District in line with existing laws and regulations. However, in reality such own-source revenue is a small fraction of the overall health sector budget: in the FY 2014/15, receipts from the health sector were Rs 204.74 million[14]; the estimate for FY 2015/16 amounts to Rs. 500 million.[15] Districts and the heath facilities in the districts will continue to depend to a very large extent on budgetary resources.

So what does devolution mean for the future health sector budget? Figure 3-5 show the changes in the budget allocation for salary, non-salary and development (ADP) budgets, respectively, if the results of the Functional Assignment exercise are applied to the 2015/16 budget data.

[12] See Annex 10.

[13] MNCH: Maternal and Child Health Care; LHW: Lady Health Workers; EPI: Extended Programme on Immunization

[14] Finance Department, White Paper 2014/15, p. 22.

[15] Finance Department, White Paper 2015/16, p.22

Figure 3: Salary Budget According to Functional Assignment Results

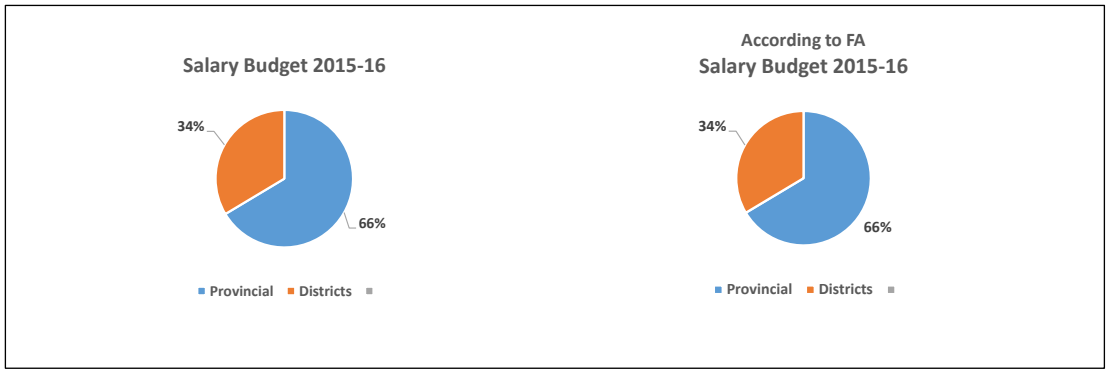


Figure 4: Non-Salary Budget According to Functional Assignment Results

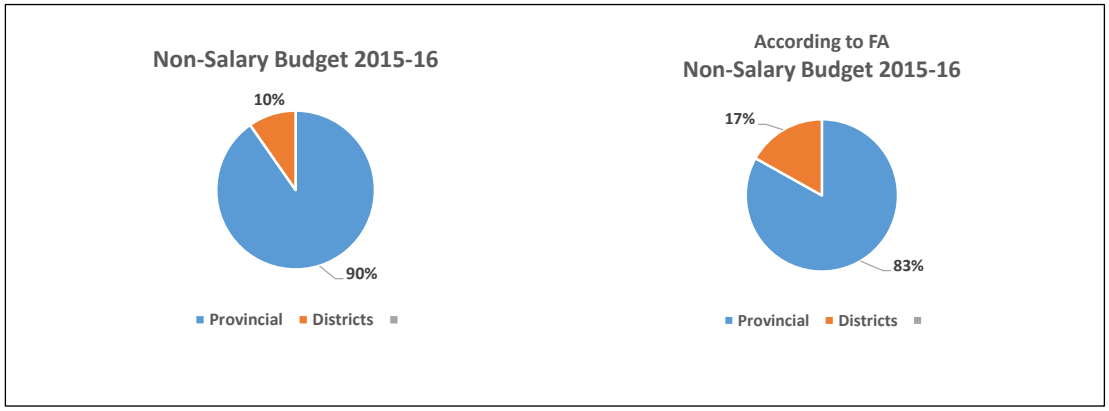
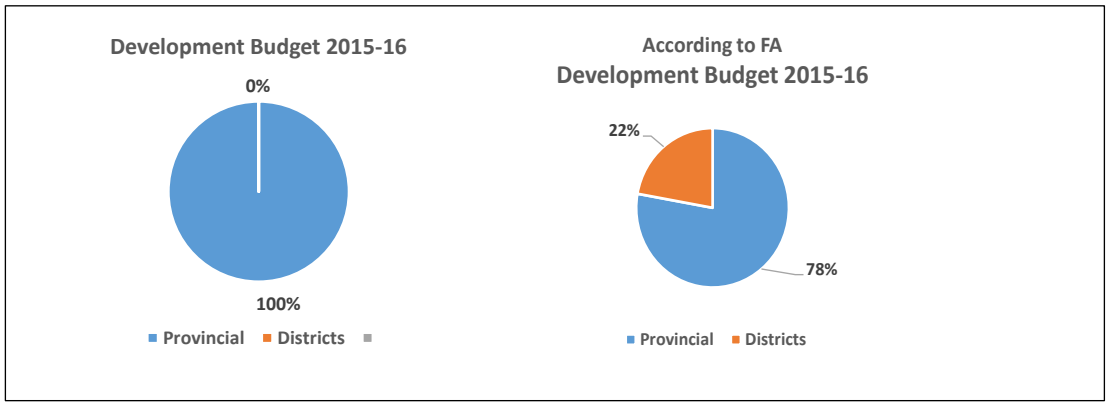


Figure 5: Development Budget (ADP) According to Functional Assignment Results



For the **salary budget**, devolution will not have an effect as the staff working for the sector health units to be devolved (like BHUs and RHCs) is already included in the district budget. As the other health institutions will remain with the provincial level, no changes are foreseen. The staff distribution would change significantly, however, if DHQ Hospitals should one day also be transferred to the districts. During the functional assignment exercise DoH officials furthermore pointed out plans to give the autonomous health institutions full authority for human resource management, and to include existing staff under the budgets of these institutions. If this were to happen, the provincial salary budget would see a significant change which, however, is not related to the devolution policy!

For the **non-salary budget**, our analysis indicates that in line with the suggested functional assignment more funds should be allocated with the district level which should have a share of 17 percent as compared to the current 10 percent. Considerable portions of the non-salary budget are ring-fenced against effects of devolution because of the Grants-in-Aid allocations to the autonomous health institutions, and because of sizable allocations to other public and private institutions in the sector. Keeping the DHQ Hospitals out of the jurisdiction of the districts furthermore reduces the portion of the non-salary budget which could potentially be transferred to the districts.

The development budget so far remains heavily in favour of the provincial level. From the ADP portion, approx. 22 percent should be transferred to the district level because district-functions are being funded. It is very plausible that a significant portion of the foreign assistance in the development budget should also be transferred to the districts, but a more detailed comparison of these programmes with the FA results would be required.

The analysis has to be seen against the background that as of now no district government has yet formulated its own budget. The district allocations indicated in the provincial budget are based on decisions by the provincial level (notwithstanding planning and consultation processes involving the districts). There is no system of intergovernmental fiscal transfers in place yet.[16] Therefore district governments as of now have not been able to exercise their own choices between and within the three budget items (salary, non-salary, development) discussed above. Such a district-level planning and budgeting process can only be initiated once own-source revenue, block grants and conditional/special-purpose grants provide districts with their own pool of resources.

[16] The concept for the so-called Provincial Finance Commission (PFC) Award that would determine the budgetary allocations for the different tiers of the local government system is still being finalized.

5. Human Resource Management in a Devolved Health Sector

The total staff strength of the public sector in Khyber Pakhtunkhwa in FY 2015/16 is 432.399 staff.[17] The health sector has a staff strength of 52.069 posts (or 12 percent of the total staff). 58.6 percent (30.525) of the health work force is working for provincial-level institutions, while 41.4 percent (21.542) is working with district-level institutions. Since the current devolution scenario does not involve more transfers of health sector institutions from provincial to district-level responsibility, the overall ratio of staff distribution between the two levels will not change in the short run.[18] However, if policy consideration are realized that aim at giving the autonomous health institutions full management control over their human resources (including creation of posts, recruitment, promotion, posting and remuneration), the staff strength of the provincial level would be reduced significantly provided existing staff agrees with such a transfer.[19]

Table 5: Public Employees in the Health Sector, by BPS Grade (2014/15 and 2015/16)

Health Department Khyber Pakhtunkhwa Current Revenue Budget 2015-16						
BPS #	2014-15			2015-16		
	01.07.2014	Creation	Total	Total	Provincial	District
1	9.775	231	10.006	10.088	5398	4.690
2	7.643	224	7.867	8.001	3.839	4.162
3	276	4	280	286	182	104
4	850	38	888	890	528	362
5	404	39	443	446	382	64
6	243	35	278	283	212	71
7	268	7	275	280	191	89
8	94	-	94	94	79	15
9	10.965	377	11.342	11.665	4.792	6.873
10	3	-	3	3	3	-
11	910	14	924	930	712	218
12	1.766	93	1.859	2.124	1.262	862
13	-	-	-	-	-	-
14	699	18	717	726	437	289
15	2	-	2	1	1	-
16	5.154	296	5.450	6.321	5.293	1.028
17	4.631	394	5.025	5.211	3.490	1.721
18	2.972	58	3.030	3.113	2.389	724
19	1.130	19	1.149	1.155	895	260
20	395	22	417	436	427	9
21	-	-	-	-	-	-
22	-	-	-	-	-	-
Special	-	-	-	-	-	-
Fixed	20	596	616	14	13	1
Total:	48.200	2.465	50.665	52.067	30.525	21.542
NB: This includes 1885 posts created during 2015-16						

[17] White Paper 2015/2016:19.

[18] If the DHQ Hospitals would be included in the list of devolved units, more than 8.000 additional staff would come under the district governments' control (see Annex 10).

[19] A figure of approx. 20.000 provincial staff was mentioned that could potentially be affected by such a change.

To what extent the district governments will get full or limited management control for their staff remains open at this moment. A DoH document[20] mentions that in the short-term "all staff management control [will be] transferred except DHQ level", while in the long-term "hiring of non-technical staff up to BPS-15" will be done by the districts. Elsewhere the same document mentions "B[P]S 1-15 hiring and posting for non-technical staff" as a future district responsibility. The document also makes reference to a possible stronger role of the districts regarding the position of District Health Officer (DHO) ("DHO posting/transfer in consultation with District Govt.").

