District Health Management Teams

An analysis and way forward
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The Pakistan initiative for Mothers and Newborns (PAIMAN) is a 6-year USAID funded project designed to reduce country’s maternal and neonatal mortality by making sure that women have access to skilled birth attendants during childhood and throughout postpartum period. PAIMAN works at national, provincial and district levels to strengthen the capacity of public and private health care provider and improve health care system. The PAIMAN program is jointly implemented by John Snow Inc (JSI), the Contech International, Greeenstar Social Marketing, Johns Hopkins University/CCP, PAVHNA, The Population Council, Save the Children USA.

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# Abbreviations

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<th>Description</th>
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<tbody>
<tr>
<td>AHMT</td>
<td>Agency Health Management Team</td>
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<tr>
<td>CCB</td>
<td>Community Citizen Board</td>
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<td>DCO</td>
<td>District Coordination Officer</td>
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<td>DDC</td>
<td>District Development Committee</td>
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<td>DHA</td>
<td>District Health Authority</td>
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<td>DHG</td>
<td>District Health Government</td>
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<td>DHIS</td>
<td>District Health Information System</td>
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<td>DHMT</td>
<td>District Health Management Team</td>
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<td>DHSS</td>
<td>District Health System Strengthening</td>
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<tr>
<td>DO</td>
<td>District Officer</td>
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<td>DOH</td>
<td>District Officer Health</td>
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<tr>
<td>DPWO</td>
<td>District Population Welfare Officer</td>
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<td>DSV</td>
<td>District Superintendent Vaccination</td>
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<tr>
<td>EDO (CD)</td>
<td>Executive District Officer (Community Development)</td>
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<td>EDO (F&amp;P)</td>
<td>Executive District Officer (Finance and Planning)</td>
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<td>EDO (H)</td>
<td>Executive District Officer (Health)</td>
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<tr>
<td>FATA</td>
<td>Federally Administered Tribal Areas</td>
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<td>LGOs-2001</td>
<td>Local Government Ordinances 2001</td>
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<tr>
<td>MCH</td>
<td>Mother and Child Health</td>
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<tr>
<td>MNCH</td>
<td>Maternal Newborn and Child Health</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
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<tr>
<td>NRB</td>
<td>National Reconstruction Bureau</td>
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<tr>
<td>NWFP</td>
<td>North West Frontier Province</td>
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<tr>
<td>OT</td>
<td>Operation Theatre</td>
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<td>PAIMAN</td>
<td>Pakistan Initiative for Mothers and Newborn Health</td>
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<td>SOHIP</td>
<td>System Oriented Health Investment Project</td>
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<tr>
<td>TORs</td>
<td>Terms of Reference</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WMO</td>
<td>Women Medical Officer</td>
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EXECUTIVE SUMMARY

History of District Health Management Teams (DHMTS) is more than ten years old in Pakistan. During nineties these teams were established under Health Sector Reforms Package in Punjab and Balochistan provinces. Later, this concept was included in the ADB funded Women Health and Reproductive Health Projects of all the four provinces. DHMTs could not sustain after completion of these projects and practically disappeared.

Pakistan Initiative for Mothers and Newborn Health (PAIMAN) has taken DHMTs as a part of District Heath System Strengthening in the project districts. DHMTs have been constituted in 10 Project districts of PAIMAN. Notifications issued by the District Coordination Officers (DCOs) or Executive District Officers Health (EDOsH) with the approval of competent authority. District Rawalpindi adopted the notification issued by the provincial government. The Project provided necessary technical assistance to make the DHMTs functional in the form of advocacy for DHMT, training/orientation of DHMT members, developing meeting agenda and meeting minute’s format, promoting data analysis and presentation during DHMT meeting, and providing feedback to DHMT on their effective functioning assessment using scoring matrix. Now, most of the DHMTs are meeting regularly.

Keeping in view the past experience, it was decided to conduct a study to explore ways and means to enhance efficiency of existing DHMTs and ensure their future sustainability. The study was based on qualitative methods including literature review and interviews of stakeholders. Key findings of the study and recommendations, thereon, are summarized as under:

1. DHMTs are working well in the PAIMAN districts despite some structural and operational weaknesses.
2. Out of ten DHMTs notifications, TORs of the DHMTs have not been mentioned in six notifications which may affect efficiency of DHMT and understanding of it’s about exact mandate of this body.
3. Performance of DHMTs under PAIMAN project continuously is evaluated under a six point scoring matrix.
4. DHMT members (Health and Non-Health sectors) were well versed of issues health sector in the districts and fortunately were keen to involve themselves in resolving the problems.
5. The DHMT members were of the views that only district health department cannot resolve the problems. Collaborative efforts of provincial and district
Governments alongwith other development partners including NGOs and civil society are required to improve the health services in the district.

6. The DHMT members were found adequately conversant of DHMT functions and individual responsibilities of its members.

7. Out of 12 respondents all of them had attended at least one meeting. Two members attended four meetings, six attended three meetings, three attended two meetings and one attended one meeting during the last year. These figures show satisfactory level of attendance by the DHMT members.

8. 12 DHMT members were interviewed about their stay in the district as DHMT members. Duration of 5 members was 23 months, 2 members was 18 months, 3 members was 12 months and 2 members was 8 months. Concisely speaking their duration ranges from 8 to 23 months which is not bad.

9. The DHMT members are of the view that DHMT has some authority in discussing the annual health plan but has no powers in deciding other important issues such as annual health budget and purchase of medicine for health facilities in the district.

10. The DHMT members (Health and Non-Health) are happily ready to accept any responsibility assigned to them by the DHMT.

11. The major constraints in implementation of DHMT decisions as indicated by the by the DHMT members were limited financial resources, vacant posts, political interference, and lack of coordination between NGOs and Government sector along with inappropriate financial and administrative powers of EDOs (Health).

12. District Health Monitoring Committee is a statutory body under LGOs. It can play an important role in implementation and monitoring of health programs in the district if it is made more effective by providing necessary financial, logistic and staffing support.

13. Legal cover is essential for DHMT to works as an effective body.

**Recommendations**

1. Notifications of DHMTs in all the districts may be reviewed. TORs, membership, responsibility of each member from health & non health sectors and procedure for holding the meetings should be clearly laid down in the revised notification.

2. DHMTs have made substantial progress as measured with scoring matrix. PAIMAN support for DHMTs may be enhanced. This extended technical support may be used for advocacy at policy, decision making and political
levels to create realization about effective role of DHMT in the overall district health system.

