



Department of Community Health Sciences

Retreat Report May 3-4, 2019

List of Acronyms

AKDN	Aga Khan Development Network
AKU	Aga Khan University
BOLD II	Burden of Obstructive Lung Disease Follow-up in low/middle income countries II
CEP	Continuing Education Program
CHS	Community Health Sciences
CMRs	Community Medicine Residents
CPSP	College of Physicians and Surgeons Pakistan
DCP ₃	Disease Control Priorities 3rd edition
EB	Epidemiology-Biostatistics
EOH	Environmental, Occupation Health
EPA	Environmental Protection Agency
HPM	Health Policy & Management
HRH	human resources for health
IHD	Ischemic Heart Disease
KMU	Khyber Medical University
MERF	Medical Emergency Resilience Foundation
MSc	Masters of Science
NCD	Non-communicable Diseases
NIH	National Institute of Health
NRSP	National Rural Support Program
PHC	Primary Health Care
RHP	Rural Health Program
SDGs	Sustainable Development Goals
UGME	Under Graduate Medical Education
UHP	Urban Health Program
URC	University Research Committee

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Background of the retreat

First CHS retreat – January 2018

Moving forward for Change@CHS

Faculty & Staff Retreat, January 12-13, 2018

In 2018, from January 12-13 a retreat was held in the context of structural and functional reconfiguration of CHS under a new leadership. The department has been reoriented along a new configuration of five technical sections, namely: epidemiology and biostatistics, non-communicable diseases and mental health, environmental and occupational health, population and reproductive health, and health policy and management. Each section is to work in three areas: education and training, research and development, and the newly established area of public health practice. All faculty members chose a primary affiliation with one of the five sections, although collaboration across sections was encouraged. The administration and finance section supports the entire department in a cross-cutting manner.

The retreat was a platform where faculty and staff of CHS reflected on the best ways of achieving the vision and mission of CHS going forward. It also served as an avenue for the faculty and staff of the department to come together intellectually and socially.

The specific objectives of the first retreat were to:

1. Move forward to achieve the vision, mission and goals of the CHS department using a team building approach.
2. Improve communication and bonding among the newly established sections, faculty and staff, and the senior and younger faculty in CHS that encourages collaboration in education and training, research and resource mobilization, and public health practice.
3. Introduce the concept of formal and informal networking within departments and institutions within and beyond AKU to produce better results in the future.
4. Develop a roadmap for 2018 in line with the department's vision for the future.

CHS strategic planning retreat – August 2018

Following this, a mid-year retreat was conducted on August 3, 2018 to discuss CHS's Five Year Strategy 2018-2023 and beyond. A draft strategic plan for CHS was shared with the faculty and staff of the department as well as senior leadership of the university. The strategy outlined CHS's past achievements, current status and key areas for future development and expansion in accordance with national, regional and global public health challenges.

Senior university leadership and chairs of key departments present in the retreat appreciated that a strategic direction for CHS was being developed. University leadership and leadership of other departments stressed the need for more collaboration across various departments and

Key values of the CHS five year strategy –QARI

- Quality
- Access
- Relevance
- Impact

appreciated that CHS was increasingly more accessible and engaged with clinical departments such as in the area of community-based clinical care. It was also discussed that the role of CHS as a department of public health, has gone beyond traditional research into technical advice and even advocacy for key public health problems facing the country.

To forward the strategy the need to collaborate within ourselves when CHS goes for collaboration outside was a key emphasis. Hence, we need to gel the faculty of various technical sections and improve our communication channels. Each section needs to prioritize the area of research but jointly see where the department is going. We also need to figure out which of the health model do we want to see - illness or PHC, but in either case community to be kept in view when working on creating this model.

Reorganization of CHS Structural Sections -2018

Organizational Chart of the Department of Community Health Sciences [CHSD], Aga Khan University, Karachi

Chair CHSD						
Sections	E&B	HPM	PRH	EOH	NMH	A&F
Primary Focus	Epidemiology & Biostatistics	Health Policy & Management	Population & Reproductive Health	Environmental Health	<u>Noncommunicable</u> Diseases and Mental Health	Administration and Finance
Secondary Focus	Communicable diseases	Global Health	Social Sciences	Occupational Health, Injuries	Public Health Nutrition	Information technology
Education and Training	Masters E&B	Masters HPM	Continuing Education	Postgraduate Residency	Undergraduate training	Educational program support
Research and Development	Communicable disease research group	Health policy & systems research group	Population & reproductive health research group	Environmental & occupational health research group	NCDs, mental health and injuries research group	Research and resource management
Public Health Practice	Surveillance, M&E	Urban primary care	Rural primary care	EOH interventions	NMH interventions	Logistics and procurement



All set to go... at the successful conclusion of the first retreat in January 2018

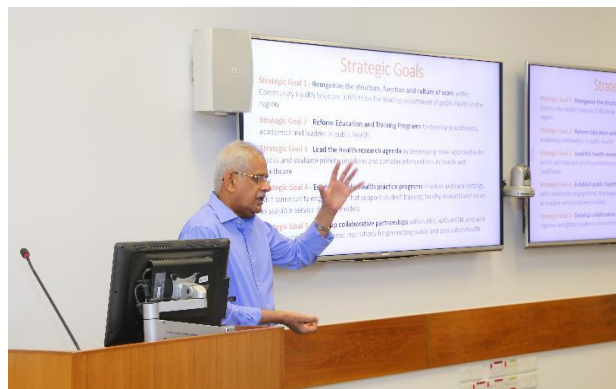
DAY 1, May 3, 2019



Introduction

Dr. Sameen Siddiqi, Chair of the Department of Community Health Sciences Department at Aga Khan University, opened the retreat held on May 3 - 4, 2019, by welcoming all the participants. This retreat aimed to provide an opportunity for the faculty and staff of CHS department to come together and reflect on progress made so far after more than a year of new CHS leadership and structural reorganization and discuss how CHS work can be improved further in line with the ambitious strategic goals outlined in the CHS strategy 2018-2023.

The retreat was meant as a forum for reflection on achieving the goals of the Five Year Strategy (2018-2023) grounded in CHS's core values of - social justice, participation, quality, integrity and efficiency, and backed by the three domains of CHS's work – education, research and public health practice.



Chair CHS describing strategies and goals of the retreat, May 3-4, 2019

The objectives of the retreat were to:

1. Review the work culture in terms of teamwork, communication, cohesion within CHS and across sections, and identify strengths and areas for improvement;
2. Take stock of the implementation of CHS strategy by each section – identify areas of progress, areas where progress has been limited and suggest ways to address those areas;
3. Review progress, bottlenecks and challenges, and way forward for improved implementation of the flagship activities of CHS focusing on RHP, UHP, UGME, Graduate Programmes and Resource Mobilization.

Expected outcome was to develop a roadmap along the lines of the five CHS strategies that would guide the work of CHS till December 2020.