The functional assignment suggested in the Health Work Force cluster (see Annex 4) is to a large extent based on the assumption that HR management control for non-technical staff BPS-1 to BPS-15 will be given to the district government. Having substantial management control over human resources is generally seen as a major pre-requisite for sub-national governments to take responsibility for service delivery and the implementation of the functions transferred to them. In view of the specific requirements of the health sector, the future HR management arrangements for the devolved health sector need to differentiate clearly by categories of staff. A possible scenario is suggested in Table 6.

It is understood that the regulatory function for HR issues will remain a provincial-level function, where the Services and General Administration Department (S&GAD) and to a more limited extent the technical department (DoH) will play the key roles. There is a need to continue with common HR rules and regulations in the province that allow for vertical and horizontal mobility of staff and ensure similar service conditions (like recruitment requirements, pay scales and allowances, performance evaluation systems etc.). The provincial Public Service Commission is another key actor for recruitment of the higher BPS Grades. In case of medical and paramedical staff, public and professional institutions at the federal level might also be involved. For instance in the pre-service function in Annex 4, the Pakistan Nursing Council and the Pakistan Medical and Dental Council are mentioned as national professional bodies that influence training content and training systems for their professions.

For pre- and in-service training, several institutions have been established in Khyber Pakhtunkhwa, like the Khyber Medical University, several Medical Colleges or the Provincial Health Services Academy. All these training institutions will remain a responsibility of the provincial level (as can also be seen in the ADP where the whole segment of medical training and education remains with the Province; see Annex 9).

In a devolved setting, the districts in the medium-term need the responsibility to decide on their total number of staff, the composition of their staff, and the professional development of their staff (including in-service training, where districts should have a role in determining priorities for their staff and procure in-service training from public and/or private sector according to their needs). These HR functions need to be conducted within the common set of rules and regulations established by the provincial level. In the medium-term, such HR management control also needs to be exercised by the districts for the more senior levels of staff.

[20] Health Department, Presentation to the Committee on LG Transition Khyber Pakhtunkhwa. (No date).

Table 6: Medium-Term Scenario for HR Management in the Devolved Health Sector

	Medical Staff	Paramedical Staff		Admin/Technical Staff	
		1-15	Above 15	1-15	Above 15
Creation of Posts	AI, D, P	AI, D, P	AI, D, P	AI, D, P	AI, D, P
Recruitment	AI, D, P	AI, D, P	AI, D, P	AI, D, P	AI, D, P
Pre-Service Training	P, Professional bodies	P, Professional bodies	P, Professional bodies	P	P
In-Service Training	AI, D, P	AI, D, P	AI, D, P	AI, D, P	AI, D, P
Promotion	AI, D, P	AI, D, P	AI, D, P	AI, D, P	AI, D, P
Performance Evaluation	AI, D, P	AI, D, P	AI, D, P	AI, D, P	AI, D, P
Postings and Transfers	AI, D, P	AI, D, P	AI, D, P	AI, D, P	AI, D, P
Staff Welfare	AI, D, P	AI, D, P	AI, D, P	AI, D, P	AI, D, P

Notes: P = Provincial; D: District, AI: Autonomous Institutions. Medical staff is only above BPS 15.

The suggested scenario is largely one where each level (province, district) and the autonomous institutions have management responsibility for their own staff, but not for the staff of the others. The one exception is pre-service training where the provincial level remains in charge for all levels of health service. For all other HR functions, it is assumed that the regulatory function also remains firmly with the Provincial Government.

6. Summary and Policy Recommendations

The policy choices made by the provincial government mean that a substantial part of the primary health care services and of the secondary health care services are kept outside the jurisdiction of the district governments even after the LGA coming into effect. In primary health, the contracting out of BHUs to the private sector in 17 out of 25 districts excludes a considerable number of these service units from decisions by the district governments. This is in stark contrast to the formulation in the draft District Government Rules of Business that the districts have to "ensure the delivery of preventive, curative, rehabilitative and promotive health services in primary health care facilities (BHU, RHC, CD, SHC and MCH) and hospitals…". In the secondary health services sector, retaining provincial responsibility for the District Headquarter Hospitals (DHQs) removes a considerable portion of this sector from decisions by the districts. While a full and immediate transfer of all these service units as against a phased approach is one of the possible options in implementing devolution[21], the available Government documents do not mention a medium-term strategy that would indicate that a phased approach to a more comprehensive devolution in the health sector is on the agenda of the Government.

The functional assignment exercise facilitated by Health Sector Support Programme implemented by GIZ provides a basis for the further development and fine-tuning of responsibilities in the sector. A striking feature of the FA results is the high number of shared functions. While most government functions are usually shared in one way or the other (for instance because the overall policy and strategic planning role for all functions is usually reserved for the higher-level government), the high number of shared functions even under "implementation" indicates fragmentation of responsibilities that will make it more difficult to establish clear accountabilities for the results achieved or not achieved. If for instance primary health care services are not satisfactory in districts where the BHUs have been contracted out, the district government will not be accountable since managing the contracting-out arrangement is entirely with the Province. For the constituency of the district, however, this shared responsibility might not be visible or understandable – they will direct their complaints first of all to the health administration in the district.

Using the suggested assignment of functions as a starting point, the analysis of the 2015/16 budget shows no changes in the allocation of **salary expenditures** as the staff of units indicated as "devolved" in the Local Government Act is already listed under the respective districts. Unless more institutions are devolved, the current ratio will change only if districts are given the discretion to make their own choices and recruitment within the budget envelope provided through the Provincial Finance Commission Award. For the **non-salary budget**, applying the results of the functional assignment exercise indicates the need to shift additional Rs. 505 million to the district level because here functions are funded which would come under the responsibility of the districts.

Regarding the **development budget**, we need to distinguish between the ADP and foreign assistance. Sharing the ADP between provincial and district level following the results of the functional assignment exercise indicates that currently 22 percent of the ADP should become part of the district budgets, while 78 percent remain at provincial level because they finance

[21] There are mixed experiences with such big-bang approaches to devolution; the experience of Indonesia shows that not necessarily social services must be affected severely and negatively by such an approach.

provincial level function. This seems to be less than the established policy objective that 30 percent of the total provincial ADP should go to the districts, but there might be justifiable variations between the sectors. Substantial investments in the ADP benefit healthcare establishments which are currently outside the responsibility of the districts – as long as this is the case, the relevant development expenditures remain provincial. For foreign development assistance, the titles of the programmes suggest that they include a good deal of functions sitting with the district level, however, a more detailed analysis would be required.

The **implications for the HR management** in a devolved health sector are still to be clarified in more detail. As numerous health institutions remain outside the responsibility of the districts, these will cater only for a smaller share of the health work force. It has to be understood that having sufficient discretion in HR management is a substantial and necessary feature of real devolution: the local government units to which functions, funds and functionaries are being devolved must have the option to make choices on the number and composition of their workforce – based on rules, regulations and guidelines determined by the provincial level. The 2013 LGA gives sufficient muscles to the provincial level to control and enforce compliance with such regulations and to prevent districts from misusing their new responsibilities. Here, the health sector (like all other devolved sectors) needs to work closely with other provincial institutions (like the Services and General Administration Department and the Public Service Commission) to adjust the Province's HR framework to the needs of a devolved and multi-level health system.

Some **policy recommendations** emerging from our analysis are as follows:

- For the 2016/17 budget, the new functional assignment should guide the preparation of budgets at district and provincial level, especially for the development budget and for the non-salary budget. It is crucial that the districts get the resource envelope that they need to carry out the functions devolved to them, and that they have the necessary discretion in establishing and executing their budget. It is equally important that the province does not retain funds for tasks and responsibilities which in future will come under the authority of the districts.
- The arrangements for implementing the foreign-funded development activities need to ensure that they do not undermine the devolution agenda, and that "funds follows functions".
- While the Province's policy of contracting out health services to the private sector is legitimate it needs to ensure greater policy coherence, by finding arrangements that involve district governments sufficiently in the management and supervision of such contracted-out services. Ideally, it would be districts themselves that determine the mode of service delivery for their jurisdiction – including contracting out. This will probably require building capacity for selecting service providers and for contract management, but ultimately this is the only way to indeed give responsibility to district governments in managing their functions and be accountable for the results.
- The details of the devolved service arrangements in the health sector as determined by the provincial government need to be communicated and disseminated widely within the health sector, to make functionaries (and elected representatives) aware of the changes and the new allocation of responsibilities.
- There is also the need to have a time-bound road map that indicates when and how changes in the sector will be made legally and in reality. It is understood that such a road

map depends to a certain degree on the overall devolution road map of the province to which a sector road map needs to align.

- Normally, the effects of devolution can also been seen at the higher government level, i.e. the provincial level. The Department of Health therefore should also analyze to what extent its current structure, its own Rules of Business, its staff strength and the technical/educational background of its staff are still in line with the new service arrangements. Building capacity for conducting its oversight and steering function might become more important.
- There are probably a significant number of administrative procedures and regulations that need to be revised in order to reflect the new role of the district government. Normally procurement and HR management regulations are the ones where such revisions are needed most to give larger discretion to district government.
- Only two of the five service clusters so far could be discussed in detail with the DoH. There is need to also review the arrangements suggested by the HSSP team for the remaining three clusters (health financing, health work force and infrastructure, equipment and medical products) and to come to final conclusions how the functions in these clusters should be assigned.

