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STRONG MANAGEMENT, STRONGER HEALTH SYSTEM: Strengthening the Management and Coordination Continuum



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RATIONALE

In 2010 Pakistan decentralized the health system, passing many management functions to the provincial level. Decentralization is widely accepted as a step toward a more efficient and responsive health system. In Pakistan however, supervision, coordination, and communication mechanisms at both the provincial and district levels must be established to ensure stakeholder engagement and inter-sectoral collaboration. Specifically, supportive supervision between the provincial and district levels must be reinforced and strengthened. District-level management coordination forums must be established and linked to existing provincial-level mechanisms. These health system strengthening actions will improve the Sindh health system's responsiveness, efficiency, and delivery of district-level health services, and will ultimately improve accountability.

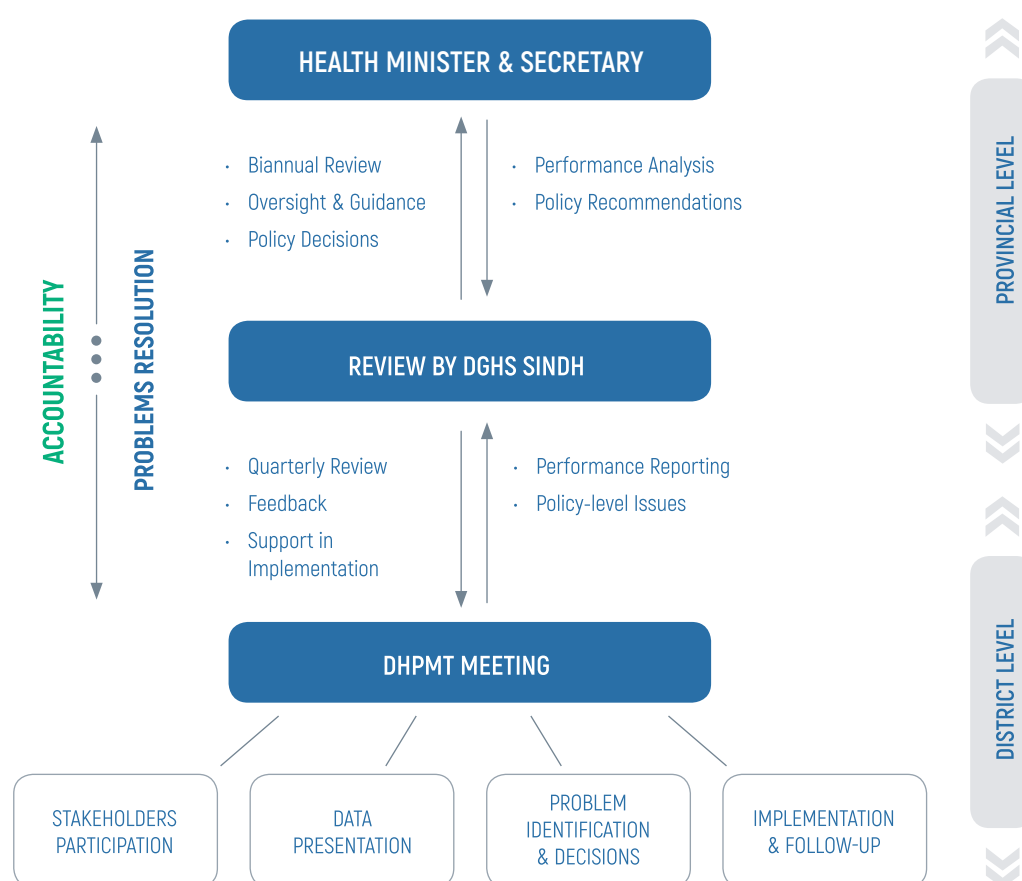
APPROACH

Internationally recognized as an essential component in health sector reform initiatives, Pakistan formed district health and population management teams (DHPMTs) under its health sector reform programs in the late 1990s. Since that time, similar district-level fora have been established with varying success. Effectiveness and sustainability challenges were due to: 1) lack of political and provincial support; 2) leadership by non-professional persons; 3) limited representation from district departments; 4) member capacity and behavior problems; and 5) unavailability of support staff and secretariat.