Before embarking into the details of work plans for CHS in the coming years, a brief overview highlighted the progress achieved since the first retreat in January 2018. Key areas where progress has been made were specified as: an approved five-year Strategic Plan 2018-2023, cultural and administrative changes being instituted, reorganized CHS sections with re-defined scope of work for CHS sections, a communication strategy has been finalized, a strategic business plan has been developed and in place, CHS operational Plan for 2019 has been developed, and positive changes have materialized in staff discipline, punctuality, and morale and the income-to-cost ratio has improved. It was added that next steps should be to promote a culture or teamwork within the department. The departmental Chair appreciated the CHS staff and faculty on the progress made and expressed hope of making swift progress towards departmental goals in the future. He also appreciated the progress made in individual CHS sections and praised the role of various section heads but stressed on the tremendous effort still needed

on their part to motivate their teams and collaborate across section boundaries to materialize collective goals. The importance of a positive work culture in achieving the CHS's strategic goals was stated in the opening remarks and which continued to be the hallmark of this retreat.

The various domains of CHS's work were accentuated as **education** whereby to improve student engagement by building on existing strengths and ensuring quality, **research** to strategize departmental research efforts for greater knowledge contribution and impact and public health **practice** for increasing policy and practice advice opportunities for CHS faculty, staff and students while referring to the core values of CHS – participation, efficiency, quality and integrity.

Core values of CHS:

Participation

Efficiency

Quality

Integrity

Throughout the one and a half-day session, CHS faculty and staff intermingled and discussed many varied aspects of CHS's work from technical view point to ways of improving work culture. Various group activities helped clarify our strengths and areas needing our attention.

Dr Siddiqi presented the CHS strategy 2018-2023, which was finalized in light of the input received from the last retreat. He described the vision and mission of the department in line with the five year strategy as follows:

VISION: Be a leading international institution of community and public health for advancing health and wellbeing related SDGs

MISSION: Improve population health by:

- i. Developing academics, practitioners and leaders in public health;
- ii. Creating new knowledge;
- iii. Translating knowledge into policies and practice; and
- iv. Engaging communities

The five overarching goals which need working on in future in line with the department's strategic visions were set out as:

- i. To continue to **restructure** the department and its existing programs,
- ii. To reform the **educational programs** provided by the department
- iii. To promote more **health research** in CHS
- iv. To setup and strengthen **public health practice** programs
- v. To engage in more **partnership and collaboration** on the local and international level.

A brief overview on the progress made for all these goals in the last year and a half is as follows:

Goal 1: Restructuring the department and programs: Updating on the progress in departmental reorganization, team building in the department was said to be well underway, major leadership authority and responsibility has been delegated to section heads and five-year financial plans for each section are being developed.

Goal 2: Reforming Education programs: It was pointed out that to reform departmental graduate educational programs, there is a clear need to create specialized tracks within the master’s programs. The mid-level and senior departmental faculty needs training to be prepared to take on more doctoral candidates under their supervision. There is an urgent need to reevaluate the way the department markets its courses and master’s programs to the prospective students to increase the pool of potential candidates to pick from.

Goal 3: Promoting Health Research: In the past year, CHS applied for eighteen grants, both large and small; however, the need to write more grants was emphasized. It was stressed that junior faculty should not discount themselves, and should begin to write more seed and URC grants.

Goal 4: Strengthening Public Health Practice Programs: The department is currently running two major public health practice programs, namely the Rural Health Program, Thatta and the Urban Health Program in various parts of Karachi. RHP is currently working with stakeholders in the district. UHP is currently in the process of restructuring and reorienting its program according to the current needs of the local population and the departmental vision. It has also expanded its site to include Metroville and Ali Jiwani in addition to its original sites in Sultanabad and Rehri Goth. However to move forward effectively members of both teams must continue to engage in policy dialogues at the district and provincial level to strengthen the projects.

Goal 5: Engaging in Partnerships and Collaboration: The importance of intradepartmental collaboration among various sections of CHS as well as collaboration with other departments in the University was stressed. The importance of engaging with our alumni network and partnering with them in work if and when appropriate was further emphasized.

Concluding the session, it was cautioned that any new agenda and goal-setting activity can tend to be over ambitious at times and we must set doable and realistic goals, whereby this this agenda needs to be worked on keeping practicality in mind. It was also mentioned that other challenges can possibly hinder the achievement of this ambitious agenda including recruiting and retaining faculty, mobilizing resources and acquiring funding, engaging in effective teamwork and overcoming institutional barriers.

Improving the work culture in CHS

Icebreaker Activity

During this activity, a tennis ball was thrown around by each participant and the person who caught it had to introduce himself/herself with an adjective that best described the individual followed by his or her name. The ball continued to bounce around the room till all participants had had their turn.

This ice breaker activity energized and developed engagement in the participants. The adjectives that the CHS staff and faculty used to describe themselves included: friendly, all-rounder,



Boosting energy and recognizing individuals

problem solver, smiley, confused, hopeful, silly, fast-paced, strong, ambitious, easy-going, patient, adventurous and so on, which indicated the variety of attitudes which impact the work culture of CHS and the uniqueness of perception amongst themselves.

Appraising CHS work Culture

The work culture of any working unit has pivotal effect on the nurturing of ideas and initiatives to achieve their goals. The CHS retreat provided an opportunity for staff and faculty to candidly discuss the work culture in CHS in terms of teamwork, communication, cohesion within CHS and across sections, and identify strengths and areas for improvement.

The participants initially formed groups of two or three and each group was provided with a clicker with which they could answer questions anonymously. The questions broadly explored vision and goals, strategies and executions, teamwork, leadership, empowerment, care and support, and recognition and morale.

Exploration into these various aspects illustrated that the faculty and staff of CHS believes that there is a worthwhile display of a common vision and goals throughout CHS which allows most of us to frequently be strategic in our plans and execute them befittingly. Backed by a facilitative work culture, part of CHS team feels that there is good collaboration and teamwork across the department while a large part still had their reservations on the existing coordination. Thus communication in the department is not regarded as fluent and candid and most people are not very comfortable being involved in and speaking up. Some people felt that they were not comfortable speaking with their seniors as they did not feel that they will be heard or that their concerns will be

Do we at CHS...

- ? Demonstrate a common vision and goals
- ? Demonstrate strategic vision and execute our plans well
- ? Practice excellent collaboration and teamwork
- ? Manifest excellent communication
- ? Feel comfortable in speaking up
- ? Feel recognized by supervisors and peers on a regular basis for our hard work
- ? Feel cared for and supported
- ? Experience good attitude and high morale
- ? Notice any positive changes in the culture

Work culture in CHS

What's working well?

- Common vision and goals
- Positive changes in the last one year

What can be improved?

- Strategic approach and good execution
- Regular recognition by supervisors and peers for hard work
- Equity / social justice

Which areas need a lot of progress?