Annex 1: Participants of the Functional Assignment Workshop, 11/12 August 2015

S.N.	Name	Group
1	Mr. Zubair Asghar Qureshi	Special Secretary Health
2	Mr. Bahr Ullah	Senior Planning Officer
3	Dr. Ejaz Ahmad	Deputy Chief Health Sector Reforms Unit
4	Dr. Niaz Muhammad	District Health Officer, Swabi
5	Dr. Akhtar Said	Project Director, IMU
6	Dr. Faisal Shahzad	Coordinator Health Sector Reforms Unit
7	Dr. Naeem Awan	Medical Superintendent, DHQH Mansehra
8	Dr. Javed Khan	Director, Provincial Health Services Academy
9	Dr. Faheem Hussain	Project Coordinator, NP PF&PHC
10	Mr. Shakeel Ahmad	Chief Operating Officer, KPHI
11	Mr. Muzamil Shah	Assistant Director Finance DGHS Office
12	Dr. Riaz Tanoli	Project Director, Social Health Protection
13	Mr. Hameed Iqbal	Project Director, DHIS
1	Dr. Ruth Hildebrandt	Principal Advisor, HSSP
2	Mr. Rainer Rohdewohld	Consultant
3	Mr. Ishaq Mohmand	Consultant
4	Dr. Darinka Perisic	Technical Advisor, HSSP
5	Dr. Silvia Popp	Technical Advisor, HSSP
6	Dr. Imran Durrani	Technical Advisor, HSSP
7	Dr. Mushtaq Ahmed	Technical Advisor, HSSP
8	Dr. Shefa Haider Sawal	Technical Advisor, HSSP
9	Dr. Kamran Ajaib	Technical Advisor, HSSP

Annex 2: Cluster Leadership and Governance

Leadership and Governance

Formulation of Sector Policies
Formulation of Sector Strategic Plan
Regulation of Public and Private Service Providers
Monitoring and Evaluation of Sector Performance
Preparation of Legal Instruments (Acts, Regulations, Rules) for the Sector
Setting of Technical Norms and Standards
Setting of Clinical Standards, Guidelines, SOPs
Evidence-based Planning (ADP) & Recurrent Planning
Vertical & Horizontal Coordination (e.g. of health programmes)
Management of Service Contracts
Establishment of Disaster & Emergencies Preparedness
Establishment of an Accountability and Public Disclosure System

Abbreviations

Autonomous Bodies	Five tertiary level hospitals
DGHS	Director General Health Services
DHDC	District Health Development Centre (part of PHSA)
DHIS	District Health Information System
DHO	District Health Officer
DoH	Department of Health
FD	Finance Department (Provincial)
Federal	Federal level
HCC	Health Care Commission
Health Sectt.	Health Secretariat
HSRU	Health Sector Reforms Unit
IMU	Independent Monitoring Unit
LD	Law Department (Provincial)
LG	Local Government (District Government)
NDMA	National Disaster Management Authority
NHSRC	Ministry of National Health Services Regulation & Coordination
P&D	Planning & Development Department (Provincial)
PC	Planning Cell
PDMA	Provincial Disaster Management Authority
PHSA	Provincial Health Services Academy
RTIC	Right To Information Commission
RTPSIC	Right To Public Services Information Commission

Function: Formulation of Sector Policies

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province					Province
Proposed after devolution	DoH	DoH (HSRU, PC, DGHS), DHO	DoH	DoH		HSRU	HSRU

Function: Formulation of Sector Strategic Plan

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo		Province	Province				Province
Proposed after devolution	DoH	DoH (HSRU,DGHS,PHSA,PC), DHO	DoH	DoH (Health Sectt.)		DoH (Health Sectt.,DGHS, PHSA), DHO	DoH (DGHS, PHSA, DHDCs), DHO

Function: Regulation of Public and Private Service Providers

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	HCC	Province	Province			DGHS, HCC, District
Proposed after devolution	DoH	Autonomous Bodies, HCC, DHO	DoH HCC	HCC		HCC, IMU	HCC, IMU, DHO

Remarks: Under "planning", the autonomous bodies are consulted and as such participate in the process.

Function: M&E of Sector Performance

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province	Province				IMU, HIS, District
Proposed after devolution	DoH	DHIS, IMU	DoH	DoH		IMU, DHO, DHIS	IMU, DHO, DHIS

Function: Preparation of Legal Instruments for the Sector

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province					Province
Proposed after devolution	DoH	DoH, LD, FD, P&D, DHO	DoH, DG	DoH,DG	DoH, DG	DoH, DG	DoH, DG

Remarks: The district's role is limited to passing by-laws

Function: Setting of Technical Norms and Standards

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo							Province
Proposed after devolution	DoH	NHSRC, DoH	Federal, DoH	Federal, DoH		Federal, DoH	Federal, DoH

Remarks: Norms and Standards are often determined by the Federal Government or other bodies at the federal level.

Function: Setting of Clinical Standards, Guidelines, SOPs

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province, HCC		Province	HCC			HCC
Proposed after devolution	DoH	HCC, DGHS, Autonomous Bodies	DoH	HCC		DoH	HCC

Function: Evidence-based Planning (for ADP) and Recurrent Planning

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province	Province				Province District
Proposed after devolution	DoH	DoH, DG	DoH, DG			DoH, DG	DoH, DG

Function: Vertical and Horizontal Coordination

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo		Province					Province
Proposed after devolution	DoH	DoH (HSRU,DGHS), DHO	DoH, DG	DGHS, DHO		DGHS, DHO	DGHS, DHO

Function: Management of Service Contracts

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province					Province District
Proposed after devolution	DoH	DoH (HSRU, PC, DGHS)	DoH	Health Foundation, HCC		Health Foundation	DGHS, DHO

Remarks: The DHO's role under "implementation" is the supervision of the contractor in the district's jurisdiction.

Function: Establishment of Disaster & Emergencies Preparedness

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	PDMA	Province District	Province				Province District
Proposed after devolution	NDMA, PDMA, DoH, Home Department	NDMA, PDMA, DoH, Home Department	NDMA, PDMA, DoH	PDMA, DoH, Home Department		PDMA, DoH, DG	PDMA, DoH, DG

Function: Establishment of an Accountability and Public Disclosure System

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province	Province				Province District
Proposed after devolution	DoH	DoH (DGHS), DHO	DoH, DG	DoH		DoH, DHO, RTIC, RTPSIC	DoH, DG

Annex 3: Cluster Service Delivery

Functions in the Cluster Service Delivery
Provision of Essential Packages of Primary Health Services
Provision of Curative Services
Provision of Rehabilitative Services
Management of the Individual Health Facility
Collection and Disposal of Medical Waste
Quality Assurance & Quality Management
Establishment and Maintenance of a Referral System
Management of Community Relations
Provision of Community-Based Services
Provision of Outreach Services
Provision of Medico-Legal Services
Provision of Disaster and Emergency Response Services
Litigation
Management & Maintenance of HIS

Abbreviations	
Autonomous Bodies	Five tertiary level hospitals
BoG	Board of Governors: Five tertiary level hospitals
DDMA	District Disaster Management Authority
DGHS	Director General Health Services
DHIS	District Health Information System
DHO	District Health Officer
DoH	Department of Health
EPA	Environmental Protection Agency
Facility I/C	In charge of the Health Facility
FCMC	Facility/ Community Management Committee
FD	Finance Department (Provincial)
FG	Federal Government
Forensic Deptt	Forensic Dept. of Medical Colleges & Forensic Laboratory
GoKPK	Government of Khyber Pakhtunkhwa
HCC	Health Care Commission
HF	Health Foundation
HSRU	Health Sector Reforms Unit
IMU	Independent Monitoring Unit
IMU	Independent Monitoring Unit
IT section	Information Technology section of DoH
LD	Law Department (Provincial)
LG	Local Government (District Government)
LHW MIS	Lady Health Workers Management Information System

MD	Medical Director: Five tertiary level hospitals
Mo IT	Provincial Ministry of Information Technology
MS	Medical Superintendent
NDMA	National Disaster Management Authority
P&D	Planning & Development Department (Provincial)
PC	Planning Cell
PDMA	Provincial Disaster Management Authority

Function: Provision of Essential Packages of Primary Health Services

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province, Districts	Province	Province	Districts	Province, Districts	Districts
Proposed after devolution	P&D, FD, DoH, DG	DoH (HSRU, DGHS), DHO, DG	DoH, DG (ADP)	DoH, DG		IMU, DHO, DHIS	DHO, MS

Function: Provision of Curative Services

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province, Districts ??	Province	Province	Districts (local)	Province, Districts (local)	Districts (local)
Proposed after devolution	DoH	DGHS, DHO, Autonomous Bodies, DG	DoH, BoG, DG	DoH, BoG, DG	DoH, BoG, DG	HCC, IMU, HF, BoG	MD, MS, DHO

Function: Provision of Rehabilitative Services

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	?? Province	?? Province	Province		Province		Province (local)
Proposed after devolution	DoH	DoH, DG, Paraplegic centre, Physiotherapy	DoH, DG	HCC	DoH, BoG, DG	IMU, DGHS, Facility I/C	MD, MS, DHO, Paraplegic centre, Physiotherapy

Function: **Management of the Individual Health Facility**

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province	Province	Province	Districts??	Province, Districts	Districts
Proposed after devolution	DoH, DG	BoG, DGHS, DHO	BoG, DoH, DG	DGHS, DHO	BoG, DoH, DG	BoG, MS, DHO, IMU, Facility I/C	MD, MS, DHO, Facility I/C

Remarks: The role of the private contractors for health services is not yet reflected here.

Function: **Collection and Disposal of Medical Waste**

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province (EPA) ??	Adhoc	??	EPA ???	?	Local ??	Facilities (BHUs and hospitals)
Proposed after devolution	DoH, EPA, DG	EPA, BoG, DGHS, DG	DoH, EPA, DG	EPA	BoG, DGHS, DG	DoH, EPA, DG	MD, MS, DHO, Facility I/C

Function: **Quality Assurance and Quality Management**

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province	Province	Province	Districts	Districts	Districts
Proposed after devolution	DoH	DoH, LG, BoG	DoH, LG, BoG	HCC	DoH, LG, BoG	DGHS, DHO, IMU, BoG	MD, MS, DHO, Facility I/C

Function: Establishment and Maintenance of a Referral System

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province, Districts	Province	Province, Districts	Districts	Districts	Districts
Proposed after devolution	DoH	DoH (HSRU, DGHS, DHIS), IMU, BoG, DHO, Facility I/C	DoH, DG	IMU, HCC		IMU, DoH (DGHS, DHIS), DHO, Facility I/C	MD, MS, DHO, Facility I/C

Function: Management of Community Relations

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province, Districts	Province, Districts	Province	Province, Districts		Districts	Districts
Proposed after devolution	GoKPK, DoH, DG	DoH, DG	DoH, DG	DGHS, DHO		IMU, DHIS, DHO, FCMC	MD, MS, DHO, Facility I/C

Function: Provision of Community-based Services

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province	Province	Province	Districts	Province, Districts	Districts
Proposed after devolution	DoH, DG, BoG	DoH (HSRU, DGHS), DHO, BoG	DoH, DG	BoG, DGHS, DG		IMU, DHIS, DHO	MD, MS, DHO, Facility I/C

Function: Provision of Outreach Services

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Districts	Province	??	District	Province, Districts	Districts
Proposed after devolution	DoH	DoH (HSRU, DGHS), BoG, DHO	DoH, DG	HCC, HF, DG	DoH, DG	HCC, IMU, DGHS, DHO	MD, MS, DHO, Facility I/C

Function: Provision of Medico-Legal Services

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo				Legal system			District
Proposed after devolution	DoH, Judiciary, LD	DoH, LD, DG, Forensic Deptts, Judiciary, BoG	DoH, DG	Judiciary Oversee Committee		Judiciary Oversee Committee, DGHS, DG, Forensic Deptts	MD, MS, DHO, Facility I/C