3. Success stories of DHMTs in the PAIMAN districts may be widely disseminated in media, seminars, workshops, coordination meetings and other appropriate forums. Inter-provincial and inter-district visits of DHMT members may also be arranged for experience sharing and better lessons learning.

4. Better performance of DHMTs may be acknowledged and encouraging incentives for DHMT members, preferably in non financial terms, may be arranged for healthy competition.

5. Motivation is one of the most important contributing factors in the success and efficiency of an organization. Findings of the study reflect that motivational level of DHMT members is sufficiently high. There is a need not only to maintain this momentum but also enhance motivational level.

6. Current awareness level of DHMT members about DHMT and individual responsibility of its members is not bad. Workshops / seminars may be organized at district or regional level for refreshing their orientation to upkeep the enthusiasm and ownership.

7. Sustainability of DHMT requires two way strategy (1) Creating ownership at district and provincial level through advocacy and (2) Providing a legal framework to declare it as a mandatory body in the district health system.

8. Sustainability of DHMT cannot be ensured without active involvement of federal and provincial governments. As a long term strategic intervention DHMT support units may be set at federal and provincial headquarters for:

   • Soliciting advice to institutionalize the DHMTs in the district as part of District Health System Strengthening
   • Continuous capacity building of DHMTs and their members
   • Monitoring and organizing inter-provincial and inter-district healthy competition among the DHMTs
   • Sensitizing district and provincial level stakeholders for DHMT ownership
   • Assisting in promulgation of suitable legislation for providing legal cover
   • Coordination among DHMTs established under different programs to ensure harmony of objectives and uniformity of operations.

9. Clarity of role of DHMT and its health and non-health members is very important. Mandate of DHMT and responsibilities of its individual members
should be defined and ascertained. Theses details may incorporate in the legal document approved for providing legal cover to DHMTs.

10. The legal cover or legal framework for DHMT is essentially required. There may be a number of options for proving legal cover as discussed in detail in section 6 of this report. The most feasible options are; (1) making rules by the provincial governments under the relevant provisions of LGOs and (2) issuance of DHMT notification with the approval of District Assembly.

11. Key findings and recommendations of the study may be shared in a meeting/workshop to be represented by provincial and district level stakeholders.
1. INTRODUCTION

1.1 Background
The Pakistan Initiative for Mothers and Newborn Health (PAIMAN) is a five-year project funded by the United States Agency for International Development (USAID). The project is under implementation in 11 districts and 2 FATA Agencies of the country. Main objective of the project is to reduce maternal, neonatal and children morbidity and mortality in the selected project districts. One of the project components is to improve planning and management capacity of the project districts for better delivery of health services.

DHMTs have been constituted in 10 Project districts of PAIMAN. Notifications issued by the District Coordination Officers (DCOs) or Executive District Officers Health (EDOs) with the approval of competent authority. District Rawalpindi adopted the notification issued by the provincial government. Now, these DHMTs are working regularly. The Project provided necessary technical assistance to make the DHMTs functional in the form of advocacy for DHMT, training/orientation of DHMT members, developing meeting agenda and meeting minute’s format, promoting data analysis and presentation during DHMT meeting, and providing feedback to DHMT on their effective functioning assessment using scoring matrix.

1.2 The Problem Statement
Despite these developments, there is growing concern about the existing efficiency and future sustainability of DHMTs. Prima-facie, main reason of this concern is past experience of un-sustained DHMTs which were set up under certain programs and projects. There is a need to explore underlying causes and recommend doable actions for institutionalization of DHMT as an effective body to support district health system.

1.3 Objectives of assignment
The purpose of this assessment is to understand the perception of the DHMT members about:

1. The overall role and scope of the District Health System
2. Role and scope of DHMT in the context of District Health System
3. Role and scope of DHMT members, both health and non-health members, in the context of DHMT
4. Current status or DHMT functioning and factors affecting the performance
5. Motivating factors for DHMT members, both health and non-health, to improve DHMT functioning
6. Self-efficacy of DHMT members, both health and non-health in bringing about change in health sector in their district through DHMT
7. How to make decisions by DHMT binding for the members, district health department and district government
8. How to improve DHMT functioning
9. How to involve DHMT members to contribute to district health system’s performance improvement
10. What the district can do to make DHMT sustainable
11. What short-term assistance is required for DHMT sustainability in the long-term

1.4 Methodology
The assessment methodology used in this study comprises literature/document review and interviews of DHMT members and provincial & district level stakeholders involved in policy issues, system design and legal matters.

1. The purpose of documents/literature review was to understand administrative structure of district government, historical background of DHMT and examine its existing functioning. In this regard following documents / literature were reviewed:
   a) Local Government Ordinance 2001
   b) Health Sector Reform Package Punjab 1998-99
   c) UNICEF Support to Devolution Project Report 2002
   d) PC- Forms of Women Health Projects in Pakistan
   e) Concept Paper on District Health Management Teams developed by PAIMAN
   f) Population Council draft report on Assessing DHSS through DHMT component-Process Evaluation
   g) DHMT Constitutions/notifications
   h) Performance Evaluation of DHMTs
   i) Terms of Reference–Agency Health Management Team (AHMT) under Improved Child Health Project FATA.

2. Interviews were conducted of two types of groups:
   a) From the purposely selected districts DHMT members which include both the health and non-health members from Punjab, Sindh, NWFP and Balochistan. The respondents were the DCOs
Jafferabad & Buner, EDOs (H) Sukkur, DOH Sukkur, EDOs (F&P) Sukkur & Rawalpindi, EDOs (CD) Jafferabad, Chairman District Health Monitoring Committee Khanewal, Dr. Qaisar Javed Chairman, Lion Youth Council Khanewal and Sir Mir Khan Chairman, Rahbar Organization Buner. Despite efforts interviews of any District Nazim or Naib Nazim could not be conducted.

Purpose of these interviews was to know overall role and scope of DHMT and its members in the District Health System. To evaluate current functioning of DHMT, contributing factors responsible for its effectiveness along with motivation level of DHMT members (Health and non-health members) and get suggestions to improve functioning of DHMT.

b) In depth interviews of provincial and district officers having understanding of devolution and remained involved in rules making process and other legal experts. The respondents were Dr. Sabiha Khurshid, Former Project Director Women Health Project Punjab, Mr. Saeed Ahmad Nawaz Additional Secretary Government of the Punjab Health Department, Dr. Mushtaq Ahmed Addl. Secy. Technical, Health Department, Punjab, Ms. Sabahat Rizvi Assistant Director (Legal), Local Government and Community Development Department Punjab. Mr. Saqib Zafar Executive District Officer (F&P) Rawalpindi, Mr. Abdur Rehman Bullo Executive District Officer (F&P), Mr. Muhammad Saleem Khosa Executive District Officer (CD) Jafferabad, Dr. Qaisar Javed Chairman, Lion Youth Council Khanewal, Dr. Agha Muhammad Ashfaque Executive District Officer EDO (H) Sukkur, Dr. Maqsood Ahmad Executive District Officer Buner,

The purpose of this exercise was to explore different legal options to provide best legal status to the DHMT which could be helpful in its sustainability even after the ending the PAIMAN project.