- Collaboration and team work
- Feeling supported and cared for
- Good attitude and high morale
- Good communication

addressed; a neutral grievance forum was suggested as a solution.

Differing views were seen regarding due recognition for hard work in the department. Many people felt that they get recognized by supervisors and peers on a regular basis for their hard work compared to a significant proportion

[Assessing CHS culture]

"Real picture of the department came up; not to be taken as good or bad"

who did not. This could be one reason why a majority did not feel a sense of support and care in the departmental environment. While the activity and subsequent discussion brought to light a number of areas with potential for improvement, it also highlighted an increasing willingness to discuss these issues and find ways to bring about improvement. Hence positive changes in the culture of CHS since the past one year were appreciated. Before concluding, the decision was taken to repeat this activity in the department periodically, with individuals rather than group feedback, to monitor progress on the cultural change in CHS.



Reflecting on the strengths and weaknesses in the work culture of CHS

The **second work culture** feedback activity involved rating how much the participants agreed or disagreed with certain statements about the work culture in the department. Questions about wellbeing and support, encouragement, and work ethic were asked, and a variety of responses were obtained. Each team discussed their responses among themselves and at the end one representative was chosen to represent the team's agreement or disagreement with the given statement by standing in front of the audience along a scale of 1-10.

Overall, the activity showed that while many people felt positive about the work culture in the department, a number of participants thought that there were aspects of the department's work culture that could be improved.

[Assessing CHS culture was...]
"An Interesting activity"

At the end, faculty and staff collectively discussed the outcomes and it was noted that within the overall group experience individual experiences with work culture sometimes showed wide variations. Some participants said that to improve the work culture everyone should take responsibility for their behavior and how they relate to their colleagues. It was also noted that the work differs markedly between different teams and even individual experiences tend to vary widely between different supervisors and different teams.

[On the process of cultural change activity]
"Discussion, individualism- both are important"



Candid exchange of thoughts and opinions on the work culture of CHS

Chair CHS, in his concluding comments appreciated the openness with which faculty and staff shared their thoughts. He said that every member of the department has a role to play in creating a healthy work environment. He especially emphasized the role of senior faculty and noted that section heads have a crucial leadership role to play in creating a positive working environment in their respective sections while staying in touch with team individuals and working on work culture concerns.

Conclusion day 1: To close off the first day of the retreat, it was noted that the activities in the retreat had highlighted the many strengths within CHS with a hope to tap into all of these strengths in the future. The importance of the staff as the backbone of CHS was also reiterated; and their hard work and contribution was appreciated. The need for section heads to take on more responsibilities in leading their sections and mentoring and preparing younger faculty was accentuated.

DAY 2, May 4, 2019



Assessing Progress

Chair CHS, Dr Siddiqi recapped on activities and learning's deduced from day one. He pointed out that the CHS work culture session was an eye opener for all of us. This is largely due to the baggage of the past that CHS carries. However, it's important that we are not in a denial phase anymore and have recognized that there is a problem that needs to be addressed. It is clear that some issues can be addressed, others cannot. However, a sincere effort is needed to improve the level of staff and faculty motivation and morale. He also encouraged the senior faculty to play a role in harboring a good working environment for both faculty and staff and asked Ms. Kausar S. Khan, Sociologist CHS, to also hold one-on-one discussions with selected faculty and members of the staff on their work environment.

Moving on to the next item on the agenda, the ground rules were spelled out as respecting everyone's right to be heard and giving everyone an opportunity to speak. The remaining agenda on the group activities was debriefed and the CHS Milestones matrix was emphasized as final outcome of the retreat and to be the strategy document for CHS. (Refer to final matrix in annexure section, pg 22)

For the discussion on what progress has been made in the last year and a half by each section, participants joined their respective section groups, i.e., health policy and management, epidemiology and biostatistics, population and reproductive health, occupational and environmental health and injuries, and non-communicable diseases and mental health.

1. Health Policy and Management Section

This group discussed linking research to policy in the classroom, and moving towards more digital teaching for the master's program. It was recognized that the current course material was up to mark, and that competencies, while they had been established, had to be further improved.

On the research and implementation side, it was noted that the work should be improved and meticulously documented. It was concluded that the HPM team needs to meet more regularly, offer more elective courses, and engage students in thesis work from all aspects of health policy and management section.

The key achievement of this Section was revamping of HPM program. However, as a Section, this group still needs to work hard to meet its targets which were promised to be the focus of attention in the near future.

2. Environmental and Occupational Health Section

EOH has a presence in the UGME program, where it has courses on hospital waste management and instrument use demonstrations. It also offers a short course. For CHS, this section plans to introduce four new courses: climate change, air quality, risk assessment, and occupational health and safety for industries. For the residency program, the section is undergoing a restructuring to include rotations in other sections. In terms of graduate studies, the courses need to be strengthened and restructured. One doctoral candidate is working on injuries, and a risk assessment and management course is offered at the doctoral level. Many grants have been acquired, such as Welcome Trust, BOLD II, NIH, URC, and a grant on injuries. Future submissions include submissions for road traffic injuries and climate change. Consultancies include those at MERF, Asian Development Bank, a consultancy based on Qatari dust and asthma, and a Pacific Basin Consultancy. In terms of collaboration, a MoU has been signed with the

Environmental Protection Agency (EPA), and international partnerships with the University of Albany, Imperial College, and partnership with Japan have been established.

This section has established that the way forward is to focus on these three areas:

- Residency Program
 - o CPSP supervisors
 - o Better marketing to fill our positions
 - o More involvement of faculty
 - o Opportunities for residents in grant writings
 - o Departmental teaching activities
- Revival of EOH course in graduate programs
- Grant Submissions

3. NCD and Mental Health Section

This group based their presentation on the strategies of CHS. Their educational achievements include two short courses offered last year with three conceptualized and to be offered soon. The work on creation of an NCD track in the Master's program is underway, an elective course on mental health and EB has been developed, four PhD students have been supervised with one student is to be admitted this year. Faculty contributions have been made to dental hygienist program and Department of Education within AKU and to Khyber Medical University and Jinnah Sindh Medical University outside AKU.

As for the UGME curriculum, the NCD section has reviewed and implemented changes. It has enhanced experiential learning on field sites and has introduced new field sites. It has developed capacity of faculty on new pedagogies and implemented those pedagogies. Lastly, they have realigned themes with modules and introduced public health debates in the 4th year curriculum along with the HPM section.

The NCD department has received nine international grants, one seed grant, and one URC grant. It has contributed to university research activities through membership in grant review committees. In terms of public health practice, the NCD department has engaged with UHP in the geo-spatial mapping of Sultanabad and assisted in household surveys. For the RHP, the NCD department has engaged in the COBRA study.

The challenges that the NCD section currently faces are the limited number of people in the group and the limited capacity in mental health. To move forward, the section intends to increase networking and collaboration, work more within AKU and also outside the institution, work in the area of policy development and implementation, develop capacity of mental health, and increase the size and scope of the grants it applies for.