Function: Response to Disasters and Emergencies

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province ?	Province ?	??	??	??	??	Districts
Proposed after devolution	DoH, PDMA, NDMA, Armed Forces	DoH, PDMA, NDMA, DGHS, Armed Forces, DG, DDMA	Federal Govnment, DoH, DG	Federal Government, GoKPK, DG	Federal Government, GoKPK, DoH, DG	DGHS, NDMA, DG, PDMA, DDMA	MD, MS, DHO, Facility I/C

Function: Litigation

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	Province	Province	Province	Province		Province, Districts	Province; Districts
Proposed after devolution	DoH, LD	LD, DoH (HSRU, DGHS), BoG, DG	DoH, DG	Judiciary		DoH (HSRU, DGHS), DHO, BoG	DoH (HSRU, DGHS), LD, DG

Function: Management & Maintenance of HIS

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo							
Proposed after devolution	Federal Government, GoKPK, Mo IT, DoH, DG	DoH (HSRU, PC, IT section, DGHS), DHO, DG, BoG	Federal Government, DoH, DG	Federal Government, DoH, DG		HCC, DHIS, BoG, IMU, HF, LHW/MIS	DGHS, MD, MS, DHO, Facility I/C

Annex 4: Cluster Health Financing

Functions in the Cluster Health Financing

Budgeting
Regulation of Health Fees
Internal Audit and Accounting
Financial Management (Revenue & Expenditures)
Development of Alternative Financing Mechanisms

Abbreviations

AG Office	Accountant General Pakistan Revenue
DAO	District Accounts Officer
DG	District Government
DGHS	Director General Health Services
DHO	District Health Officer
DoH	Department of Health
FD	Finance Department (Provincial)
GoKPK	Government of Khyber Pakhtunkhwa
HSRU	Health Sector Reforms Unit
IMU	Independent Monitoring Unit
MS	Medical Superintendent
P&D	Planning & Development Department (Provincial)
PC	Planning Cell at DoH

Function: Budgeting

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	FD	FD, DoH		FD		AG Office, DAO	DoH, FD
Proposed after devolution (recurrent budget)	DoH, DG	FD, DoH, DG		FD, DG		AG Office, DAO, DG	DGHS, DHO
Proposed after devolution (development budget)	DoH, DG	PC, P&D, FD, DG		P&D		IMU, AG Office, DAO, DG	DGHS, DHO

Function: Regulation of Health Fees

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH		DoH		AG, DGHS	DoH
Proposed after devolution	DoH	DoH, DG		DoH, DG		AG, IMU, DG	DoH, DG

Remarks: District Government should be allowed to impose health fees only within established provincial policies. Ideally, such revenue will remain with the respective healthcare establishment that provides the services.

Function: Internal Audit and Accounting

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH		DGHS, DHO		AG, DAO	DGHS, MS, DHO, DAO
Proposed after devolution	DoH	PC, DHO		DGHS, DHO		AG, DAO	DGHS, MS, DHO, DAO

Function: Financial Management (Revenue and Expenditures)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	FD, P&D	FD, P&D, DoH		FD		AG, DAO	DGHS, DHO
Proposed after devolution	FD, P&D	FD, P&D, DoH, DG		FD, DG		P&D, AG, DAO	DGHS, DHO

Function: Development and Implementation of Alternative Financing Mechanisms

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH, FD	HSRU	DoH	DoH		DoH, HSRU, Implementing Bodies	Implementing Bodies
Proposed after devolution	DoH, FD	HSRU	DoH	DoH		P&D, AG, DAO	DGHS, DHO, Implementing Bodies

Remarks: Implementing bodies are currently the PIUs & PMUs of externally funded initiatives to introduce health insurance schemes in selected districts This remains largely a provincial-level function.

Annex 5: Cluster Health Work Force

Functions in the Cluster Health Work Force

Creation of Posts
Recruiting
Posting and Transfers
Performance Evaluation
Promotion
Staff Welfare Issues
Pre-Service Training
In-Service Training

Abbreviations

BoG	Board of Governors for five tertiary autonomous hospitals
DGHS	Director General Health Services
DHO	District Health Officer
DoH	Department of Health
FD	Finance Department (Provincial)
IMU	Independent Monitoring Unit
KMU	Khyber Medical University
KPMF	Khyber Pakhtunkhwa Medical Faculty (Paramedical staff)
LG	Local Government (District Government)
MC	Medical Colleges
MD	Medical Director (Five autonomous hospitals)
MD	Medical Director
P&D	Planning & Development Department (Provincial)
PC	Planning Cell
PGCN	Postgraduate College of Nursing
PHS	Public Health Schools (controlled of PHSA)
PHSA	Provincial Health Services Academy
PMDC	Pakistan Medical & Dental Council
PMS	Paramedical Schools
PNC	Pakistan Nursing Council
PNS	Public Nursing Schools
PSC	Public Service Commission (Provincial)
S&GAD	Services & General Administration Department (Provincial)

Function: Creation of Posts (BPS 1-15)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH	FD, P&D, DoH	S&GAD		DGHS, MS, DHO	DGHS, MS, DHO
Proposed after devolution	DoH, DG	BoG, MS, DHO	BoG, MS, DHO, DoH	S&GAD		BoG, IMU, DG, DoH	DoH (DGHS) MD/MS, DHO

Function: Creation of Posts (BPS 15 and above)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH	FD, P&D, DoH	S&GAD		DGHS, MS, DHO	DGHS, MS, DHO
Proposed after devolution	DoH	DoH	FD, P&D, DoH	S&GAD		DGHS, MS, DHO	DGHS, MS, DHO

Remarks: During the August workshop it was said that HR management above BPS 15 would remain with the provincial level. Provincial level functions for the BPS Grades 1-15 continue to apply for such post created for provincial-level institutions.

Function: Recruitment (BPS 1-15)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH	FD, P&D, DoH	S&GAD		DGHS, MS, DHO	DGHS, MS, DHO
Proposed after devolution	DoH, DG	BoG, MS, DHO, DoH	DoH, DG	S&GAD		BoG, IMU, DG	DGHS, MD/MS, DHO

Function: Recruitment (BPS 15 and above)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH, PSC	DoH	S&GAD, PSC		PSC, DGHS, MS, DHO	DGHS, MS, DHO
Proposed after devolution	DoH	DoH, PSC	DoH, DG	S&GAD, PSC		PSC, DGHS, MS, DHO	DGHS, MS, DHO

Function: Posting and Transfer (BPS 1-15)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH		S&GAD		DGHS, MS, DHO	DGHS, MS, DHO
Proposed after devolution	DoH, DG	BoG, MS, DHO, DoH		S&GAD		BoG, IMU, DG	DGHS, MD/MS, DHO

Function: Posting and Transfer (BPS 15 and above)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH		S&GAD		DGHS, MS, DHO	DGHS, MS, DHO
Proposed after devolution	DoH, DG	BoG, MS, DHO, DoH		S&GAD		BoG, IMU, DG	DGHS, MD/MS, DHO

Remarks: During the August workshop it was said that HR management above BPS 15 would remain with the provincial level.
Provincial level functions for the BPS Grades 1-15 continue to apply for such post created for provincial-level institutions.
District level functions for position with BPS Grade and above are more of a participatory character.

Function: Performance Evaluation (BPS 1-15)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH		S&GAD		DoH	DoH, MS, DHO
Proposed after devolution	DoH, DG	BoG, MS, DHO, DoH		S&GAD		BoG, MS, DHO	DoH, MD/MS, DHO

Function: Performance Evaluation(BPS 15 and above)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH		S&GAD		DGHS, MS, DHO	DGHS, MS, DHO
Proposed after devolution	DoH, DG	BoG, MS, DHO, DoH		S&GAD		DoH, BoG, DG	DoH, MD/MS, DHO

Function: Promotion (BPS 1-15)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH		S&GAD		DoH	DoH, MS, DHO
Proposed after devolution	DoH, DG	BoG, MS, DHO, DoH		S&GAD		BoG, MS, DHO	DoH, MD/MS, DHO

Function: Promotion (BPS 15 and above)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH, PSC	DoH, PSC		S&GAD		DGHS, MS, DHO	DoH, BoG, MS, DHO
Proposed after devolution	DoH, PSC	BoG, MS, DHO, DoH		S&GAD		DoH, BoG, DG	DoH, MD/MS, DHO

Function: Staff Welfare Issues (BPS 1-15)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH	DoH	S&GAD		DoH	DGHS, MS, DHO
Proposed after devolution	DoH, DG	BoG, MS, DHO, DoH	DoH, BoG, DG	S&GAD		BoG, MS, DHO	DoH, MD/MS, DHO

Function: Staff Welfare Issues (BPS 15 and above)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH	DoH	S&GAD		DGHS, MS, DHO	DGHS, MS, DHO
Proposed after devolution	DoH, DG	BoG, MS, DHO, DoH	DoH, BoG, DG	S&GAD		DoH, BoG, DG	Doh, MD/MS, DHO

Function: Pre-Service Education/Training (BPS 1-15)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH	DoH	PNC, KPMF		DoH	PHS, PMS
Proposed after devolution	DoH	DoH	DoH, DG	PNC, KPMF		DoH	PHS, PMS

Function: Pre-Service Training (BPS 15 and above)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH, PSC	DoH	DoH	PMDC, PNC		DoH	MC, PGNC, PNS, PMS
Proposed after devolution	DoH, PSC	DoH	DoH	PMDC, PNC		DoH	MC, PGNC, PNS, PMS

Observations and Queries, Recommendations

During the August workshop it was said that HR management above BPS 15 would remain with the provincial level.
Provincial level functions for the BPS Grades 1-15 continue to apply for such post created for provincial-level institutions.
District level functions for position with BPS Grade and above are more of a participatory character.
For Pre-Service Training, it is assumed that the Province will continue to establish policies and guidelines. There could be a role of the districts in such cases where the districts would finance pre-service training of future staff posted to the districts.
There is also a role of Federal professional bodies like the Pakistan Nursing Council.

Function: In-Service Training (BPS 1-15)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH	DoH	PHSA		DoH	Training Service Providers
Proposed after devolution	DoH, DG	DoH, DG	DoH, DG	PHSA		DoH, DG, PHSA	Training Service Providers

Function: In-Service Training (BPS 15 and above)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH, PHSA	DoH	PSC, PHSA		DoH	Training Service Providers
Proposed after devolution	DoH, DG	DoH, DG, PHSA	DoH, BoG, DG	PSC, PHSA		DoH, DG,	Training Service Providers

Remarks: During the August workshop it was said that HR management above BPS 15 would remain with the provinvial level.
Provincial level functions for the BPS Grades 1-15 continue to apply for such post created for provincial-level institutions.
District level functions for position with BPS Grade and above are more of a participatory character.
Districts should be allowed to define their own needs-based policies and strategies, to finance in-service-training of their staff, to determine the training courses needed and to select the relevant providers.