3. Continuous discussions with Contech International Health Consultants team involved in implementation of DHMT component under PAIMAN Project and review of relevant project record.

4. Informal discussion with national, provincial and district functionaries directly and indirectly involved in public and private health system to get their views and insight.
2. ROLE AND SCOPE OF DISTRICT HEALTH SYSTEM

2.1. District System

The Local Government Ordinances 2001 (PLGO), replaced old system of provincial administration with the district based decentralized system with effect from August 14, 2001. The intent of this initiative was to devolve political powers and decentralized administrative & financial authority to accountable local governments for improved governance, effective delivery of social services and transparent decision-making through institutionalized participation of the people at the grassroots level. The new system provides opportunities for quick decision making closer to the implementation levels. It also gives a greater voice to women, peasants, labourers and other marginalized population groups.

Under the devolved system, the Zila Nazim provides an overall leadership to the district government. His/her major responsibilities include accomplishing the district government goals; provide directions for efficient functioning of district government, oversee formulation and execution of the annual development plans, delivery of services, ensure approval of budget from Zila Council, maintain administrative and financial discipline in the District Government; authorize officers of the District Government to sign documents on his behalf; initiate inspections of Tehsil/ taluka Municipal Administration, Town Municipal Administration and Union Administration in the district, establish and supervise the working of the Internal Audit Office; issue executive orders to the District Coordination Officer and Executive District Officers for discharge of the functions decentralized to the District Government; perform any other function as may be assigned to him by the Government. There is some variation in organizational structure of district governments in the provinces. However, the overall structure in the districts comprises of District Coordination Officer , EDO Agriculture , EDO Community Development: , EDO Education, EDO Finance and Planning, EDO Health, EDO Information Technology, EDO Law , EDO Literacy, EDO Revenue, EDO Works and Services.

2.2. District Health System

Health is one of the most important departments of district government. The EDO (H) leads district health department under the overall supervision of District Coordination officer. He is assisted by District Officer (Health),
Deputy District Health Officer (DDHO), Medical Superintendents (MSs) of the District and Tehsil District Headquarter Hospitals, Program Director DHDC,, Assistant Inspectress Health Services (AIHS), District Coordinator (National Program for Family Planning and Primary Health Care) and District Superintendent Vaccinator (DSV) along with other support staff

According to the LGOs the district government is responsible to provide a package of health services including Public Health, Primary and Secondary Health Care services, Child & Woman Health, Population Welfare, Basic Health Units, Rural Health Centers, Dispensaries, MCH Centres etc. These services are provided through the net work of static health outlets (DHQ Hospitals, THQ Hospital, RHCs, BHUs, Dispensaries, and MCH Centres) and out reach preventive programs (TB, Malaria, Hepatitis, HIV/AIDS Control Programs, EPI and National Program for Family Planning and Primary Health Care program). The static outlets are financed from the district government budget whereas major portion of out reach preventive programs is financed by the federal government, provincial government, international development partners and UN agencies.

Population Welfare Department is a non-devolved provincial department and does not come under the administrative control of district government. District Population Welfare Officer is head of the department at district level. Population Welfare Department provides reproductive health services with more focus on family planning activities. There is limited coordination between district health department and DPWO for provision of reproductive health services.

Private sector is part of health delivery system in the district. According to the estimates quoted in a number of studies 70%-80% health care coverage is provided by the private sector. This sector mostly provides curative services and divided into pro- profit and non-profit sectors. There is vast variation in coverage and quality of private health among the districts. Limited information about private health sector is available in absence of an effective registration and regulatory arrangements.
3. DHMT IN DISTRICT HEALTH SYSTEM

3.1 Historical Perspective

The concept of DHMTs was initially introduced by the WHO in its district health management models. DHMTs are now considered as an essential part of overall health sector reforms initiatives and decentralized health services at district level and down the lines. While implementing the reforms through decentralized structure the DHMT concept has been transformed into practical models in a number of countries.

The concept of DHMT was initiated in Pakistan under Health Sector Reforms programs in late nineties and beginning of current decade under various foreign aided projects such as Family Health Project, Women Health Project and Reproductive Health Projects. A brief overview is discussed below:

3.1.1 District Health Authority (DHA)

District Health Reform process was initiated in the Punjab and Balochistan under Family Health Project in the pre-devolution era. This component was funded by the DFID. DHAs were established in 1997 as a part of Health Sector Reforms Program through a government notification in selected districts of Balochistan and Punjab provinces. Objective of this initiative was to improve health services by good governance through decentralization. The DHA was headed by a prominent community leader nominated by the government. DHMTs were part of DHA concept. The constitution of DHMT comprised both government and non-government members. Functions of DHMTs included management of all health facilities (Other than teaching hospitals), development of institutional capacity, development of linkage between public & private sectors, monitoring & enforcement of drugs and food regulations, management and supervision of population planning activities.1

Under this initiative DHMT rules were drafted but could not be approved by the competent authority.

3.1.2 District Health Government (DHG)

District Health Government (DHG) was an extension of DHA in the Punjab during 1998-99. It was more comprehensive district based model of decentralization of health services. DHGs were planned to establish in 10

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1 Concept Paper –DHMTs published by PAIMAN Project
districts of Punjab under an Act of Provincial Legislative Assembly. Professional District Chief Executives for managing the DHGs were recruited on market driven pay package and their extensive training was started. DHMT was part of DHG. After change of the government in October 1999, the health sector reform program including DHGs was stopped.

### 3.1.3 Women Health Project and Reproductive Health Project

The concept of District Health Management Teams was again revived under Women Health and Reproductive Health Projects funded by the Asian Development Bank. These projects were implemented in the selected districts of Pakistan. Establishment of DHMTs was a part of these projects to prepare and oversee the implementation of District Annual Operational Plans for health. There was variation in different districts with regard to DHMT composition, chairmanship TORs and notifying authority. In some of the districts like Swat these DHMTs were set up with the approval of district assembly. After expiry of projects gestation period these DHMTs became ineffective. 