4. Epidemiology and Biostatistics Section

The Epidemiology and Biostatistics section highlighted their strengths and priority areas before going onto their success and future plans. The key achievements of this section are reforming of education and training program via smooth transition of term-based system to semester system, students' mentorship program, new strategies are being developed and adopted to facilitate PhD students in terms of their coursework and satisfaction towards advanced concepts, enlisting external examiners for PhD, and introduction of multiple new short courses.

Achievements intended for future are a course on Bayesian statistics, developing grant writing skills for faculty, more secondary data analysis, alumni survey, introduction of new elective courses and new tracks within the program, paper-free data entry application, staff training and development – soft skills, broadening marketing strategies – contemporary & online, involving students in grant submissions, apprenticeship/experiential learning, sponsoring MSc students, introduction of reading and referencing articles in semester I. The group plans to lead the health research agenda by developing novel approaches to assess and evaluate priority problems and complex interventions in health and healthcare. The group also intends to contribute to establishment of public health practice programs in urban and rural settings, with community engagement, that support student training, faculty research and serve as scalable service delivery models. Another goals was development of collaborative partnerships within AKU, with AKDN, and with regional and global academic institutions for promoting public and population health. They intend to work in partnership and collaboration within CHS, other departments of AKU and beyond.

5. Population and Reproductive Health Section

The Population and Reproductive Health Section (PRH) has worked on improving tutorials for the UGME program and plans to use District Health Information System (DHIS) data to develop a PRH track for the master's programs. The section also hopes to offer more short courses on reproductive health and family planning.

The section will also work towards writing more competitive grants and manuscripts to increase the visibility of younger faculty. The PRH section also has a strong presence in both of the department's public health practice programs, the UHP and RHP, through the Global Network study and as the head of two of the RHP groups, maternal and neonatal health and child health. The PRH section is now regional hub for sexual and reproductive health – Developing research capacity, SRH implementation research, and grant writing course for faculty of WHO EMRO.

Group activity - Blind Draw

In this activity, the department faculty and staff were divided in five groups. One member was chosen from each group for their artistic ability to draw without looking at the provided picture while one group member was chosen to convey the group's instructions to the artist. The picture was given to the group but the person making the drawing could not look at the picture and neither could the group members directly tell the artist exactly what object to draw. The artist had to draw based on indirect hint about the object of the drawing received from the group members. This collaborative activity brought home the message of team work and cooperation in reaching team goals.

Key messages of this activity were:

- Great for promoting **effective communication** skills
- **Better listening** drives better understanding about the objective
- Understand the **perspectives** of other individual.
- Successfully drawing a picture closely resembling the original indicated the ability to give **clear directions** and act on them as a group.
- The effort get the picture right **effective collaboration** within short timelines

Group work - CHS Programs

Group activity was held on RHP, UHP, new initiatives in educational programs, grant funding for research and collaboration. The matrix highlights the outcome of this activity.

Group activity – Finding the perfect match!

This activity highlighted the importance of collaboration not just within a team but with other teams as well. At the start of the activity all teams were given a bunch of playing cards torn down the middle. Each team had to make as many full cards as possible with matching halves, both front and back. Team members had to quickly divide roles among themselves, identify the incomplete cards, establish connection with other teams and try to find other halves of their incomplete cards, which included some bargaining with other teams. Most successful teams were those that quickly delegated roles to most appropriate team member and systematically went about matching cards and working with other teams.



Working together to join the pieces

"Instead of scurrying around to resolve an issues, it is always more beneficial to identify the key problem area(s), discuss, plan and take strategic steps to solve it."

"Clear communications is most important for effective guidance."

Roadmap and Milestones till December 2020 for accelerated implementation of CHS Strategy [Education, Research, Practice, Networking, Reorganization]

The participants were divided into four groups and each given one CHS theme to work on. The themes were: (1) education, (2) research, (3) public health practice, and (4) partnership and collaboration. The groups were provided a matrix with some suggested activities for their theme till 2020. The groups used this matrix to discuss the roadmap, and key milestones for each theme and at the end of the group work, volunteer from each group presented their ideas to the larger group. (Refer to matrix in the annexure section)

Education group: The discussion on the education group was moderated by Dr Masood Kadir and Dr Rehana Siddiqui and presented by Dr Rehana Siddiqui. The presentation separately discussed different degrees offered at CHS and the plan for 2020 for each group. Salient features of future plans are as follows:

Continuing Education Program

- Introduction of new courses on:
 - Climate Change
 - Non-Communicable Diseases
 - Mental Health
 - Substance Abuse – Tobacco
 - Family Planning and Demography
 - Hospital Management and Administration

- Data Management
- Implementation Research in Sexual and Reproductive Health

PhD Students

- PhD students to be involved with grants projects
- Introduction of a new course on Bayesian statistics
- Involving DED for faculty training

Undergraduate Medical Education

- New pedagogies will be implemented such as recorded lectures and team based learning
- Improve experiential learning through field visits
- Introduction of a new 12 week course "Introduction to Public Health" (Year 1)
- Introduction of a new pedagogy – public health seminars for Year IV students

Masters in Epidemiology and Biostatistics

- Introducing a new track in NCD & Population and Reproductive Health
- Developing new courses on:
 - Mental Health and Behavioural Epidemiology (in collaboration with Dept. of Psychiatry and NCD)
 - Research Methods in Injury Prevention & Control (in collaboration with the Department of Emergency Medicine and Surgery)
 - Digital & eHealth Innovations in LMICs (in collaboration with the Department of Paediatrics)
 - Foundation Health Policy and Management course
- Involvement of MSc EB students in consulting services and teaching
- Involving students in research activities in the summer break like an apprenticeship

Masters in Health Policy and Management

- Revamping of reproductive health course
- Conducting a training needs assessment of HPM students
- Further strengthening the student's mentorship programme
- Moving to paperless culture – Distributing lectures and reading material through softcopies
- Introducing new teaching pedagogies such as case studies

Research Group: The discussion on the education group was led moderated Dr Sarah Saleem and presented by Mr Yaser Arafat. The presentation was broken down into key milestones to be achieved for research and consultancy by 2020.

Specific goals of Research group included:

- Developing a functional Data Management section by January 2020
- Submitting a minimum of 2 large grants per section per year
- Publishing 20 research articles per year
- Appointing a research manager under a research management section
- Developing a grant portfolio
- Establishing a consultancy section by 2019

- Obtaining the Deans approval for using funds from consulting projects for the rural health program and urban health program

The overall way forward was identified to include:

- Research capacity building
- Training for grant and manuscript writing
- Building and strengthening collaboration within and outside the institute

Public Health Practice & Policy group: The discussion on the Public Health Practice & Policy group was moderated by Dr Zafar Fatmi and jointly presented by Drs Imran Naeem and Maryam Huda. The group structured their plans according to two main public health projects and policy practice.