Annex 6: Cluster Infrastructure, Equipment, Medical Products

Functions in the Cluster Infrastructure, Equipment, Medical Products
Procurement
Provision of Infrastructure (Health and Administrative Facilities)
Maintenance & Repairs (of health facilities, equipment etc.)
Logistics & Supply Chain Management

Abbreviations	
BoG	Board of Governors (of Autonomous Institutions)
C&W	Communications and Works Department
DG	District Government
DGHS	Director General Health Services
DHIS	District Health Information System
DHO	District Health Officer
DoH	Department of Health
FD	Finance Department (Provincial)
GoKPK	Government of Khyber Pakhtunkhwa
HCC	Health Care Commission
KPPRA	Khyber Pakhtunkhwa Procurement Regulatory Authority
MD	Medical Director (Five autonomous hospitals)
MS	Medical Superintendent
P&D	Planning & Development Department (Provincial)
PC	Planning Cell (DoH)
PEC	Pakistan Engineering Council

Function: Procurement

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH	DoH	KPPRA		DoH	DGHS, DHO
Proposed after devolution	DoH, DG	DoH (PC, DGHS), DG	DoH, DG, BoG	KPPRA		DoH, DG	MD, DGHS, DHO

Function: Provision of Infrastructure (Health and Administrative Facilities)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	FD, P&D, DoH	DoH	PEC, C&W		DoH	C&W, DoH
Proposed after devolution	DoH, DG	DoH (PC, DGHS), DG, FD, P&D	DoH, DG	PEC, C&W		DoH, DG	C&W, DGHS, DG

Remarks: For the Maintenance and Repair function, see the separate sheet

Function: Maintenance and Repairs (of health facilities, equipment etc.)

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH	DoH	PEC		DoH, PWD, DHIS	DGHS, DHO
Proposed after devolution	DoH, DG	Facility Incharges, DGHS, MS, DHO	DoH, DG	PEC, C&W		DoH, DG, DHIS, HCC, Facility Incharges	C&W, MD, Facility Incharge

Function: Logistics and Supply Chain Management

Situation	Policy	Planning	Budget & Funding	Regulation	Maintenance & Repair	Monitoring & Evaluation	Implementation
Status Quo	DoH	DoH, DHO	DoH	DoH		DGHS, DHO	MS, DHO, Facility Incharges
Proposed after devolution	DoH, DG	Facility Incharges, DGHS, MS, DHO	DoH, DG, Facility Incharges	DoH, DG		DG, DGHS, DHO	DGHS, MD, MS, DHO, Facility Incharges

Annex 7: District Budgets Summary 2014/15 and 2015/16

Health Department Khyber Pakhtunkhwa

Current Revenue Budget 2014-15 & 2015-16

Districts Summary

S.No	District	Total Scheme	Posts		2014-15			2015-16		
			2014-15	2015-16	Salary	Non-Salary	Total	Salary	Non-Salary	Total
1	Peshawar	14	1.556		696.720.000	79.764.000	776.484.000			-
2	Charsadda	12	1.001	-	311.711.000	17.489.000	329.200.000	-	-	-
3	Nowshera	12	838	-	293.947.000	32.619.000	326.566.000	-	-	-
4	Mardan	13	1.319	-	380.605.000	21.071.000	401.676.000	-	-	-
5	Swabi	12	848	-	254.170.000	22.043.000	276.213.000	-	-	-
6	Kohat	12	534	-	172.389.780	19.325.900	191.715.680	-	-	-
7	Hangu	11	270	-	79.473.000	17.406.000	96.879.000	-	-	-
8	Karrak	13	827	-	267.059.080	18.671.000	285.730.080	-	-	-
9	Abbottabad	12	1.023	-	346.543.780	35.228.000	381.771.780	-	-	-
10	Haripur	14	847	-	248.564.880	37.707.000	286.271.880	-	-	-
11	Mansehra	13	1.333	-	456.993.630	46.671.000	503.664.630	-	-	-
12	Battagram	11	457	-	135.094.550	18.055.000	153.149.550	-	-	-
13	Kohistan	9	471	-	103.241.800	9.435.000	112.676.800	-	-	-
14	Bannu	12	840	-	220.787.230	10.243.000	231.030.230	-	-	-
15	Lakki Marwat	11	1.009	-	265.243.760	23.741.000	288.984.760	-	-	-
16	D.I.Khan	13	1.342	-	340.731.300	32.924.000	373.655.300	-	-	-
17	Tank	10	378	-	108.490.200	8.811.000	117.301.200	-	-	-
18	Chitral	13	718	-	233.736.360	23.575.000	257.311.360	-	-	-
19	Dir-Upper	14	855	-	181.936.970	32.374.000	214.310.970	-	-	-
20	Dir-Lower	13	1.229	-	393.970.470	19.264.100	413.234.570	-	-	-
21	Swat	13	1.319	-	424.253.870	51.320.000	475.573.870	-	-	-
22	Shangla	10	510	-	165.062.620	11.588.000	176.650.620	-	-	-
23	Buner	11	431	-	243.006.620	12.056.000	255.062.620	-	-	-
24	Malakand	10	875	-	322.977.820	35.964.000	358.941.820	-	-	-
25	Totghar	2	86	-	25.855.500	5.432.000	31.287.500	-	-	-
		290	20.916	-	6.672.566.220	642.777.000	7.315.343.220	7.691.996.000	685.311.000	8.377.307.000

Note: As the detailed district data for 2015/16 are not available from the Finance Department's Budget Book, only the total is shown.

Annex 8: Provincial Schemes in FY 2015/16

Health Department Khyber Pakhtunkhwa

Current Revenue Budget 2014-15 and 2015-16

Provincial Schemes

S.No	Page # of BB	Scheme #	Scheme name	Posts		2014-15			2015-16		
				2014-15	2015-16	Salary	Non-Salary	Total	Salary	Non-Salary	Total
1	498	AD 4415	School of Nursing at Ayub Teaching Hospital Abbottabad	26	26	8.737.000	6.178.000	14.915.000	10.544.000	6.165.000	16.709.000
2	503	AD 4154	Public Health School Abbottabad	22	23	7.719.000	3.695.000	11.414.000	13.449.000	3.897.000	17.346.000
3	507	AD 4155	District Health Development Center Abbottabad	19	19	7.144.000	814.000	7.958.000	7.744.000	903.000	8.647.000
4	19	AD 4241	Provincial Staff working in Ayub Teaching Hospital Abbottabad	328	328	123.051.000	-	123.051.000	138.486.000		138.486.000
5	22	AD 4240	Ayub Hospital Complex Abbottabad	1.203	1.223	541.619.000	230.476.000	772.095.000	556.540.000	244.795.000	801.335.000
6	511	BU 4149	Nursing School Bannu	19	19	5.731.000	2.332.000	8.063.000	5.784.000	2.766.000	8.550.000
7	515	BU 4150	District Health Development Center Bannu	18	18	6.207.000	599.000	6.806.000	6.786.000	611.000	7.397.000
8	396	BU 4352	Bannu Medical College Bannu	298	298	222.563.000	17.983.000	240.546.000	200.313.000	25.578.000	225.891.000
9	31	BU 4151	Women & Childern Hospital Bannu	187	198	68.697.000	8.682.000	77.379.000	80.901.000	20.876.000	101.777.000
10	37	BU 4350	Khalifa Gul Nawaz Hospital Bannu	908	1.027	263.356.000	71.678.000	335.034.000	317.888.000	75.307.000	393.195.000
11	48	BU 4111	District Headquarters Hospital Bannu	321	347	123.725.000	34.046.000	157.771.000	143.824.000	36.867.000	180.691.000
12	404	AD 4225	Ayub Medical College Abbottabad	704	705	462.602.000	77.787.000	540.389.000	430.659.000	59.521.000	490.180.000
13	519	AD 4414	Para Medical Institute Abbottabad	22	22	9.941.000	1.637.000	11.578.000	10.538.000	1.706.000	12.244.000
14	56	AD 7009	MS DHQ Hospital Abbottabad	498	546	246.540.400	27.453.000	273.993.400	294.573.000	35.645.000	330.218.000
15	66	BD 7008	MS DHQ Hospital (Buner)	328	357	122.577.000	15.036.000	137.613.000	157.081.000	16.652.000	173.733.000
16	73	BM 7005	MS DHQ Hospital Battagram	320	374	95.255.810	7.339.000	102.594.810	141.710.000	9.193.000	150.903.000
17	359	BU 4401	M&R Workshop District Bannu	11	11	3.313.000	383.000	3.696.000	3.285.000	415.000	3.700.000
18	81	CA 7005	MS DHQ Hospital Charsadda	367	401	95.124.000	14.883.000	110.007.000	146.913.000	14.905.000	161.818.000
19	90	CL 7005	MS DHQ Hospital Chitral	379	413	118.966.830	11.046.000	130.012.830	172.225.000	13.316.000	185.541.000
20	98	DA 7005	MS DHQ Hospital Dir-Lower	553	687	198.679.670	18.031.000	216.710.670	277.416.000	21.164.000	298.580.000
21	107	DA 7012	Detoxification Unit in DHQ Dir-Lower	4	4	1.626.000	43.000	1.669.000	1.797.000	47.000	1.844.000
22	109	DI 4131	Mufti Mehmood Teaching Hospital D.I.Khan	535	554	162.582.000	16.473.000	179.055.000	182.013.000	19.292.000	201.305.000
23	117	DI 7013	MS DHQ Hospital D.I.Khan	2	2	1.645.000	14.000	1.659.000	1.694.000	15.000	1.709.000
24	119	DP 7005	MS DHQ Hospital Dir-Upper	374	402	70.044.000	16.776.000	86.820.000	105.240.000	17.286.000	122.526.000
25	127	HG 7005	MS DHQ Hospital Hangu	107	142	32.832.470	4.134.000	36.966.470	52.119.000	5.916.000	58.035.000
26	133	HR 7008	MS DHQ Hospital Haripur	282	404	108.300.000	24.170.000	132.470.000	173.629.000	26.245.000	199.874.000
27	142	KK 7008	MS DHQ Hospital Karrak	294	337	133.131.000	15.320.000	148.451.000	156.245.000	16.615.000	172.860.000
28	150	KT 7009	MS DHQ Hospital Kohat	340	388	158.685.000	55.766.000	214.451.000	189.300.000	59.711.000	249.011.000
29	584	KT 7010	Women & Childern Hospital Kohat	177	184	99.444.000	19.115.000	118.559.000	109.516.000	18.266.000	127.782.000
30	159	LK 7007	MS DHQ Hospital Lakki Marwat	457	474	99.980.800	9.232.000	109.212.800	134.121.000	9.673.000	143.794.000
31	166	MA 7010	MS DHQ Hospital Mansehra	312	428	141.381.000	24.778.000	166.159.000	208.594.000	25.904.000	234.498.000
32	362	MD 4232	M&R Workshop District Malakand	12	12	3.684.000	293.000	3.977.000	3.976.000	438.000	4.414.000
33	174	MD 7010	MS AHQ Hospital Malakand at Batkhela	474	513	117.930.200	25.541.000	143.471.200	185.311.000	28.460.000	213.771.000
34	411	MR 4394	Bacha Khan Medical College Mardan	552	583	278.811.000	3.204.000	282.015.000	293.464.000	3.548.000	297.012.000
35	183	MR 7010	MS DHQ Hospital Mardan	415	462	134.282.000	25.380.000	159.662.000	194.194.000	25.256.000	219.450.000
36	420	NR 4290	Nowshera Medical College Nowshera	195	313	79.134.000	3.628.000	82.762.000	166.215.000	3.838.000	170.053.000
37	192	NR 7163	MS DHQ Hospital Nowshera	285	703	109.353.000	12.900.000	122.253.000	249.475.000	13.886.000	263.361.000
38	365	PR 4915	M&R Workshop Peshawar	19	19	6.286.000	449.000	6.735.000	7.675.000	496.000	8.171.000
39	430	PR 4942	Pakistan Institute of Community Ophthalmology Peshawar	78	78	26.912.000	6.397.000	33.309.000	29.437.000	6.397.000	35.834.000
40	523	PR 4948	School of Nursing at LRH Peshawar	40	40	13.539.000	16.998.000	30.537.000	15.567.000	20.984.000	36.551.000
41	527	PR 4949	School of Nursing at KTH Peshawar	31	31	12.671.000	17.342.000	30.013.000	14.647.000	23.345.000	37.992.000
42	200	PR 5125	Director Institute of kidney Diseases Peshawar	424	424	153.841.000	80.710.000	234.551.000	169.631.000	83.131.000	252.762.000
43	206	PR 5486	Bashir Bilour Memorial Childern Hospital Peshawar	64	64	23.102.000	2.262.000	25.364.000	23.109.000	2.329.000	25.438.000
44	350	PR 5487	Appellate Laboratory Peshawar	5	5	1.142.000	-	1.142.000	831.000	-	831.000
45	210	PR 5492	Moulvi Ameer Shah Memorial Hospital Peshawar	267	278	111.152.000	29.349.000	140.501.000	121.943.000	37.199.000	159.142.000
46	217	SH 7008	MS DHQ Hospital Alpuri	177	219	50.714.000	2.399.000	53.113.000	85.198.000	2.548.000	87.746.000
47	440	SU 4326	Gajju Khan Medical Swabi	325	325	154.222.000	-	154.222.000	157.537.000	3.542.000	161.079.000
48	224	SU 7005	MS DHQ Hospital Swabi	192	234	77.399.000	15.069.000	92.468.000	107.334.000	15.078.000	122.412.000
49	585	SU 7011	Bacha Khan Medical Complex Swabi	342	435	97.842.000	13.238.000	111.080.000	163.785.000	21.974.000	185.759.000
50	231	SW 4505	Nawaz Sharif Kidney Hospital Swat	245	267	74.074.800	-	74.074.800	54.279.000	10.156.000	64.435.000