### 3.1.4 Maternal Newborn and Child Health Program

Maternal Newborn and Child Health is a federally funded project /program being implemented in the provinces/districts. In the project design there is a provision of District MCH Steering Committee which is responsible to oversee the project implementation. In the Punjab, the Provincial MNCH Program Coordinator has opted to use the existing DHMTs to serve as District MCH Steering Committee by co-opting two additional members (District Public Health Specialist and District Social Organizer) from the program.

### 3.1.5 Improved Child Health Project FATA

Under the Improved Child Health Project, Agency Health Management Team (AHMT) has been constituted on the analogy of DHMT. Primary objectives of AHMT are to plan, review, assess and make suggestions to improve implementation of health services in the concerned agency with a focus on ICH project.

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2 Project documents of Women Health Projects (PC-1 and implementation reports), and Resolution passed by the District Assembly in meeting held on 17th January 2005.

3 Federal PC-1 of MNCH Project and notification issued by the Punjab Provincial Coordinator of MNCH Project Dated 20th May 2008

4 Terms of Reference –Agency Health Management Team (AHMT) under Improved Child Health Project FATA.
3.1.6 System oriented health investment project (SOHIP)

CIDA has provided technical assistance to the Punjab Health Department for strengthening health system with specific focus on health promotion. Apart from other activities the project is also working to introduce DHMT concept in two project districts e.g. Mianwali and Pakpattan. The DHMT has been notified in District Mianwali along with TORs developed through a consultative process. The DHMT comprised of DCO (as chair), EDO (H) (as secretary), EDOs of other social sectors, one NGO representatives and two elected members of district council as members. Other key district health managers were also included in the committee membership (the MS of the DHQ Hospital; the Program Director, DHDC; the District Coordinator of the National Program, and the Principal of the District Nursing School).  

3.1.7 Pakistan Initiative for Mothers and Newborn Health (PAIMAN)

District Health Management Teams are integral part of District Health System Strengthening in 10 project districts of PAIMAN. As mentioned in the preceding section, idea behind establishment of DHMTs in PAIMAN districts is to provide a forum for sharing and exchanging of views, ideas, information and experiences for reaching consensus to address the health problems of the district, and optimize resource utilization for improving the health care services. DHMT also helps in promoting inter-sectoral coordination and collaboration by bringing together district officials from various government departments and other non-government development partners in the district. The project provided technical assistance to the districts in establishing and operating the DHMTs.

3.2 Role of DHMT in the Devolved System

The Local Government Ordinances 2001 (LGOs-2001) provide legal and administrative structure to the decentralized Local Government System. Before devolution role of the districts was limited to the implementation of health related activities planned at provincial level. Activity and object-wise budgets were released to the districts. Public Health Sector was working in isolation as no mechanism existed at district level to provide support to district health management from other allied sectors. After devolution the scenario entirely changed. As mentioned in the preceding paragraphs DCO is administrative head of the district and all the devolved departments work under his control. This management structure provides a built-in mechanism of coordination within the districts. A large portion of administrative and financial powers/authority has been devolved to the district which has

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5 Case Study 2: Participatory System Development: Formation of DHMT in Mianwali under SOHIP.
considerably increased responsibilities of the local/district governments. A lump sum single item budget is transferred /allocated to the districts and it is job of district government to utilize this budget through operational and allocative planning with the approval of district budget by the district assembly.

It is now responsibility of district health department to plan and implement all preventive, promotive and curative health care services within the mandate and purview of district government as per provisions of LGOs. In this situation a strong health system is required at the districts which could be able to cater for health services needs by utilizing the district government funds and tapping additional resources /inputs from the private sector along with active involvement of community .For this purpose DHMT is considered to be an appropriate body to support the district level system in achieving the objectives. As far as LGOs are concerned, DHMTs are not explicitly mentioned therein. However, DHMTs are in line with the spirit of devolution and may given valid legal status by making rules through sequential legislation under relevant provisions of LGOs.

In the devolution scenario basic role of DHMT is perceived as:

- A forum for inter-sectoral coordination and collaboration to share and exchange the views, ideas, information and experiences for reaching consensus based decisions to address the health problems of the district
- Support health services programs / activities planning, implementation and monitoring
- Institutionalize public-private partnership in health sector at district level
- Social Mobilization through collective efforts
- Promote community participation through CCBs and other mechanisms.
4. ASSESSMENT OF PAIMAN SUPPORT FOR DHMTs

In order to facilitate the process to establish and operationalize District Health Management Teams (DHMTs) as a part of District Health System Strengthening in the project districts, a concept paper was developed by PAIMAN during 2005-06 and its following recommendations were used as guiding principles:

1. DHMT concept need to be reviewed and role of DHMT may not be confined to one project’s activities; rather DHMT may serve as a forum for all health related activities in the districts.

2. Composition of DHMT may not be uniform in all districts of the country because of slight variation in the administrative setup of the different districts.

3. Primarily role and responsibilities may be focused on planning, monitoring and evaluation as well as to enhance inter-sectoral coordination and prevent duplication of effort to prevent wastage of resources;

4. Team building and decision making through proactive team design and process, decentralization of various functions to lower levels, advocacy with district assembly and stakeholders for health program support and regulation of non-government providers to assure quality are all critical to the success of DHMTs;

5. Frequent meetings are recommended with mandatory quarterly meetings;

6. Capacity building of DHMT members in line with their envisaged role and responsibilities;

7. Legislative specification of DHMT authority, responsibilities and accountability is essential for continuity and sustainability;

8. Regular performance assessment of DHMTs on agreed indicators; and

9. Continued technical support to district management structure.

With the technical assistance of PAIMAN, DHMTs were constituted and made operational in 10 Project districts of PAIMAN. The technical assistance included support in the form of advocacy for DHMT, training/orientation of DHMT members, developing meeting agenda and meetings minutes format, promoting data analysis and presentation during DHMT meetings, and providing feedback to DHMT on their effective functioning assessment. The DHMTs in the entire project 10 districts are now holding their meetings regularly.
Performance of DHMTs under PAIMAN Project is assessed with different angles going through the available documents / record:

### 4.1 DHMT Notifications

District Health Management Teams (DHMTs) were notified by the districts. The analysis of these 10 notifications reveals that 7 notifications have been issued by the DCOs whereas 2 notifications have been signed by the respective EDOs (Health). The district Rawalpindi has adopted provincial notification issued by the Local Government and Rural Development Department. In 6 notifications there is no mention of TORs, functions or mandate of DHMTs. Resultantly, a number of DHMT members are not fully unaware of exact purpose and role of DHMT. In 7 DHMTs, DCOs are chairmen while EDOs (H) are chairmen in 2 teams. Only in one DHMT the District Nazim has been notified as chairperson. The following table shows district wise details:

<table>
<thead>
<tr>
<th>Sr. #</th>
<th>NAME OF DISTRICT</th>
<th>NOTIFYING AUTHORITY</th>
<th>TORS/FUNCTIONS OF DHMT NOTIFIED</th>
<th>CHAIRMAN</th>
<th>ANNEXURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dera Ghazi Khan</td>
<td>District Coordination Officer</td>
<td>No</td>
<td>District Coordination Officer</td>
<td>Annexure-1</td>
</tr>
<tr>
<td>2</td>
<td>Jhelum</td>
<td>District Coordination Officer</td>
<td>No</td>
<td>District Coordination Officer</td>
<td>Annexure-2</td>
</tr>
<tr>
<td>3</td>
<td>Khanewal</td>
<td>Executive District Officer (Health)</td>
<td>No</td>
<td>District Coordination Officer</td>
<td>Annexure-3</td>
</tr>
<tr>
<td>4</td>
<td>Lasbella</td>
<td>District Coordination Officer</td>
<td>No</td>
<td>District Nazim</td>
<td>Annexure-4</td>
</tr>
<tr>
<td>5</td>
<td>Jafferabad</td>
<td>District Coordination Officer</td>
<td>No</td>
<td>District Coordination Officer</td>
<td>Annexure-5</td>
</tr>
<tr>
<td>6</td>
<td>Dadu</td>
<td>Executive District Officer (Health)</td>
<td>No</td>
<td>District Coordination Officer</td>
<td>Annexure-6</td>
</tr>
<tr>
<td>7</td>
<td>Sukkur</td>
<td>District Coordination Officer</td>
<td>Yes</td>
<td>District Coordination Officer</td>
<td>Annexure-7</td>
</tr>
<tr>
<td>8</td>
<td>Upper Dir</td>
<td>District Coordination Officer</td>
<td>Yes</td>
<td>Executive District Officer (Health)</td>
<td>Annexure-8</td>
</tr>
<tr>
<td>9</td>
<td>Buner</td>
<td>District Coordination Officer</td>
<td>Yes</td>
<td>District Coordination Officer</td>
<td>Annexure-9</td>
</tr>
</tbody>
</table>
DHMT notification of District Rawalpindi is comparatively comprehensive wherein constitutions, TORs and other details have been clearly recorded. This has been notified by the provincial Local Government and Rural Development Department and adopted by the District Government.

4.2 Performance Evaluation of DHMTs

Performance of DHMTs in the PAIMAN Project districts is regularly evaluated on the basis of scoring matrix having following six parameters. The evaluation shows that during the early implementation period the progress was slow but it has now substantially improved:

1. Regularity of meetings; Held within 100 days of last meeting
2. Level of participation; At least 70% participation of notified members
3. Chairmanship of meetings; Chaired by designated/notified chairperson
4. Review of health system’s performance using data sources; HMIS, LHW-MIS, other MIS, DAOP
5. Decisions on the basis of data review; for improving performance
6. Follow-up of previous decisions and progress; Follow-up done

According to the performance criteria, district wise progress for the period October 2006-March 2008 of DHMTs is as under:

<table>
<thead>
<tr>
<th>Sr. #</th>
<th>NAME OF THE DISTRICTS</th>
<th>SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rawalpindi</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>Jhelum</td>
<td>22</td>
</tr>
<tr>
<td>3</td>
<td>Khanewal</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>Dera Ghazi Khan</td>
<td>24</td>
</tr>
<tr>
<td>5</td>
<td>Upper Dir</td>
<td>20</td>
</tr>
<tr>
<td>6</td>
<td>Buner</td>
<td>22</td>
</tr>
<tr>
<td>7</td>
<td>Sukkur</td>
<td>34</td>
</tr>
<tr>
<td>8</td>
<td>Dadu</td>
<td>24</td>
</tr>
<tr>
<td>9</td>
<td>Lasbela</td>
<td>13</td>
</tr>
<tr>
<td>10</td>
<td>Jafferabad</td>
<td>23</td>
</tr>
</tbody>
</table>
The above table shows that Sukkur is best performing district with 34 scores while district Lasbela is on lowest position with 13 points. Details are exhibited at Annexure-11.

4.3 Assessing DHSS through DHMT component-Process Evaluation

Population Councils conducted a study on process evaluation of DHMTs constituted under PAIMAN Project. The study gives some very interesting findings:

1. 28% interviewee knew their DHMT membership through verbal communication whereas 66% have gone through the notification.
2. 72% members ever attended the DHMT meetings.
3. 9% members attended DHMT meeting four times, 25% attended three times and 16 % attended two times.
4. In 61% cases DCO, 26% EDO (H) and 13% District Nazim presided the meeting.
5. 63% members received agenda before meeting while 37% did not receive the agenda of the meetings.
6. 83% members were able to share their views and remaining 17% could not do so as the agenda of the meeting was not delivered well in time.
7. 44% members were in receipt of minutes of DHMT meetings whereas 56% did not receive
8. 96% were of the view that DHMT is a useful body.
9. 100% intended to attend the next DHMT meeting.

The above mentioned findings give extremely bright picture of DHMT Inspite of some operational shortcomings. The study recommends that DHMT is a useful body. Efforts may be made to remove operational weaknesses and make it a statutory body through resolution passed by the District Assembly.
5. PERCEPTION, KNOWLEGEO AND MOTIVATION LEVEL OF DHMT MEMBERS

A group of individual members working together to achieve some pre determined objectives constitute a team. The individual members may have different roles and responsibilities within the team but they perform effectively to ensure maximum output from their contribution to involve the overall objectives. Diversity of skills and responsibilities of individual members is to be taken as strength because a number of different actions are required to achieve the targets. For a successful team or any organization it is essential that each member should be adequately aware of mandate of the team and his/her individual responsibilities. It is also essential that the team members should know the challenges faced by the team and overall objectives for which the team is formed. The purpose of conducting interviews of DHMT members was to judge their perception, knowledge insight and motivation level to have an idea about efficiency of existing DHMTs their future prospectus. The areas covered during the interviews are as under:

5.1 Important Health Problems in the Districts
The response about health problems facing the districts was quite clear. They identified a long list of these problems. This shows that they had adequate understanding about district health system and major difficulties being faced by the districts. Main problems identified were limited of capacity, lack of awareness about health, health seeking behavior and shortage of different kind of resources.