Rural Health Program – milestones till 2020

- Complete a situational analysis report disseminate to district managers, within Community Health Sciences and to other departments
- Developing a roadmap, which would include action items for each of the six priority areas
- Complete the analysis of Health Expenditure and Utilization Survey and all other surveys in this project by July 2019
- Submit at least 2 proposal and mobilize resources on priority areas by December 2019
- Present progress on RHP work to policy makers at provincial and national levels
- Develop a MCH report registry to be presented at the district level
 - Suggested new priority areas:
 - COBRA scaling up \ nomination from NCD
 - Community engagement
 - Early childhood development
 - NRSP and other work (malaria)

Urban Health program – Milestones till 2019

- Establish new field sites in Metroville & Ali Jiwani through a collaborative partnership with AKHSP by July 2019
- Revamp the existing model for UHP will be revamped in Sultanabad. This includes PHC center-based restructuring by October 2019
- Add new services on mental health and non-communicable diseases to the package of services
- Conduct a geo-spatial mapping of urban health program sites followed by a census activity.
 - Initiate a phased exit from Rehri Goth by December 2019
 - Prepare and submit two proposals to funding agencies for support to urban health program by December 2019
- Develop an annual report for UHP and submit to a journal for publication; in addition two manuscripts should be submitted for publication in peer reviewed journals by December 2019

Policy Practice

The group has established the following milestones for 2020:

- Each section will be preparing at least one brief
- CHS faculty and staff should represent the institute at national and international committees for public health (eg: EPA, DCP3, HRH)
- An application should be submitted to a WHO collaborating center for system development (HPM to take lead with other support)
- CHS to become a regional hub for sexual and reproductive health and population and reproductive health.
- RHP and UHP site will be the models of health systems strengthening
- CHS to contribute to provincial and federal strategic policy dialogue

Partnership and Collaboration group: This group discussed the different types of collaboration that CHS should aim for by 2020. The group discussed how this topic has strong links with the preceding three themes, and discussed the broad partnerships which can be aimed for. The group discussion was moderated by Dr Sameen Siddiqi and Dr Rozina Karmalliani, and the findings from group discussions were presented by Dr. Karmalliani as follows:

By 2020, CHS should aim to partner and collaborate with the following:

- Within CHS Sections, for example through joint courses and proposals
- Across AKU departments where collaboration be through departmental channels rather than between individuals. Examples of existing collaborations can be found below:
 - Department of Psychiatry- Joint project on establishing the pathways to mental health care
 - Emergency Medicine- Existing collaboration to support policy, continuing education and short courses
 - Department of Surgery- CHS and the surgery department have collaborated to conduct the global surgery conference planning, and surgical capacity assessment
 - Collaboration within the Aga Khan Development Network, for instance through Aga Khan Health Systems and Aga Khan Foundation. Some potential areas of collaboration include:
 - Strengthening health systems the urban, rural, and northern areas
 - Developing links for grants for research, development projects
 - Potential for scholarships for HPM and EB students
- Collaboration with national institutions on existing CHS projects or public sector interventions. Some existing collaborations discussed include:
 - Health Services Academy –
 - Collaboration to jointly organize the National Public Health Conference [First in Islamabad, next (2020) potentially in Karachi]
 - Government of Sindh for public health practice sites on RHP and UHP
 - Government of Punjab – developing a public sector strategy
 - Strengthening existing and building collaboration with international institutions- Academic, Developmental, NGOs, Funding Agencies
- It was stressed that collaborations should be led by value-led partnerships. Overall CHS should play more of a lead role in future collaboration and partnerships by writing and materializing grants from CHS platform compared to acquiring them from donor agencies.

Closing of the retreat

Dr. Sameen Siddiqi thanked the participants for taking time out to attend the retreat and for engaging in an open and honest dialogue throughout. Guest participant, Dr. Rashid Jooma, Professor Neurosurgery, also appreciated the exuberance present and visible in the CHS faculty and staff since the initiation of change @ CHS strategy. He commended the Chair for this direction for the department and reiterated his excitement to see what the department will accomplish by 2020. He further emphasized the need for a similar wavelength to exist amongst all the team members involved in any target setting and its execution.

To conclude the retreat, the Chair said that the retreat had given us a good sense of direction. Moving forward, he reflected on the main takeaways from the two days:

- The successful consolidation of the CHS Milestones Matrix to be achieved by December 2020 is the first step towards its materialization.
- There is an urgent need to think through improving the culture at CHS. He asked participants to both reflect on the findings about the culture and introspect on our role in perpetuating these challenges.
- Challenges faced by the staff at CHS should be addressed. While there is some push for talks on career development and improving working conditions for faculty, the staff is often overlooked and there is a need to adjust this dynamic.
- Other staff issues highlighted included the lack of career track and promotions for staff, infrequent appreciation for the back ground support provided by staff for technical work, short deadlines for urgent work leading to too much pressure on staff.

Annexure 1 – Matrix of Milestones to be achieved by December 2020– Post CHS Retreat [4, May 2019]

Milestone	CHS Sections					CHS Department
	E&B	HPM	PRH	EOH	NMH	
CHS Strategy 1 Education and Training - UGME						
- By March 2020, 90% faculty trained in newer teaching learning methods and pedagogies – [TBL, flip classroom session, case study development, podcast, PBL etc.]	Section Heads to ensure participation of faculty from all CHS Sections					Director UGME will organize series of training sessions
- By December 2019, CHS component of curriculum reformed and integrated in the wider UGME curriculum	All Section in CHS to contribute in UGME Curriculum Reformation					CHS UGME team in collaboration with MC Curriculum Committee
- By July 2019, Introductory Course on Public Health developed and included in the 12 week HASS from 2020	One member from all sections will be nominated to contribute					CHS UGME team to develop introductory course
- By July 2019, Sultanabad and two new field sites in Metroville and Ali Jiwani with households identified for community oriented training of UG medical students [up to 9 visits]		Supported by UHP team				CHS UGME team to oversee field visits
- By October 2019, field visits for years 1 and 2 outlined with clear tasks, and announced at start of academic year	03 visits – Applied epidemiology & statistics	PHC sites, Secondary hospital	Family planning [Green Star, JHPIEGO, Ahang]	Occupational health, Hospital waste mgmt.	-----	CHS UGME team to coordinate and oversee field visits
- From January 2020 onwards, 50% of sessions made mandatory/sign off using different pedagogies	2-3 LCFs/ tutorials mandatory	2-3 LCFs/ tutorials mandatory	2 LCFs/ tutorials mandatory	2 LCFs/ tutorials mandatory	1 LCFs/ tutorials mandatory	CHS UGME team
- From July 2019 onwards, the workbook for UGME identifies community/public health themes aligned with basic sciences modules						CHS UGME team to oversee [already done] and emphasize themes
- By December 2019, each CHS Section will develop 1-2 new case studies for tutorial sessions in year 1 and 2	Develop 1- 2 case studies	Develop 1- 2 case studies	Develop 1- 2 case studies	Develop 1-2 case studies	Develop 1 case studies	CHS UGME team to coordinate and oversee