51	238	TK 7006	MS DHQ Hospital Tank	186	223	62.920.000	6.957.000	69.877.000	90.910.000	10.820.000	101.730.000
52	532	CL 4013	District Health Development Center Chitral	20	20	7.092.000	1.695.000	8.787.000	7.693.000	1.523.000	9.216.000
53	449	DI 4083	Gomal Medical College D.I.Khan	354	354	179.949.000	13.866.000	193.815.000	197.696.000	14.585.000	212.281.000
54	535	DI 4202	Public Health School D.I.Khan	25	25	11.277.000	4.164.000	15.441.000	10.930.000	4.452.000	15.382.000
55	539	DI 4184	Para Medical Institute D.I.Khan	23	23	10.151.000	2.204.000	12.355.000	10.556.000	2.637.000	13.193.000
56	544	DI 4180	Nursing School D.I.Khan	24	24	7.420.000	3.438.000	10.858.000	7.921.000	3.853.000	11.774.000
57	245	DI 4200	MS DHQ Hospital D.I.Khan	634	808	283.687.000	89.262.000	372.949.000	360.120.000	107.742.000	467.862.000
58	548	KT 4180	Nursing School Kohat	21	21	6.989.000	2.513.000	9.502.000	7.710.000	2.758.000	10.468.000
59	339	MA 4198	Mental Hospital Dadar Mansehra	128	133	44.638.000	11.590.000	56.228.000	45.849.000	12.960.000	58.809.000
60	552	MR 4219	Nursing School Mardan	22	22	6.578.000	5.099.000	11.677.000	7.390.000	6.015.000	13.405.000
61	556	MR 4218	District Health Development Center Mardan	19	19	6.834.000	617.000	7.451.000	6.947.000	734.000	7.681.000
62	457	PR 4164	Khyber medical College Peshawar	845	849	403.235.000	21.801.000	425.036.000	473.807.000	21.801.000	495.608.000
63	465	PR 4165	PGMI Hayatabad Medical Complex Peshawar	475	497	415.687.000	882.440.000	1.298.127.000	398.326.000	1.310.810.000	1.709.136.000
64	473	PR 4166	Khyber College of Dentistry Peshawar	365	365	174.181.000	39.887.000	214.068.000	179.750.000	42.928.000	222.678.000
65	480	PR 4167	Postgraduate College of Nursing Peshawar	37	37	13.927.000	4.178.000	18.105.000	15.179.000	4.841.000	20.020.000
66	560	PR 4902	Public Health school (Training & Research) Peshawar	49	49	17.125.000	9.460.000	26.585.000	18.438.000	11.690.000	30.128.000
67	564	PR 4298	Public Health School Hayatabad Peshawar	23	30	8.857.000	6.026.000	14.883.000	10.811.000	7.077.000	17.888.000
68	568	PR 4299	Postgraduate Para Medical Institute LRH Peshawar	30	30	16.123.000	3.965.000	20.088.000	16.718.000	3.842.000	20.560.000
69	368	PR 4330	Medicine Coordination Cell Peshawar	17	17	5.285.000	542.000	5.827.000	5.473.000	603.000	6.076.000
70	371	PR 4903	Grant-in-Aid	-	-	-	683.500.000	683.500.000	-	540.500.000	540.500.000
71	372	PR 4304	Health Secretariate (Secretary Health) Peshawar	140	140	70.673.000	15.243.000	85.916.000	74.480.000	15.827.000	90.307.000
72	378	PR 4309	Director General Health Services Peshawar	233	233	100.455.000	10.111.000	110.566.000	110.322.000	11.915.000	122.237.000
73	384	PR 4310	Temporary Posts of OSDs in Health Directorate	31	109	19.435.000	56.000	19.491.000	20.582.000	62.000	20.644.000
74	386	PR 4331	Provincial Health Services Academy Peshawar	76	76	32.872.000	27.373.000	60.245.000	35.728.000	29.059.000	64.787.000
75	256	PR 4825	Special Provisionfor Health Department (Non-SAP)	-	-	-	600.000.000	600.000.000	1.803.154.000	650.000.000	2.453.154.000
76	258	PR 4336	Lady Reading Hospital Peshawar	3.227	3.254	1.162.908.000	594.148.000	1.757.056.000	1.301.282.000	617.310.000	1.918.592.000
77	273	PR 4338	Khyber Teaching Hospital Peshawar	2.057	2.093	824.661.000	239.139.000	1.063.800.000	916.719.000	267.385.000	1.184.104.000
78	285	PR 4335	Hayatabad Medical Complex Peshawar	1.544	2.013	642.731.000	191.684.000	834.415.000	840.310.000	215.293.000	1.055.603.000
79	296	PR 4339	Drug Addicts Treatment Center KTH Peshawar	8	8	2.712.000	-	2.712.000	2.921.000	-	2.921.000
80	298	PR 4337	Drug Addicts Treatment Center LRH Peshawar	14	14	5.942.000		5.942.000	6.378.000		6.378.000
81	300	PR 4334	Naseerullah Babar Memorial Hospital Peshawar	310	328	148.518.000	29.408.000	177.926.000	175.091.000	33.919.000	209.010.000
82	308	PR 4328	Services Hospital Peshawar	221	234	90.077.000	19.688.000	109.765.000	108.914.000	22.923.000	131.837.000
83	344	PR 4343	Sarhad Hospital of Psychiatry Diseases Peshawar	136	151	55.732.000	21.833.000	77.565.000	66.628.000	21.955.000	88.583.000
84	351	PR 4344	Food Labortary Peshawar	29	29	8.684.000	2.301.000	10.985.000	8.693.000	2.407.000	11.100.000
85	355	PR 4345	Drug Testing Labortary Peshawar	34	34	13.711.000	348.000	14.059.000	13.994.000	384.000	14.378.000
86	16	PR 4308	Director General Health Services (Drug Control) Peshawar	7	7	4.202.000	326.000	4.528.000	4.608.000	390.000	4.998.000
87	315	PR 4788	Endowment Fund	-	-	-	100.000.000	100.000.000	-	100.000.000	100.000.000
88	392	PR 4832	Provision for Emergency Drugs for poor patients (DHQs/BHUs)	-	-	-	725.000.000	725.000.000		725.000.000	725.000.000
89	484	PR 4624	Khyber Girls Medical College Peshawar	358	383	232.046.000	16.588.000	248.634.000	253.197.000	16.588.000	269.785.000
90	316	PR 4849	Provision for creation of posts for schemes due for completion	-	-	916.890.000	200.000.000	1.116.890.000	-	200.000.000	200.000.000
91	490	SW 4073	Saidu Medical College Swat	261	261	193.105.000	8.536.000	201.641.000	194.819.000	9.501.000	204.320.000
92	573	SW 4328	Para Medical Institute Saidu sharif Swat	53	53	19.707.000	1.142.000	20.849.000	19.676.000	1.627.000	21.303.000
93	578	SW 4327	Nursing School Swat	21	21	6.536.000	4.410.000	10.946.000	7.702.000	4.777.000	12.479.000
94	582	SW 4326	District Health Development Center Swat	19	19	5.605.000	938.000	6.543.000	6.272.000	995.000	7.267.000
95	317	SW 4341	Saidu Group of Teaching Hospitals Saidu Sharif Swat	804	1.133	362.847.000	87.610.000	450.457.000	500.083.000	96.399.000	596.482.000
96	393	AD 4233	M&R Workshop Abbottabad	11	11	2.864.000	169.000	3.033.000	2.996.000	185.000	3.181.000
97	328	MR 4217	Mardan Medical Complex Mardan	812	973	250.384.000	97.446.000	347.830.000	371.538.000	110.361.000	481.899.000
98	583	PR 4300	School of Nursing HMC Hayatabad Peshawar	33	36	12.154.000	9.323.000	21.477.000	15.078.000	9.919.000	24.997.000
			Total:	27.293	30.525	12.134.696.980	5.787.082.000	17.921.778.980	15.207.924.000	6.368.209.000	21.576.133.000

