



JSI Research & Training Institute, Inc.

District Health and Population Management Teams

Rationale

Pakistan is an emerging economy with a double burden of disease and a high population growth rate. The health care infrastructure on paper looks perfect but is compromised by understaffing, absenteeism, shortage of medicines and supplies and significant logistic issues, which make the operational capability weak. As a result of this, Pakistan is facing numerous issues and challenges in optimizing the health care delivery services particularly in the rural areas and urban slums. Already scarce resources are wasted due to duplication of efforts. The public sector departments and partners are performing same functions without much coordination and sharing of information with each other. In the past, conventional role of the districts was limited to the implementation of health related activities that were mostly planned at national or provincial level. There was no mechanism at district level, which could provide a platform for coordinated and collaborated efforts of various departments. However, recent decentralization of financial and administrative powers to the provinces and to some extent to the districts, provides an opportunity to set such platforms at the provincial and district level where different departments can work together in harmony and coordination to save resources.

Such platforms can help in promoting participative decision-making and accountability at the district level to address the challenges in health care delivery through enhanced inter-sectoral collaboration and involvement of all stakeholders, including civil society.

Methodology and Approach

Currently, in post-devolution scenario, provinces have the responsibility for planning, budgeting, managing and supervising health programs. However, all districts of Sindh need support for the functions, which have been devolved to the districts. District Health and Population Management Teams (DHPMTs) can provide support and act as a technical oversight body to coordinate various functions at the district level. Health Systems Strengthening component of USAID's MCH Program will provide support to revitalize these DHPMTs. The fundamental step for revitalization will be consensus building among all stakeholders with reference to the roles, responsibilities, scope of work and legal framework for the institutionalization of the DHPMTs.

Revitalization of DHPMTs is propagated with the idea that it will promote continuous performance improvement of the district health system by providing a platform for sharing and exchanging views, information, experiences and resources to improve the health system at the district level. This will result into optimizing the resource utilization for improving the health care services. In Sindh, DHPMTs have been notified by the Department of Health but gaps exist in their operationalization and regularity of meetings across the province. The aim is to revitalize these existing teams in the form of DHPMTs. Inclusion of representatives from district population and social welfare departments in this forum is expected to further strengthen coordination at district level and for making concerted efforts for improved health and population outcomes.