Milestone	CHS Sections					CHS Department
	E&B	HPM	PRH	EOH	NMH	
- From June 2019, year 4 curriculum will incorporate public health debates and made part of assessment in 2020/21		Organize public Health debates				CHS UGME team to coordinate
CHS Strategy 1 Education and Training – Graduate Programs						
Masters EPI&BIO						
- By December 2020, curriculum reviewed and new areas incorporated (translational and leadership skills, secondary data use, experiential learning, implementation research)	Program Director EPI&BIO					
- By December 2019, foundational courses of HPM [COHS] would be open to EPI&BIO students	In collaboration and coordination between E&B and HPM					
- By December 2020, develop elective courses in mental health, injury, digital health etc. in collaboration with departments in AKU		Digital health		Injury	Mental health	Collaborating depts. [pediatrics, surgery, emergency med, surgery]
- By December 2020, the NCD and/or PRH track will be fully endorsed and ready for implementation in 2021	Program Director EPI&BIO		PRH track		NCD track	In collaboration with PRH and NMH Sections in CHS
- By December 2019, the program will improve marketing by developing an improved website, brochure, flexible program structure, alumnus survey	Program Director EPI&BIO					Supported CHS management team
- By December 2020, faculty enhancement plan in place and implemented [including joint, visiting]	E&B Unit head and program director					Supported CHS chair
- From January 2020, MSc students offered to do thesis work under ongoing research projects	Director Program EPI&BIO	All Section Heads to support thesis work under their supervision				
Masters HPM						
- By December 2019, the program will improve marketing by developing an improved website, brochure, flexible program structure, alumnus survey		Director HPM Program				Supported by CHS management team

Milestone	CHS Sections					CHS Department
	E&B	HPM	PRH	EOH	NMH	
- By December 2020, HPM Programs will develop and offer NCD and/or PRH tracks in 2021	Director HPM Program		In collaboration with PRH Section		In collaboration with NMH Section	Supported by CHS management team
- By December 2020, MSc HPM program will introduce elective courses in collaboration with other sections		Hospital management, & Health technologies		Injury Prevention and Trauma Care		
- By December 2019, 80% of the MSc HPM courses will have: SMART objectives, mapped against the overall program competencies		Director HPM Program				
- By December 2020, the teaching pedagogies will be better balanced between lectures and case study/ group work/field visits to enhance application of knowledge		Director HPM Program				CHS UGME team to facilitate
CHS Strategy 1 Education and Training – Community Medicine Residents [CMR]						
- By December 2019, Improve marketing of residency program to fill all 12 positions				Director CMR		CHS Management team to support
- By December 2019, get agreement from institutions for better placement opportunities of CMR	All Sections to recommend appropriate placement sites in Pakistan					Director CMR to write to placement organizations
- By June 2019, refine sectional rotational placements within CHS to get a balanced training	All Sections to have 1-2 CMR residents on a rotational basis at anytime					Director CMR to develop guidelines for rotation
- By June 2019, improve participation and engagement of faculty in Journal club	All sections to identify a list of papers to choose from and share with Director CMR Consider changing time of Journal Club					Director CMR to oversee and decide
- By March 2020, increase the number and diversify supervisors in CHS	All faculty with Fellowship from CPSPS in Community Medicine to apply and complete requirements for becoming a supervisor for FCPS training					Chair CHS to communicate with CPSP and meet President
CHS Strategy 1 Education and Training – Continuing Education Program [CEP]						
- From December 2020, offer 5 high quality, high impact short courses annually	CDC surveillance	Health systems and universal coverage	Demography and Family Planning	Climate change and health, Injuries (RTI & Occupational)	NCD prevention and control ,	

Milestone	CHS Sections					CHS Department
	E&B	HPM	PRH	EOH	NMH	
- From December 2020, offer 5 additional short courses annually – as considered priority by each Section [e.g. hospital management for HPM]	Outbreak investigation	Hospital management	International Resource center for Sexual and Reproductive Health	Air quality & Health	Tobacco Policy and Control	
- By October 2019, develop a marketing strategy for CEP courses and submit proposals/brochures for potential donors for funding						Program Director CEP, CHS Management team
- By December 2020, write at least 3 capacity development grant proposals	1 proposal to be written by each Section and share with CEP					Program Director CEP
- By January 2020, offer at least 1 capacity development course for CHS faculty annually [e.g. grant writing]	All faculty to participate					CHS Management team to recruit a STC in grant writing
- By December 2020, organize one international course on SRHR with support of HRP			Course for 4 countries - AFG, SYR, YEM, PAK			
CHS Strategy 1 Education and Training – PhD Program						
- By December 2020, having at least 1-2 PhD qualified faculty within each CHS Section who meets HEC criteria of becoming Supervisor for PhD student	Eligible faculty exists needs HEC endorsement	Eligible faculty exists needs HEC endorsement	Faculty supervising PhDs	Faculty supervising PhDs	Faculty supervising PhDs	Chair CHS to oversee eligibility status
- By December 2019, each Unit to upload at least 1-2 funded research project that can accommodate a PhD student in admission cycle	June 2020	December 2019		December 2019	Already 3 uploaded	PhD Focal point in CHS to coordinate
- By December 2019, upgrade core and stream specific courses offered at MSc graduate programs keeping in view PhD Program requirements	Course on Ethics, Bayesian analysis			Risk assessment and management		PhD Focal point in CHS to coordinate

Milestone	CHS Sections					CHS Department
	E&B	HPM	PRH	EOH	NMH	
- By December 2020, develop an exam question bank for subject specific component of PhD admission tests	All CHS sections to contribute to developing the question bank					PhD Focal point in CHS to coordinate
CHS Strategy 2 Research and Consulting						
CHS Strategy 2 – Research						
- By December 2019, establish DMU in CHS that serves as a repository of information for research and capacity development	- Conduct Need Assessment for DMU- - develop TORs - develop SOW - Provide the statistical expertise	To assist EB	To Assist EB Provide information technology expertise	To assist EB	To assist EB	DMU facilitated by CHS management and fully functional by June 2020
- From January 2020, submit at least 10 research grants annually and achieve a success rate of 30%	At least 2 to be submitted	At least 2 to be submitted	At least 2 to be submitted	At least 2 to be submitted	At least 2 to be submitted NMH section to lead in forming the TORs for RDO	CHS to have a research and development office (RDO) in place by the March 2020, till then CHS manager to monitor TORS of RDO to be formed
- From January 2020, publish at least 20 papers annually in peer reviewed journals as key authors [1 st , 2 nd , last, corresponding]	5 papers	4 papers	At least one paper each as lead author by young faculty (sr instructor to Assistant professor)	6 papers	3 papers	Unit Heads to monitor until RDO and research manager is in place
- By December 2019, appoint a research manager/coordinator to support grant writing, submission, follow up and linkages with funding agencies	Research manager to work on establishing a Research and Development Office and support all CHS Sections				0.5 FTE budgeted in a grant [**]	CHS manager to ensure timely recruitment
- By December 2020, improve grant portfolio by	- More internal and external partnerships, and collaborations to be established to secure funding for research					