Annex 9: Health Development Budget 2015/16

Health Department Khyber Pakhtunkhwa								
Developmental Budget 2015-16								
(Rs. In Mill)								
Basic Health ON-Going Schemes								
ADP #	Code	Name of Scheme	Amount			ADP Allocation according to FA		
			Local	Foreign	Total	Provincial	District	Total
413	70595	Completion of balance work, payment of contractor's liabilities and purchase of equipment for Hepatitus Center (Former Burn Center Nishtarabad, Peshawar	139,104	-	139,104	139,104	-	139,10
414	150611	Upgradation of BHU Azakhel to RHC, District Nowshera	25,000		25,000	-	25,000	25,00
415	100225	Balance Civil Works and purchase of equipment for RHC Zaida, Swabi	59,195		59,195	-	59,195	59,20
416	80190	PIU for equipment for Basic Health Services Project (KfW assisted)	5,168		5,168	5,168	-	5,17
417	80191	Strengthening Health Management Information system /District information system in KPK	90,055		90,055	90,055	-	90,06
418	80643	Upgradation of 10 BHUs to RHCs in KPK on need basis	383,360		383,360	-	383,360	383,36
419	80644	Establishment of 15 BHUs in KPK on need basis (Revision only for BHU Shalbandi, Buner)	44,132		44,132	-	44,132	44,13
420	90350	Strengthening Planning Cell of Health department	9,462		9,462	9,462	-	9,46
421	110543	Revitalization and Strengthening of Health Service delivery and Nutrition Services in Crisis Affected Districts of KPK under public-private partnership (MDTF assisted)	0,002	391,800	391,802	0,002	-	0,00
422	110614	Social Health Protection initiative for KPK (KfW Assisted)	35,000	225,000	260,000	35,000	-	35,00
423	130613	Establishment of Procurement Cell in DGHS office	10,000		10,000	10,000	-	10,00
424	140773	Health Sector Reforms Unit in Health Department (Phase-III)	16,000		16,000	16,000	-	16,00
425	140775	Establishment of independent Monitoring Unit in Health Departent	100,000		100,000	100,000	-	100,00
426	140776	Provision of mobile medical services in KPK	43,666		43,666	43,666	-	43,67
427	140811	Strengthening of the Rehabilitation Services for Physically Disabled at Health department of KPK	29,336		29,336	29,336	-	29,34
428	141031	Improvement / Rehabilitation of existing health facilities in KPK	171,296		171,296	171,296	-	171,30
Total on-going Program (Basic Health)			1.160,776	616,800	1.777,576	649,089	511,687	1.160,776
New Programs (Basic Health)						-	-	-
429	151060	Upgradation of BHU Azakhel to RHC, District Peshawar	2,500		2,500	-	2,500	2,50
430	151064	Upgradation of BHU Hazarkhwani to RHC, District Peshawar	2,500		2,500	-	2,500	2,50
431	150983	Upgradation of BHU Jalozai to RHC, District Nowshera	25,000		25,000	-	25,000	25,00
432	150984	Upgradation of BHU Spinkhak to RHC, District Nowshera	25,000		25,000	-	25,000	25,00
433	150515	Upgradation of BHU Shewa to RHC, District Swabi	25,000		25,000	-	25,000	25,00
434	150982	Upgradation of BHU Charbanda to RHC, District Mardan	25,000		25,000	-	25,000	25,00
435	151066	Establishment of BHU at Kot Shammal UC Battera, DistrictBuner	2,500		2,500	-	2,500	2,50
436	150610	Upgradation of BHU Martung to RHC, District Shangla	25,000		25,000	-	25,000	25,00
437	150516	Upgradation of BHU Barshawar to RHC, District Swat	25,000		25,000	-	25,000	25,00
438	151062	Upgradation og BHU Darmal to RHC in Tehsil Matta, Swat	2,500		2,500	-	2,500	2,50
439	150760	Upgradation of BHU Rabat to RHC, District Dir-Lower	25,000		25,000	-	25,000	25,00
440	150755	Upgradation of BHU Janbhatti to RHC District Dir-Upper	25,000		25,000	-	25,000	25,00
441	150519	Establishment of Divisional Food and Drug Testing Laboratories at Swat, D.I.Khan and Abbottabad	30,000		30,000	30,000	-	30,00
Total New Program:			240,000	-	240,000	30,000	210,000	240,000
Total Basic Health:			1.400,776	616,800	2.017,576	679,089	721,687	1.400,776

General Hospitals						-	-	-
ON-Going Schemes						-	-	-
442	130620	Upgradation of THQ Hospital Kulachi to Category-D, District D.I.Khan	50,000		50,000	-	50,000	50,00
443	110577	Retrofitting of City Hospital Lakki Marwat	35,000		35,000	-	35,000	35,00
444	30001	Khalifa Gul Nawaz Medical Complex Bannu	204,000		204,000	204,000	-	204,00
445	60042	Establishment of Peshawar Institute of Cardiology, Phase-II	374,701		374,701	374,701	-	374,70
446	110004	Establishment of Fountain House in Peshawar	100,000		100,000	100,000	-	100,00
447	130207	Construction of two Gyms, Wards and Ots in Paraplegic Center Hayatabad, Peshawar	40,000		40,000	40,000	-	40,00
448	120820	Establishment of Childern & Maternity Hospital Charsadda	100,000		100,000	100,000	-	100,00
449	30456	Improvement of Standardization of DHQ Hospital Nowshera	277,330		277,330	277,330	-	277,33
450	140761	Upgradation of RHC Manki Sharif, Dag Ismail Khel and Ziarat Kaka Sahib to Category-D Hospitals, District Nowshera	100,000		100,000	-	100,000	100,00
451	130206	Upgradation of CH Topi to Cat-C Hospital, District Swabi	75,000		75,000	-	75,000	75,00
452	130589	Upgradation of Bacha Khan Medical Complex for Teaching Purpose of Gaju Khan Medical District Swabi	100,000		100,000	100,000	-	100,00
453	140855	Upgradation of RHC Yar Hussain to Category-D Hospital District Swabi	50,000		50,000	-	50,000	50,00
454	100183	Establishment of Shaheed Mohtarama Benazir Bhutto Children Hospital Mardan (Phase-III)	77,000		77,000	77,000	-	77,00
455	120333	Improvement & Standardization of DHQ Hospital Mardan	75,000		75,000	75,000	-	75,00
456	100428	Improvement & Standardization of DHQ Hospital Batkhela, Malakand	90,823		90,823	90,823	-	90,82
457	130204	Removal of defficiencies in DHQ Hospital Chitral	22,683		22,683	22,683	-	22,68
458	140763	Strengthening of THQ Hospital Drosh Chitral	10,000		10,000	-	10,000	10,00
459	140813	Upgradation of Booni Hospital to Category-C Hospital District Chitral	20,000		20,000	-	20,000	20,00
460	30454	Improvement & Standardization of DHQ Hospital in Kohistan	83,279		83,279	83,279	-	83,28
461	140764	Construction of Category-C Hospital at Balakaot, District Mansehra	50,000		50,000	-	50,000	50,00
462	150007	Upgradation of RHC Oghi to Category-D Hospital, Mansehra	50,000		50,000	-	50,000	50,00
463	130674	Upgradation of DHQ Hospital Abbottabad	30,000		30,000	30,000	-	30,00
464	130673	Construction of Casualty at DHQ Hospital Haripur	20,000		20,000	20,000	-	20,00
465	80596	Establishment of Blood Transfusion Centers in KPK (in Kind) (GIZ Assisted)	37,820	14,796	52,616	37,820	-	37,82
466	90317	Balance Civil Works and purchase of equipment for Different Hospitals (Phase-II)	268,979		268,979	-	268,979	268,98
467	110007	Reconstruction / Rehabilitation of Health Facilities damaged in July-Aug 2010 floods	50,000		50,000	-	50,000	50,00
468	140610	Purchase of equipment and Furniture for various ADP schemes	590,235		590,235	295,118	295,118	590,24
469	140767	Establishment of DHQ Hospital (Category-C) at Judbah District Torghar	50,000		50,000	50,000	-	50,00
Total on-going Program (General Hospitals)			3.031,850	14,796	3.046,646	1.977,754	1.054,097	3.031,850
New Programs						-	-	-
470	150761	Strengthening and Renovation of old DHQ Hospital Nowshera	50,000		50,000	50,000	-	50,00
471	151065	Establishment of Tehsil Hospital Jehangira, District Nowshera	2,500		2,500	-	2,500	2,50
472	150514	Reconstruction of Old DHQ Hospital Swabi (Phase-I)	5,000		5,000	5,000	-	5,00
473	150512	Construction of Doctors Flats / Hostel, Nursing and Paramadics Hostels in Nawaz Sharif Kidney Hospital Swat	30,000		30,000	30,000	-	30,00
474	150753	Strengthening & Renovation of Matta Hospital Swat	50,000		50,000	-	50,000	50,00
475	151063	Establishment of Tehsil Headquarters Hospital at Ghaziabad Tehsil Palas, District Kihistan	2,500		2,500	-	2,500	2,50
476	150985	Upgradation of RHC Kuza Banda to Category-D Hospital Battagram	5,000		5,000	-	5,000	5,00
477	150981	Reconstruction of Women & Children Hospital Haripur	5,000		5,000	5,000	-	5,00
478	150513	Purchase of equipment for ADP completed schemes	250,000		250,000	250,000	-	250,00
Total New Programs (General Hospitals):			400,000	-	400,000	340,000	60,000	400,000
Total General Hospitals:			3.431,850	14,796	3.446,646	2.317,754	1.114,097	3.431,850