Mindful of these issues, the Health Systems Strengthening Component (HSS Component) of USAID's Maternal and Child Health Program supported revitalization of DHPMTs in 23 districts of Sindh. The emphasis was on good governance, effective stewardship, inter-sectoral collaboration, and participatory decision-making. What differed from previous DHPMT approaches was the inclusion of representatives from the Department of Population Welfare, People's Primary Healthcare Initiative, and the Department of Education, which strengthened coordination and increased the likelihood of sustainability. Provincial roles and communication between the provincial and district levels were also strengthened through: 1) joint quarterly review meetings of activities at the district level, and 2) the health minister and secretary health providing policy and strategic-level guidance and implementation support to DHPMTs. This allowed problems beyond the scope of the districts to be communicated and delegated to the provincial level.

The HSS Component supported revitalization of district health and population management teams (DHPMTs) in 23 districts of Sindh.

FIGURE 1. District-Province Continuum





Dr. Akhlaque Khan (far left) and his colleagues at DGHS are analyzing DHPMT performance across districts in Sindh Province. Their feedback will be provided to DHPMTs, strengthening DHPMT ability to review and take action on district-level data. (Photo credit: Veronique de Viguerie/ The Verbatim Agency for JSI)

To revitalize the DHPMTs, the HSS Component held a series of consultations at both the provincial and district levels to determine the composition, chairperson, monitoring mechanisms, and DHPMT terms of reference. By October 2013, the government of Sindh had re-established 23 DHPMTs.

The HSS Component helped to institutionalize DHPMT performance review meetings led by the Sindh Directorate General of Health Services (DGHS), with feedback provided to each of the district health officers. The HSS Component provided technical support to organize the quarterly review meetings, develop standard operating procedures, standardize tools, and update DHPMT performance assessment criteria. At provincial level, the HSS Component helped the DGHS analyze DHPMT performance and provide feedback to the districts.

The HSS Component also supported semi-annual provincial review meetings chaired by Sindh's Health Minister. During these meetings, policy-level decisions are made to support district managers to make decisions and take action for improving health care delivery.

ACCOMPLISHMENTS

Establishing a district-to-province (and vice versa) management and coordination continuum has strengthened institutional capacities and increased the use of information for decision making. The continued strengthening of DHPMTs to implement decisions can be attributed to the constructive role of district health offices and HSS Component staff follow up.

DHPMT performance data shows gradual but continued improvement, with 21 districts demonstrating excellent progress toward targets on priority actions outlined in district action plans. More than 80 percent of challenges identified at quarterly DHPMT meetings are resolved at the district level. Policy-level issues are brought to the DGHS, either for resolution or presentation to the provincial steering committee for decisions and actions. Revitalizing DHPMTs also brought community input to the process of prioritizing health issues and decision-making.

Improvements in the district health systems are occurring and evidenced through numerous successes. Sindh districts have improved collective decision making, integrated relevant components, resolved issues, overcome human resources, equipment, medicine, and supplies gaps, and improved intra-and inter-sectoral collaboration.

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A well-functioning management and coordination continuum results in well-supported (and happy) health workers, better service delivery, and, ultimately, improved health outcomes for people. (Photo credit: Veronique de Viguerie/The Verbatim Agency for JSI)

WAY FORWARD

Going forward, and to ensure the management and coordination continuum is sustainable over time, the Sindh Department of Health should consider strengthening the provincial steering committee at the secretariat level to oversee the implementation of the Sindh Health Sector Strategy at the district level. It should consider remaining committed to resolving district policy issues, helping DHPMTs resolve problems, and not remunerating DHPMT members for attending review meetings. With continued support for this newly strengthened management and coordination continuum, the district and provincial disconnect can be overcome.

The Health Systems Strengthening Component of USAID's Maternal and Child Health Program was a five-year cooperative agreement (2013-2018) implemented by JSI Research & Training Institute, Inc. (JSI) to develop and support cost-effective, high-quality, and integrated reproductive, maternal, newborn, and child health programs and services in Pakistan. The HSS Component supported the Federal Ministry of National Health Services, Regulations, & Coordination and Sindh Province's Department of Health to develop management systems and human resource capacity for a stronger health system and improved health services.