5.2 Actions required to resolve health problems
The respondents were not only aware of health problems and their solutions but were also keen to resolve these problems. Some of the important solutions suggested by the DHMT members were to explore root causes of problems and initiate actions accordingly, bring attitudinal change in service providers and end users communities, allocation of adequate budget with its timely release, availability of staff at health care facilities by providing incentivized pay packages, public private partnership, to create strong commitment from political leadership for assigning health as a top priority area, implementation of real term decentralization and more focus on MNCH services.
5.3 **Actors having effective role to resolve health problems**

The problems were perceived to be enormous and complex. No single organization, person or official could resolve these problems. Provincial and district governments, development partners, NGOs, CBOs, communities and other implementers should closely work to resolve these problems.

5.4 **Role of DHMT Members in problem solving process**

The composition of the team may be heterogeneous as far as backgrounds and roles of individual members are concerned. However, the members perform to accomplish the objectives and functions of the team according to their designated roles. For effective performance of an organization, every member should be assigned specified role. During the interviews, the DHMT members pertaining to health and non-sectors were enquired about their perceived role in the team keeping in view their individual official positions in the context of district health system. Response received from the members with regard to their role was quite clear as summarized below under:

1. **DCO**
   - Coordination between district health department/DHMT and District Government (District Nazim, District Assembly) for advocacy to assign high priority to health in budget allocation, supervision and guidance of the district government functionaries directly or indirectly involved in delivery of health services, removal of overall impediments and liaison with provincial government.

2. **Chairman District Monitoring Committee**
   - District Monitoring Committee for Health is a statutory body in the district government under LGO. Chairman of the committee is member in most of DHMTs constituted in PAIMAN districts. Role of Chairman District Monitoring Committee in supportive monitoring and supervision of health services in the district.

3. **EDOs (F&P)**
   - EDO (F&P) is one of the most important officers in the district. He/she is the head of District Planning and Finance Department. Two EDOs (F&P) were interviewed. In their opinion, role of EDO (F&P) in the DHMT should be to advise EDO (H) and his team in preparation of district budget, facilitate in preparation and approval of district level schemes within the jurisdiction of District Development Committee, ensure that budget demanded by the health department is provided...
within the available resources and advise in financial management & control.

4. **EDO (CD)**
Under the devolved set up involvement of private sector in socio-economic development of the district has been institutionalized through Executive District Officer (Community Development). EDO (CD) responded that his role as DHMT member is to facilitate public private partnership in health through involvement of NGOs, training of health staff in social mobilization, blood transfusion to the needy patients through blood donors and facilitate in preparation of health related projects by the communities through Community Citizen Boards (CCBs) mechanism.

5. **Representative of NGOs/ Private Sector**
Representation to NGOs and private sector has been given in all the DHMTs constituted under PAIMAN districts for involvement of communities and foster public private partnership in the health sector. Response of representatives of NGOs and private sector was encouraging. They were extremely enthusiastic to play their in DHMTs. They feel that their crucial role in DHMT is advocacy with DHMT and elsewhere for involvement of civil society in collaborative mechanism for health, community sensitization, mobilization of stakeholders at various levels for better participation in health related activities and assist district health administration in need identification and implementation of health services.

6. **EDO (H)**
EDO (H) is most important person in the district health system. According to the reposes received during the interviews the role of EDO(H) is to assist the district government to improve health services and health status, prepare district health budget for approval of District Assembly, manage health services by spending district government and other resources, organize DHMT meetings to discus the health problems faced by the district to find out their solutions and coordinate with private sector through DHMT and other means.

7. **DOH**
DOH is an important member in some of the DHMTs of PAIMAN districts. His/ her role as DHMT member is to assist EDO (H) in managing, monitoring and supervision of health services.
8. **MS DHQ Hospital**

Role of MS DHQ Hospital is pivotal as DHMT member as well as position as manger of secondary care health services in the district. He is responsible of best use of resources placed at his disposal for managing health services in the hospital and skills development of health facilities staff by arranging trainings in DHQ hospital.

5.5. **Duration of DHMT Members**

Interviews of 12 DHMT members were conducted. Their stay in the district and duration as DHMT members was fairly long. Duration of 5 members was 23 month, 2 members was 18 months, 3 members was 12 months and 2 members was 8 months. Concisely speaking their duration ranges from 8 to 23 months which is not bad.

5.6. **No. of DHMT meetings attended the by members**

Out of 12 respondents all of them had attended at least one meeting. Two members attended four meetings, six attended three meetings, three attended two meetings and one attended one meeting during the last year. These figures show satisfactory level of attendance by the DHMT members.

5.7. **Knowledge of DHMT Functions**

The charter or functions of organizations are documented in one way or other. The most authentic document for DHMT may be notification or guidelines issued by some authority. Out of 12 respondents 11 replied that they had copy of notification/guidelines to know functions and responsibilities of DHMT. On request none of them could show any document in this regard. One of them replied that he never saw a document clearly indicating the functions of DHMT. He heard about the DHMT and its functions in the meetings. During the interviews it was observed that most of them had not gone through the document having clearly defined functions of DHMT. It appeared that whatever they told about the DHMT functions was based on hear say information or their personal perception.

5.8. **Functions of DHMTs according to their understanding**

Inspite of the facts that none of the respondent could show any document indicating the functions of a DHMT even then they had sufficient understanding about the possible role of DHMT in their district. Key functions mentioned by the members were to assign some authority/responsibility in policy and program implementation, use as a platform for promotion of multisectoral coordination for health, identify shortcomings & recommend solutions, support for planning /monitoring of health services in the district,
promote public private partnership and provide guidelines for improvement of health services in the district

5.9. **DHMT Authority on District Health Plan, District Health Budget and Purchase of Medicine**

Responsibilities and authorities are together. For fulfillment of responsibilities corresponding authority for powers are essentially required. District Health Plan, District Health Budget and Purchase of Medicines are most important functions of district governments. Opinion of DHMT members was asked about these functions. Response from health and non-health members was same. They were of the opinion that DHMT does not have authority to decide any administrative and financial matter according to the delegation of financial powers under the rules and LGOs. The existing status of the DHMT is advisory. It is considered as an informal technical and managerial support to the district health administration and to some extent a forum of intersectoral coordination for improvement of health services. The Annual District Health Plans are discussed by the DHMTs. Currently the district health budget is not usually part of DHMT meeting agenda. It is prepared by the EDO (H) and his team and sent to the EDO (F&P)/DCO for its approval by the district assembly. In future district budget can be discussed and recommended by the MHMT if the DHMT members consider it appropriate. Purchase of medicine does not come under the purview of DHMTs. For this purpose procurement committees exist which are responsible for purchase of medicine at district level.