Medical Education & Training						-	-	-
ON-Going Schemes						-	-	-
479	60046	Construction of building for Gomal Medical College D.I.Khan (Phase-II)	150,000		150,000	150,000	-	150,00
480	70190	Establishment of Bannu Medical College Bannu (Ohase-II)	204,156		204,156	204,156	-	204,16
481	130618	Establishment of Kohat Institute of Medical Sciences (KIMS)	150,000		150,000	150,000	-	150,00
482	130213	Expansion of Mortuary, Boring of Tube well and renovation of Collehe Hall at Khyber Medical College Peshawar	37,488		37,488	37,488	-	37,49
483	130289	Construction of 02 Lecture Theaters, Auditorium, Building for Prosthodonics, Tube Well & overhead tank in Khyber College of dentistry Peshawar	50,000		50,000	50,000	-	50,00
484	130290	Construction of 04 Lecture Theaters & Female Mortuary in Khyber Girls Medical College Peshawar	40,000		40,000	40,000	-	40,00
485	130593	Establishment of Postgraduate Medical Institute at Hayatabad Medical Complex Peshawar (Phase-III)	75,000		75,000	75,000	-	75,00
486	130619	Establishment of KMU Institute of Nursing and Medical Technology Peshawar	100,000		100,000	100,000	-	100,00
487	150008	Establishment of Zulfikar Ali Bhutto Medical College Peshawar	9,243		9,243	9,243	-	9,24
488	150520	Establishment of Zulfikar Ali Bhutto Medical College Peshawar	50,000		50,000	50,000	-	50,00
489	140779	Establishment of Nowshera Medical College Nowshera	54,000		54,000	54,000	-	54,00
490	150522	Establishment of Nowshera Medical College Nowshera	100,000		100,000	100,000	-	100,00
491	130551	Establishment of Gajju Khan Medical College Swabi	78,007		78,007	78,007	-	78,01
492	90334	Establishment of Bacha Khan Medical College Mardan (Phase-II)	130,000		130,000	130,000	-	130,00
493	140769	Establishment of Khyber Institute of Nureo Sciences & Clinical Research (KINAR) in Mardan	50,000		50,000	50,000	-	50,00
494	130217	Construction of 01 Hostel (60 Rooms), 02 Lecture Theaters and Labortories at Saidu Medical College Swat	50,000		50,000	50,000	-	50,00
495	140853	Balance Civil Works and Purchase of Equipment for Ayub Medical College of Dentistry Abbottabad	60,000		60,000	60,000	-	60,00
Total on-going Program (Medical Edu: & Training):			1.387,894	-	1.387,894	1.387,894	-	1.387,894
New Programs						-	-	-
496	150524	Purchase of digital imaging 2D, 3D) scanner, Database and Establishment of Digital Library in KCD Peshawar	27,700		27,700	27,700	-	27,70
497	150521	Establishment of Timargara Medical College Dir-Lower	70,000		70,000	70,000	-	70,00
Total New Program (Medical Education & Training):			97,700	-	97,700	97,700	-	97,700
Total Medical Education & Training			1.485,594	-	1.485,594	1.485,594	-	1.485,594

Preventive Program						-	-	-
ON-Going Schemes						-	-	-
498	120807	Project for strengthening Routine immunization in KPK (JICA Assisted)	13,233	20,374	33,607	13,233	-	13,23
499	120888	Integration of Health Service Delivery with special focus on MNCH, LHW, EPI and Nutrition Program (DFID & AusAid Assisted)	500,000	1.850,624	2.350,624	500,000	-	500,00
500	130218	Integrated Vector Control Program	30,000		30,000	30,000	-	30,00
501	140771	Strengthening of TB control Program in KPK (Phase-II)	60,000		60,000	60,000	-	60,00
502	140772	Treatment of poor cancer patients (Phase-II)	200,000		200,000	200,000	-	200,00
Total on-going Program (Preventive Program):			803,233	1.870,998	2.674,231	803,233	-	803,233
New Programs						-	-	-
503	150525	KPK immunization Support Program (KPISP) (GAVI Assistance in kind)	150,000	1.650,000	1.800,000	150,000	-	150,00
504	150526	Integrated HIV, Hepatitis and Thalassemia Control Program	100,000		100,000	100,000	-	100,00
Total New Program (Preventive Program):			250,000	1.650,000	1.900,000	250,000	-	250,000
Total Preventive Program			1.053,233	3.520,998	4.574,231	1.053,233	-	1.053,233
					-	-	-	-
Teaching Hospitals						-	-	-
ON-Going Schemes						-	-	-
505	60043	Construction of Additional Wards in LRH Peshawar	150,000		150,000	150,000	-	150,00
506	100207	Establishment of Casualty Block in KTH Peshawar	250,000		250,000	250,000	-	250,00
507	130219	Expansion / Extension of Institute of Kidney Diseases Hayatabad Peshawar	20,299		20,299	20,299	-	20,30
508	130220	Construction of Hostel in PICO HMC Peshawar	30,000		30,000	30,000	-	30,00
509	130478	Establishment of Paediatrics Surgery Ward at Gynae Block in LRH Peshawar	24,075		24,075	24,075	-	24,08
510	130630	Upgradation of Existing Accident & Emergency Unit and ICU at HMC Peshawar	50,000		50,000	50,000	-	50,00
511	20550	Upgradation of Saigu Group of Hospitals for Teaching Purpose of Saidu Sharif College	100,000		100,000	100,000	-	100,00
512	150530	Improvement / Rehabilitation / Renovation and Beautification in Medical Teaching Instututes (MTIs)	176,673		176,673	176,673	-	176,67
513	150531	Establishment of Works Directorate in Health Department	15,000		15,000	15,000	-	15,00
Total on-going Program:			816,047	-	816,047	816,047	-	816,047
New Programs						-	-	-
514	150527	PC-II for Establishment of Orthopedic and Spine Surgery Block in HMC Peshawar	2,500		2,500	2,500	-	2,50
515	150529	Purchase of equipment for Institute of Kidney Diseases Peshawar	50,000		50,000	50,000	-	50,00
516	150532	Purchase and Installation of new AC plant in KTH Peshawar	40,000		40,000	40,000	-	40,00
Total New Programs			92,500	-	92,500	92,500	-	92,500
Total Teaching Hospitals			908,547	-	908,547	908,547	-	908,547
Grand Total:			8.280,000	4.152,594	12.432,594	6.444,217	1.835,784	8.280,000

Annex 10: Budget allocations for DHQ Hospitals (2015/16)

Health Department Khyber Pakhtunkhwa

Current Revenue Budget 2014-15 and 2015-16

Provincial Schemes

S.No	Page # of BB	Scheme #	Scheme name	Posts		2014-15			2015-16		
				2014-15	2015-16	Salary	Non-Salary	Total	Salary	Non-Salary	Total
1	81	CA 7005	MS DHQ Hospital Charsadda	367	401	95.124.000	14.883.000	110.007.000	146.913.000	14.905.000	161.818.000
2	192	NR 7163	MS DHQ Hospital Nowshera	285	703	109.353.000	12.900.000	122.253.000	249.475.000	13.886.000	263.361.000
3	183	MR 7010	MS DHQ Hospital Mardan	415	462	134.282.000	25.380.000	159.662.000	194.194.000	25.256.000	219.450.000
4	224	SU 7005	MS DHQ Hospital Swabi	192	234	77.399.000	15.069.000	92.468.000	107.334.000	15.078.000	122.412.000
5	150	KT 7009	MS DHQ Hospital Kohat	340	388	158.685.000	55.766.000	214.451.000	189.300.000	59.711.000	249.011.000
6	127	HG 7005	MS DHQ Hospital Hangu	107	142	32.832.470	4.134.000	36.966.470	52.119.000	5.916.000	58.035.000
7	142	KK 7008	MS DHQ Hospital Karrak	294	337	133.131.000	15.320.000	148.451.000	156.245.000	16.615.000	172.860.000
8	56	AD 7009	MS DHQ Hospital Abbottabad	498	546	246.540.400	27.453.000	273.993.400	294.573.000	35.645.000	330.218.000
9	133	HR 7008	MS DHQ Hospital Haripur	282	404	108.300.000	24.170.000	132.470.000	173.629.000	26.245.000	199.874.000
10	166	MA 7010	MS DHQ Hospital Mansehra	312	428	141.381.000	24.778.000	166.159.000	208.594.000	25.904.000	234.498.000
11	73	BM 7005	MS DHQ Hospital Battagram	320	374	95.255.810	7.339.000	102.594.810	141.710.000	9.193.000	150.903.000
12	48	BU 4111	District Headquarters Hospital Bannu	321	347	123.725.000	34.046.000	157.771.000	143.824.000	36.867.000	180.691.000
13	159	LK 7007	MS DHQ Hospital Lakki Marwat	457	474	99.980.800	9.232.000	109.212.800	134.121.000	9.673.000	143.794.000
14	117	DI 7013	MS DHQ Hospital D.I.Khan	2	2	1.645.000	14.000	1.659.000	1.694.000	15.000	1.709.000
15	245	DI 4200	District Headquarters Hospital D.I.Khan	634	808	283.687.000	89.262.000	372.949.000	360.120.000	107.742.000	467.862.000
16	238	TK 7006	MS DHQ Hospital Tank	186	223	62.920.000	6.957.000	69.877.000	90.910.000	10.820.000	101.730.000
17	90	CL 7005	MS DHQ Hospital Chitral	379	413	118.966.830	11.046.000	130.012.830	172.225.000	13.316.000	185.541.000
18	119	DP 7005	MS DHQ Hospital Dir-Upper	374	402	70.044.000	16.776.000	86.820.000	105.240.000	17.286.000	122.526.000
19	98	DA 7005	MS DHQ Hospital Dir-Lower	553	687	198.679.670	18.031.000	216.710.670	277.416.000	21.164.000	298.580.000
20	66	BD 7008	MS DHQ Hospital (Buner)	328	357	122.577.000	15.036.000	137.613.000	157.081.000	16.652.000	173.733.000
21	217	SH 7008	MS DHQ Hospital Alpuri	177	219	50.714.000	2.399.000	53.113.000	85.198.000	2.548.000	87.746.000
22	174	MD 7010	MS AHQ Hospital Malakand at Batkhela	474	513	117.930.200	25.541.000	143.471.200	185.311.000	28.460.000	213.771.000
			Total:	7.297	8.864	2.583.153.180	455.532.000	3.038.685.180	3.627.226.000	512.897.000	4.140.123.000

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