Milestone	CHS Sections					CHS Department
	E&B	HPM	PRH	EOH	NMH	
achieving the planned targets [see footnote for guidance]*	<ul style="list-style-type: none"> - Faculty trained by 2020 in the following areas of research <ul style="list-style-type: none"> • Training on software (SPSS, STATA, NVivo) • Grant writing according to specific needs of donor agencies e.g. DFID, USAID, UNICEF, WHO, MRCUK, NIH • Manuscript writing skills - Younger faculty as Co-PIs or PIs with senior faculty in grants. - Research papers from younger faculty as first or second authors - Younger faculty involved as reviewers of national and international journals and supervised by Section Heads - International networking is required by Section Heads with academic and research institutions to secure funding - Students of MScHPM & EpiBio involved with wider CHS and AKU faculty for secondary data analysis and paper publications - Annual research symposium/seminars/annual research retreats to ensure visibility and projection. 					
CHS Strategy 2 – Consulting						
- By December 2019, establish institutional consulting [ICON] function in CHS in line with AKU rules and procedures						This function will be assigned to the research manager [see above]
- By December 2020, provide up to 5 institutional consulting services annually	Each Unit to undertake at least one institutional [only] consultative work annually to support requests from to national and international agencies. Consultative work will not take precedence over academics					
- By December 2019, get the Deans approval to channel proportion of generated funds through consulting to UHP and RHP						CHS Chair and management to seek approval of Dean and Finance Dept.
CHS Strategy 3 – Public Health Practice and Policy Advice – UHP, RHP, Policy Advice						
CHS Strategy 3 – Urban Health Program						
- By July 2019, field sites established in Metroville & Ali Jiwani through collaborative partnership with AKHSP to support education and training	Collaboration with DMU	-Baseline survey initiated -Community engagement sessions				UGME visits and household follow ups
- By October 2019, existing model revamped in Sultanabad that includes PHC center based restructuring	Survey on antibiotic use/Research initiative at Sultanabad	EM Records, CHMT established, Community engagement and health education sessions	Birth registry and surveillance initiated (supervised by PRH team)	Solid waste management initiative (with EOH team)	NCD and MH in service package [with Family Med Dept.] - -Geospatial mapping (with NMH team)	-EMR will be developed by CHS IT -Revised list of equipment and supplies for clinic -Improved infrastructure (with CHS admin)
- By December 2019, phased exit from RehriGoth implemented that includes		-Initiate process from June 2019				Strategy developed with field team,

Milestone	CHS Sections					CHS Department
	E&B	HPM	PRH	EOH	NMH	
capacity development, meetings, sustainability						process to start in June 2019.
- By December 2019, two proposals prepared and submitted to funding agencies for support to urban health program	Proposal for communicable diseases by EB team	UHP Coordinator will develop proposals (School health and e-learning)	Sexual and reproductive health		NCD and MH screening at HH level (CVS scoring and depression scale etc.)	CHS Chair and senior faculty will support
- By December 2019, annual report of UHP prepared and submitted for publication; two manuscripts submitted for publication in peer reviewed journals	-Manuscripts prepared by UHP Coordinator in collaboration with other faculty -Annual report for UHP (HPM)					UHP Coordinator to prepare annual report
CHS Strategy 3 – Rural Health Program						
- By June 2019, district situation analysis report and district health plan completed and disseminated	RHP team working in collaboration with all Section					Backed up by Chair CHS
- By June 2019, action plans for 6 priority areas finalized and implementation commenced		Management training, Referral system	Maternal health Child health	Water and sanitation		Backed up by Chair CHS
- By July 2019, HEUS analysis and report completed and shared with stakeholders		Report completed and presented				Report to be shared with funding agency
- By December 2019, milestones achieved along lines of priorities		60 staff trained in planning, management, monitoring	MCH referral piloted in MPS	Water quality in villages and health facilities improved		GIS mapping completed in 135 villages
- By December 2019, two proposals submitted and resources mobilized for continued funding of RHP	One proposal on CDC surveillance			One proposal on EOH	One proposal for overall RHP plan	Backed up by Chair CHS for core funding
- By October 2019, presentation on RHP given to federal and provincial policymakers						Chair CHS and RHP team
- By September 2019, report of the MCH registry in MPS presented in district Thatta			MCH registry presentation to district managers			
- By September 2019, the COBRA study findings disseminated and used for scaling up in Thatta district					COBRA study presentation to district managers	

Milestone	CHS Sections					CHS Department
	E&B	HPM	PRH	EOH	NMH	
					(scaling up proposal by December)	
By December 2020, Community engagement integrated as priority in RHP activities		HPM to coordinate				
By March 2020, Early childhood development initiative undertaken in RHP						-Work with ECD team
By December 2019 NRSP and other work (Malaria etc.) integrated in RHP	EB team invited to RHP meetings to update and align their work					
CHS Strategy 3 – Policy Advice [National and International]						
- By December 2020, 5 policy briefs prepared in priority public health areas and disseminated	One policy brief by each Section on a topic of research or priority [e.g. smokeless tobacco, climate change, MITS, DCP3 etc.]. Coordinated by HPM Section					CHS Chair gives a session on policy brief write up
- By June 2020, CHS, represented on at least 5 high level federal or provincial level committees on public health	All Sections to make efforts to link up with government and faculty to represent CHS on various federal and provincial committees					Managed and led by Chair CHS
- By December 2020, CHS, represented on international steering or technical working groups engaged in public health [academic/nonacademic]		UHC and PHC	Sexual Reproductive Health Research	-Regional environmental health [CEHA] -EPA	Nutrition	Armed Conflict and Health
- By December 2020, CHS has submitted application to be WHO Collaborating center for health systems development /population reproductive health		HPM group	PRH group			Overseen by Chair CHS
- By December 2019, CHS is fully functional as the regional hub for SRHR in EMR			Led by PRH			Supported and advised by Chair
- By December 2020, RHP and UHP are sites that are used for informing health policy and program implementation		UHP team develop report, publications		RHP team develop report, publications		Overseen by Chair
- By December 2020, CHS is able to organize one strategic policy dialogue at federal/provincial annually	Coordinated by HPM with engagement of all Sections					
CHS Strategy 4 – Partnership and Collaboration						