5.10 **Decision about DHMT Meeting Agenda**

The respondents from health and non-health sectors were very clear about the contents and process of finalizing the agenda of DHMT meetings. The agenda may comprise any items which could be helpful for improvement of health services in the district. A few agenda items proposed by the respondents include review of overall health services in the district, future plans and follow up of decisions taken by the DHMT in the previous meetings. Some of the members suggested that agenda should be shared with DHMT members before its circulation. It would increase ownership of the members and they would be able to participate better in the meetings.

5.11. **Motivation and Ownership**

Motivation level of MHMT members either from health department or other sectors was observed sufficiently high as they were happily willing to accept and accomplish any responsibility/work to be assigned to them by the DHMT
for improvement health services in the district. They do not feel it as an unpleasant liability as a DHMT member.

5.12. Constraints in implementation of decisions
Health is a complex area that faces enormous challenges. All the issues are discussed in detail in DHMT meeting before arriving at decisions. The DHMT members face many constraints in implementation of its decisions. The constraints indicated by the DHMT members were financial & technical limitation, political interference, lack of coordination & ownership, inadequate financial & administrative powers with EDO (H) and lack of support from higher level. The Chairman District Health Monitoring Committee particularly pointed out e was of the view that by virtue of designation he is Chairman District Health Monitoring Committee but he was not provided any support like staff or financial resource for carrying out monitoring visits and recording trip reports for taking necessary actions. Some of the respondents had quite contrary opinion that they did not feel any constraint in implementation of DHMT decisions.

5.13. Involvement of DHMT and members to overcome the constraints
It was enquired from the DHMT members that how those constraints could be addressed effectively. The suggested measures were increased role of DHMT and its members in decisions making and their implementation in the district, advocacy at political, administrative and policy making levels to declare health as a priority area and allocate more budget.

5.14. Improvement in the effectiveness of DHMT
Effectiveness of DHMTs is major issue and requires long terms and short terms interventions. Projects like PAIMAN and MNCH could provide effective direct assistance in short term actions. For log term effectiveness and sustainability realization at government level is inevitable. The DHMT members suggested a number of options to improve the effectiveness of DHMT which include declaring DHMTs as a part of health policy, awarding proper legal status and acknowledging its ownership by the district government, ensure regular meetings and strict follow up of DHMT decisions, advocacy at provincial level for its recognition as legal entity, its empowerment through legislation by the district government. Details of answers of questionnaire are placed at Annexure-13.
6. DHMT SUSTAINABILITY

The history of DHMTs in Pakistan is evident that these teams shown many successes under certain programs and projects which were sporadic and unsustained. Perhaps importance of DHMTs in the district health system was never realized before to institutionalize them as a useful instrument to improve health service delivery. In this study different options for DHMTs sustainability have been explored.

6.1 Legal Framework

Legal status of an organization is inevitable for its recognitions as a valid and acceptable entity. The DHMTs were constituted in the past under certain development projects. These were notified by different authorities like provincial governments, District Nazims, DCOs and EDOs (Health). In few cases approval of district assemblies was also obtained before issuance of notification. After ending the project period the DHMTs became in fructuous. Even in the ongoing projects like PAIMAN the status of DHMTs is not well recognized with regard to their authority and ownership in the devolved system. Keeping in view the situation, importance of adequate legal backup for DHMTs is considered as a prerequisite factor for their current effectiveness and future sustainability. During the informal discussion and in-depth interviews with concerned informant’s legal back up for DHMTs was discussed in detail. The different options proposed by the respondents were:

6.1.1. Legislation by the provincial governments (Promulgation of an Ordinance or an Act).

The provincial government may initiate this legislation process. This legislation may not be confined to the DHMTs but should cover total district health system wherein scope and role of the DHMT may be defined. It was not be a good option because an independent legislation on district government issues in the presence of LGO would not be an appropriate act.

6.1.2. Amendments in the Local Government Ordinances through National Reconstruction Bureau

The provincial government will have to refer the case to NRB to allow amendments in the LGOs to make DHMTs as a part of ordinances. During the discussion it was pointed out that this option may have cross sectoral implications. Other sectors/departments may also prefer to have similar arrangements. This would be a complicated and time consuming process not acceptable to the government.
6.1.3. **Rules making by the provincial governments under the relevant provisions /sections of LGOs.**

The LGOs provide opportunity under the relevant provisions to the provincial governments for subordinate legislation in shape of framing rules and regulations. Budget rules under LGOs are a good example. This option appears to be more feasible and is in line with devolution sprit /concept. The DHMTs under these rules would be a perfect legal entility and binding to the district governments. During in-depth interviews and informal discussion majority of respondents endorsed this option.

6.1.4. **Making rules by the district governments under the provisions of LGOs**

During the discussion, some of the respondents showed their concern about the capacity of district governments in framing rules and byelaws. Moreover, all of the district governments will have to follow this process and some of them may not like it for any reason. Most of the informants were not clear as to whether district governments are capable to do so under LGOs or it is prerogative of provincial governments. Prior to initiate the rules making process the district government should solicit advice from the provincial Local Government and Law Departments.

6.1.5  **Formation of DHMTs with the approval of the District Assembly.**

According to the 17th amendment in the Constitution of Pakistan, the district governments enjoy full powers and can take any action which is not contrary to the LGOs or any other federal and provincial legislation. Theoretically, speaking the district government can submit a motion in the District Assembly/ Zila Council and after its approval may issue notification for providing legal cover to DHMT.

The issue is not so simple. In the past some district assemblies approved DHMTs which were notified under the signatures of authorized officers of district governments. This was done under the ADB assisted Women Health Projects. For example a draft resolution was presented in the District Assembly Swat by the Chairman, District Monitoring Committee on Health on 17th January 2005 for establishing DHMT. Main functions of DHMT proposed in the resolution were preparation of Annual Health Plans, review of health services in the district for taking corrective measures, preparation of district health budget in accordance with the targets, coordination with government & non governmental organizations and preparation of annual report reflecting progress against the fixed targets. The most significant point was to allocate Rs.20, 000 per annum out of district government
budget to meet the DHMT expenditure. After approval of the District Assembly, the MHMT was notified by the Executive District Officer Health Swat on 18th March 2005. The matter was discussed with the EDO Swat. He informed that DHMT worked during the Women Health Project implementation period and later on it practically disappeared.