Figure 1: Components of strengthening district health management



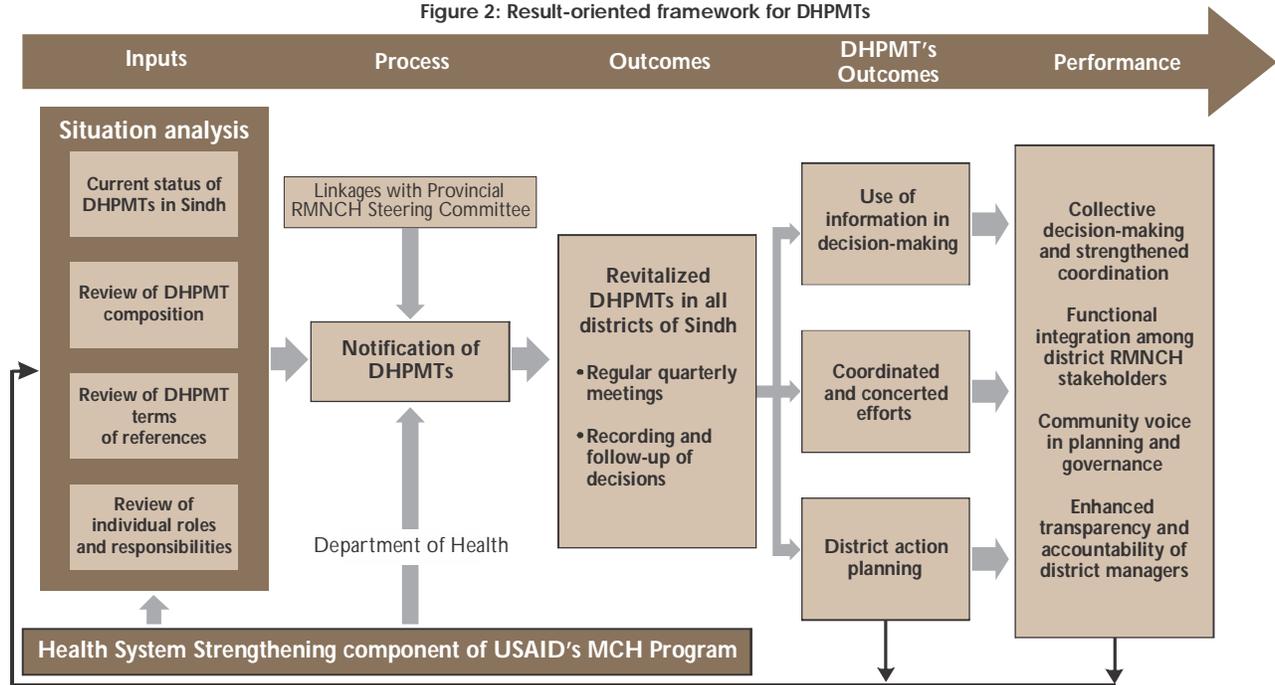
Box 1: Expected functions of the DHPMTs

- Provide district data to the province for the preparation of 5 years Strategic Health and Population Plan.
- Provide guidelines, oversee the Annual District Health and Population Plans and monitor them.
- Provide guidelines, oversee Human Resource Development Plan and District Logistic and Services Plan.
- Approve and monitor budget estimates for all activities.
- Approve and monitor Funds Generation Plan.
- Assess performance against established quality standards through accreditation.
- Oversee and monitor target setting, their achievement, and preparation of performance reports and presentation of such reports in Provincial Oversight Committees.

¹USAID's Maternal and Child Health Program comprises the following five components: (i) family planning and reproductive health; (ii) maternal, newborn, and child health services; (iii) health communications and behavior change communication; (iv) commodity procurement and logistics management; and (v) health systems strengthening.

A situational review of DHPMTs will be conducted to compile their inventory, functional status, notification, composition of teams, roles and responsibilities of DHPMTs. In districts that do not have a DHPMT or where the team is no longer active, support will be provided to establish or revitalize it. A successful DHPMT must involve public, private sector, and community representation. Thereafter, a proposal containing DHPMT's composition, notifying authority, terms of references, roles and responsibilities of team members will be prepared in collaboration with all stakeholders before formal notification by the competent authority. DHPMT linkages will be established with the Department of Health (DOH), Department of Population Welfare (DOPW), Social Welfare Department (SWD), and the Reproductive, Maternal, Newborn and Child Health (RMNCH) Steering Committee, as well as with other community-level stakeholders such as District Technical Committee (DTC) and People's Primary Healthcare Initiative (PPHI).

Figure 2: Result-oriented framework for DHPMTs



Expected Results

The formation of DHPMTs will strengthen institutional capacities in districts, and use of information Local decision-makers, both within the health sector and outside, will have greater technical and administrative skills for this purpose. Revitalization of DHPMTs will:

- Strengthen collective decision-making and promote inter-sectoral collaboration to address management, financial and coordination issues in districts.
- Enhance functional integration among various stakeholders working on RMNCH in the district.
- Provide a forum for bringing community voices in prioritization of issues and good governance.
- Serve as a platform for ensuring transparency and accountability.
- Help in optimizing the utilization of various resources.
- Inculcate a culture of evidence based planning and achieving results against the pre-defined targets.

Box 2: Illustrative indicators for DHPMTs

Following two illustrative indicators will be used to assess the effectiveness and efficiency of DHPMTs at the district level:

1. Existence of DHPMTs with TORs and action plans developed, with the membership of representatives of community level forums, with evidence of action plans and data use.
2. Number of districts where regular quarterly meetings of revitalized DHPMTs use DHIS information for decision-making.

Next Steps

- Notification to revitalize DHPMTs in all districts of Sindh.
- Health Systems Strengthening component of USAID MCH Program to provide TA to all districts of Sindh.

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