







Management & Coordination Continuum DHPMT & Steering Committee

Rationale

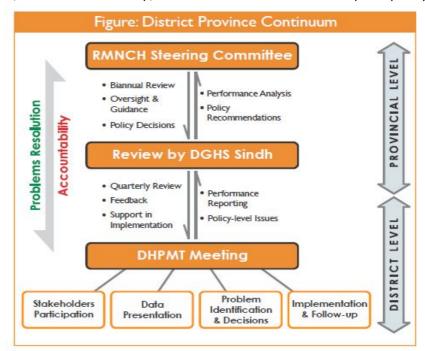
There have been considerable achievements in the health status of the people of Sindh. Still and all, gaps in healthcare outcomes are widening perpetually and the reality is unambiguous. At time, such concerns can partly be attributed to the continuing economic crisis and lack of resources. However, much has to do with poor management, poorly coordinated actions, and duplication of efforts leading to inefficiency in use of resources and translating reforms agenda into actions.

In context of ongoing health sector reforms, health systems in the province of Sindh are undergoing considerable changes with increased responsibility shifted to the districts. Consequently, there is a need to establish coordination mechanisms that can help in promoting participative decision-making and accountability by enhancing inter-sectoral collaboration and engagement of all stakeholders. Simultaneously, provincial managers are required to strengthen their linkage with district managers and exert a more supportive role in the wake of decentralized atmosphere. In this backdrop, management coordination forums at district level and their linkage with similar provincial level mechanisms are inevitable to address the challenges in healthcare delivery and to strengthen systems' response.

Approach

Health Systems Strengthening (HSS) Component of USAID's MCH Program supported revitalization of District Health & Population Management Teams (DHPMT) in 23 districts of Sindh. Concept of such teams was initially introduced by the WHO in its district health management models, as an essential part of overall health sector reforms initiatives. In Pakistan, District Health Management Teams were initiated under Health Sector Reforms Programs in late 1990s and during the past fifteen years, such forums have been established under various healthcare projects like Social Action Program, Family Health Project, Women Health Project, Reproductive Health Project, and PAIMAN Project. Analyzing the efficiency and sustainability of these forums, certain constraints were espied including: 1) lack of political and provincial support; 2) leadership by non-professional persons; 3) limited representation from district departments; 4) capacity and behavior issues of the members; and 5) non-availability of support staff and secretariat. HSS Component revitalized the DHPMTs while being mindful of all these issues. The emphasis has been on good governance, effective stewardship, inter-sectoral collaboration and participatory

decision-making, rather than a return to earlier 'command and control' models. Inclusion of representatives from District Population Welfare, PPHI, and Education Departments in this forum has further strengthened the coordination. Concurrent revitalization of DHPMTs, provincial roles is also strengthened through quarterly review of DHPMTs meetings and provision of feedback to the districts. Another key aspect of this approach is establishing a Provincial Steering Committee providing policy and strategic level guidance and support in implementation to the DHPMTs. In this way, the issues and problems that are beyond the scope of the districts could be dealt at the highest level of decision-making.



Methodology & Activities

Revitalization of DHPMTs initiated with a series of consultation at provincial and district level with aimed at providing a platform for sharing and exchanging views, information, experiences and resources to improve the health system at the district level. A quick review of the status of previous teams was also conducted across the province. These consultation and review helped to explore and make informed choices regarding the composition, chairmanship, monitoring mechanisms, and terms of references for the members of DHPMTs. Resultantly; DHPMTs were notified in 23 districts by Government of Sindh (Letter No. SO(C-IV)SGA&CD/4-26/11, dated October 1 2013). A regular performance review and feedback mechanism is essential for improving performance and ensuring sustainability. With this in view, HSS Component is providing technical support to the Directorate General of Health Services Sindh in organizing quarterly provincial review meetings of DHPMTs. During these meetings, the performance of DHPMTs during the quarter is reviewed and feedback is provided to all the District Health Officers.

Given the complexities in the health sector, there are certain decisions and actions that are beyond the scope of district health managers. Although DGHS has made majority of such decisions during the review meetings but a certain number of issues are taken to the Steering Committee. HSS Component is supporting the biannual meetings of the Steering Committee under chairpersonship of Sindh's Health Minister. During these meetings, policy-level decisions are made to support the district managers in implementation of actions for improving healthcare. Apart from the technical support in revitalization of DHPMTs, HSS Component has supported the development of several support tools, modules and DHPMT performance assessment criteria. At provincial level, support has been provided to DGHS in analyzing the DHPMTs performance as well as in provision of feedback to the districts.

Accomplishments

Establishing District-Province management & coordination continuum has strengthened institutional capacities and promoted the use of information for decision-making. The continued improvement of DHPMTs and their determination to implement decisions can be attributed to the constructive role of DHOs and the effective follow up of the HSS Component's cluster coordinators. The performance of DHPMTs has improved gradually and analysis of nine DHPMT meetings has indicated that 19 districts have shown excellent performance on a predetermined criteria. So far more than 80% of the issues and challenges identified at this forum were resolved at the district level. The policy level issues were shared with office of DGHS, either for resolution or presentation to the Steering Committee for policy-level actions.

Overall improvements in the district health systems are occurring and there are numerous success stories of the enhanced collective decision-making, functional integration, resolution of issues, overcoming gaps in HR, equipment, medicines and supplies, and improved intra-sectoral and inter-sectoral collaboration. Bringing community voice in prioritization of health issues and decision-making would not have been possible without the revitalization of DHPMTs.

Actions required by DOH Sindh

For continuation of management and coordination continuum beyond the HSS Component, DOH Sindh needs to take following actions;

- 1. Assigning responsibility of DHPMTs performance oversight to DHO's Public Health Wing
- 2. Development and provision of SOPs, standardized tools, formats and updated scoring criteria
- 3. Strengthening monitoring role of DGHS Sindh for institutionalizing quarterly DHPMT meetings and improving performance
- 4. Oversight by the provincial policy-makers and planners
- 5. Resolving policy level issues at DOH level
- 6. Provincial level support to district for successfully engaging district administration in resolving local issues
- 7. Ownership through professional leadership of the teams
- 8. Avoiding remuneration for participation in meeting