Milestone	CHS Sections					CHS Department
	E&B	HPM	PRH	EOH	NMH	
Within AKU						
- By December 2020, CHS will have established collaboration with at least 5 departments						CHS Chair to oversee and all Section Heads to engage
- Center of Excellence for WCH		SDGs				
- Center for Global Surgical Care		Global Surgery				
- Department of Medicine					NCDs	
- Department of Family Medicine		UHP field sites				
- Department of Psychiatry					Mental health	
- Department of Microbiology	AMR					
- SONAM						Need for MOU, institutional collaboration
- Clinical Trails Unit	Hepatitis					
- Others						
Within AKDN						
- By December 2019, CHS, AKU will collaborate with AKHS,P at the field sites of Metroville and Ali Jiwani		Collaboration initiated in new UHP field sites				AKHS,P facilities in G&B to be used for collaborative work
With National Institutions						
- By December 1919/2020, CHS AKU and Health Services Academy successfully organize the 10 th and 11 th Public Health Conferences in Islamabad and Karachi respectively [Proposed by HSA]	All Sections to be actively engaged in the annual public health conference 2019 and 2020 Hackathon is proposed to be organized Logistics need to be agreed with HSA					Coordinated by Senor CHS faculty and overseen by Chair
- By December 2020, CHS, AKU provides technical assistance on specific projects to two health departments in the country		MOH, Islamabad on UHC		Air pollution (EPA)		
- By December 2020, CHS, AKU provides technical assistance to disease prevention/ vertical programs with some impact	At least two programs at provincial/ federal level		MCH program	Environmental health program	NCD prevention and control program	
With International Institutions						

Milestone	CHS Sections					CHS Department
	E&B	HPM	PRH	EOH	NMH	
- By December 2020, will have 5 new collaborations with academic institutions/ development agencies	All Sections to establish a new international collaboration [in research, exchange programs, policy support] with leadership role wherever possible					Facilitated by Chair CHS and management team
CHS Strategy 5 – Reorganization of CHS						
- From May 2019, CHS work culture monitored for improvement on all aspects - By May 2020, CHS work culture shows improvement based on objective assessment	<ul style="list-style-type: none"> - Section leads to openly discuss all areas needing attention and identify workable solutions by organizing monthly meetings - Establish a culture of fairness, meritocracy, equally opportunity to improve the level of motivation and morale of staff and faculty 					Overseen by Chair and supported by section heads and manager CHS
- By Feb 2020, career development plans discussed with each faculty by respective supervisors and updated	Role and responsibility of each supervisor to be discussed and facilitated especially for younger faculty [fellows, instructors, senior instructors]					
- By Dec 2020, continued search for qualified and capable faculty to be recruited against vacant positions	All Section Heads to be engaged in identification, selection and screening Market agenda of each section to attract experts in respective domain. Invite potential persons as STCs to assess the contribution that s/he can make for CHS and the community at large. Hiring to be based on merit based criteria					Led by Chair CHS and assisted by manager CHS
- By Dec 2020, CHS infrastructure improved in classrooms, faculty space, computer lab, field sites	All section heads to facilitate and realign our budget and additional budget to be raised through resource mobilization.					CHS manager backed by CHS Chair

* Grant Submission [1 grant /year for instructors/senior Instructors as Co-I/ PI, 1 grant as PI for Assistant Professor and 2 grants as Co-Is/ year, 2-3 grants as PI for Associate and Full Professors and 2-3 grants as co-Is.

Manuscript Submissions [2 submissions and 1 acceptance per year for instructors and senior instructor as first author; 3 to 4 submissions and 2 acceptance per year for Assistant, Associate and Professors as first or corresponding author]

Annexure 2 - Agenda of the retreat

Day 1		
Time	Activity	Facilitator
8:30 – 9:00	Introduction to CHS 5 Year Strategy 2018-23: What is it, where we are and where we want to be – WIP	SSQ
9:00- 09:30	Tea and Refreshment Break	
9:30-11:30	Improving the work culture in CHS	MM
Closure for the Day!		

Day 2		
Time	Activity	Facilitator
09:00	Welcome remarks, agenda and ground rules	SSQ SN
09:15	Group work led by Section Heads to discuss implementation of CHS Strategies – Achievements, Gaps and Challenges, Way forward	Section Heads SS, RI, ZF, RS, SSQ
10:00		
10:45	Tea and Refreshments	
11:00	Activity – blind painting	MM
11:20	Introduction to CHS Programmes	SSQ
11:30	Group work CHS Programs [RHP, UHP, New initiative in education Programmes, Grant funding for research] – Achievements, Gaps and Way forward	Programme Leads ZF, RI/MH, MK, RS/NR, SS
12:20	Group Presentations and Discussion	
13:15	Lunch & Prayer Break	
14:15	Activity- card game	MM
14:30	Group work – Roadmap and Milestones till December 2020 for accelerated implementation of CHS Strategy [Education, Research, Practice, Partnership, Reorganization]	SS, ZF, MK RK, SSQ
15:30	Working Tea	
16:00	Group Presentations and Discussion	
16:45	Reflections and Resolves	SSQ
17:00	Closure of Retreat	

Dr Sameen Siddiqi [SSQ], Muhammad Masood Kadir [MK],; Dr Sarah Saleem [SS]; Dr Romaina Iqbal [RI]; Dr Zafar Fatmi [ZF]; Dr Rehana Siddiqui [RS]; Dr Narjis Rizvi [NR],Dr Maryam Huda [MH]; Dr Rozina Karmaliani [RK].Maliha Murtaza [MM] Sultana Nizar [SN]

Annexure 3 – List of participants

List of Participants	
Abdul Ghani	Quratulain Khairani
Abid Ali Muhammad	Rahim Punjwani
Amin Hirani	Rehana Siddiqui
Anam Feroz Ali	Romaina Iqbal
Asaad Nafees	Rozina Noor Ali
Asad Ali Khan	Rozina S. Karmaliani
Asif Tajuddin	Saleem Jessani
Darwaish Ali	Sameen Siddiqi
Farina Gul	Sarah Saleem
Fatima Haider	Shafquat Rozi
Fayyaz Khan	Shagufta Iqbal
Ghazal Peerwani	Shaheen Mehboob
Habiba Khowaja	Shalina Karim
Imran Naeem	Shehzad Ali
Imtiaz Jehan	Shiyam Sunder
Kausar Saeed Khan	Sobiya Sawani
Maleeha Naseem	Sohail Amir Ali Bawani
Maryam Huda	Sultana Nizar Gillani
Mashal Murad Shah	Syed Iqbal Azam
Masood Kadir	Syed Zafar Ahmed Fatmi
Muhammad Asim	Wafa Aftab
Muhammad Zia Muneer	Wajeeha Raza
Muhammad Zubair	Wajeeha Zahid
Nadira Ashraf	Waqas Hameed
Narjis Rizvi	Yaser Arafat
Natasha Shaukat	Zaheer Habib
Nizar Ghulamhussain	Zarak Ahmed
Nousheen Pradhan	



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