There are two different issues in this situation, (a) Sustainability of DHMT having legal cover from District Assembly (b) authority of DHMT to decide the health related issues. During the discussion there was consensus that legal cover alone by any mean cannot fully ensure sustainability. As far as authority is concerned, the respondents were of the opinion that legally all the district officers and DHMT member are bound to implement the decisions of DHMT notified under the approval of District Assembly/Zila Council within the limits of approved Terms of Reference.

During the in-depth interviews and discussions with the provincial and district level stakeholders major emphasis remained on this option. They were of the view that despite the past experience regarding sustainability it would be one of the best options to provide legal cover to the DHMTs. In their opinion it would be better if the district governments resolve their problems by themselves with least interference of federal and provincial governments.

6.1.6. Notification of DHMTs by the Provincial Governments

Most of the DHMTs established under the Women Health Projects were notified from the provincial level. In some provinces notifications were issued by the DGHSs or by some other officers of Health Departments. As already mentioned the DHMT nonfiction in Punjab was issued by the provincial Local Government and Rural Development Department which is a guiding department for Local Governments. These notifications did not work as far as sustainability is concerned.

It was discussed that if the notification is issued with the approval of the Chief Minister who is chief executive of the province may be more effective as compared to the previous notifications issued as routine executive orders. Approval of chief secretary was also discussed who looks after all the administrative matters in the province under the guidance of political leadership. There was divided opinion. Some of the respondents were of

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6 Resolution of District Assembly Swat Dated 17th January 2002 and notification issued by the EDOH Swat on 18th March 2002.
7 Concept Paper on DHMTs developed by the PAIMAN Project and District Health Management Forum on DHMTs in Punjab 12-13 March 2008 organized by SOHIP (Report).
the view that higher level approval would definitely be binding to the district government and its functionaries. The view point of second group was contrary. According to them after devolution the districts have flexibility to decide their issues. Issuance of such orders or notification would not be in line with the autonomy provided to the districts in the devolved system. In the past DHMTs were notified by the provincial governments but they could not become effective and sustainable. One of them quoted example of the notification issued by provincial Local Government and Rural Development Department Punjab which was quite elaborated and applicable on all districts. Above all it was not project specific. No DHMT in the Punjab except in Rawalpindi district was constituted in the pursuance of this notification in the PAIMAN districts.

6.2. **Ownership and clarity of role**

The respondents were of the view that effectiveness and sustainability of DHMT cannot be ensured only by providing legal cover. The real issue is ownership and realization of district government and its functionaries about the benefits of DHMT for improvement of health services in the district. For this purpose serious efforts are required:

6.2.1 **Advocacy**

There is lack of realization about the role and benefits of DHMT. Advocacy is required at provincial and district levels to convince the decision makers to use DHMT as a management tool to improve health services. Development partners my play their role as catalyst for change and provide more focused assistance.

6.2.2 **Health Policy and Programs**

It is dilemma that very good health plans and policies are formulated but their implementation has never been up to the mark due to a number of reasons including inadequate implementation and monitoring arrangements. DHMT may not be taken as a fragmented intervention but it should be institutionalized as supportive mechanism for implementation of health policies and programs.

6.2.3 **National and Provincial DHMT Support Units**

As a long term strategic intervention DHMT support units may be established at national and provincial levels for:

1. Soliciting advice to institutionalize the DHMTs in the district as part of District Health System Strengthening
2. Continuous capacity building of DHMTs and their members

3. Monitoring and organizing inter-provincial and inter—district healthy competition among the DHMTs

4. Sensitizing district and provincial level stakeholders for DHMT ownership

5. Assisting in promulgation of suitable legislation for providing legal cover

6. Coordination among DHMTs established under different programs to ensure harmony of objectives and uniformity of operations.

7. Experience sharing of mutual learning

6.2.4 Role Model DHMTs

Some of the DHMTs are working well under different projects. Their success story may be widely disseminated and these DHMTs may be developed as replicable role model.

6.2.5 Clarity of role DHMTs

During the discussion some of the district level officials shown their apprehension that the DHMTs may not drag their administrative or financial authority. Before initiating the process to provide legal cover to the DHMTs, role and mandate of DHMTs along with the responsibilities of all DHMT members (Health & non-health) should be defined and clearly incorporated in the notification. Role and responsibilities of the DHMTs and their members should be finalized at district or provincial levels through a consultative process so that the stakeholder may feel their ownership. In order to facilitate the process for establishing DHMTs, a list of DHMT functions and individual responsibilities of important members has been given in the proceeding part of this study document.
7. FUNCTIONS AND RESPONSIBILITIES OF DHMT AND MEMBERS

7.1 DHMT Functions:

In the past, the DHMTs were established keeping the limited objectives of specific projects. Now the devolution provides ample opportunities to strengthen district health system and improve health services by using the DHMTs as an effective management instrument. It is essential to determine the scope and functions of DHMTs before these are notified or revised notifications are issued in case of existing one. Some of the DHMT functions are suggested as under:

1. Provide a forum to share and exchange the views, ideas, information and experiences for reaching consensus based decisions to address the health problems of the district, within the available resources.

2. Promote inter-sectoral coordination and collaboration by bringing together district officials from various government departments and private sector in the district who can contribute to the improvement of health services in the district

3. Act as a body to oversee execution of national policies, provincial strategies and context specific priorities in the district.

4. Prepare and review monitoring the Annual District Health Plans to ensure effective implementation of all activities outlined in the plan.

5. Provide support to establish, manage and monitor referral system.

6. Prepare annual performance report for its presentation to district assembly and develop implementation plan on the basis of assembly directions.

7. Oversee enforcement of legislation concerning health, including regulation of private health Sector in the district;

8. Make decisions on administrative and financial matters, as per powers delegated under legal framework.

9. Use DHMT as a forum for advocacy for health sector to provide adequate budget and assign high place in competing district priorities.
10. Propose ways and means for public private partnership by involving private sector, NGOs, CBOs, and civil society.

11. Propose essential service packages for all types of facilities and population groups.

12. Propose and supervise district level surveys, studies and operational research.

13. Use DHMT as an effective forum for promotion of healthy environments, health life style, occupational health and School Health Services in the district;

14. Promote use of Health Management Information System (HMIS)/District Heath Information System (DHIS) for evidence based decision making.


16. Ensure the prudent use of supplies, vehicles, equipment etc. according to relevant rules, regulation and procedures.

17. Determine and discuss the root causes of public health issues and propose remedial measures;

18. Support and encourage the NGOs / CBOs for social mobilization, health promotion and education.

19. Ensure provision of better health services by removing impediments.

20. Create close coordination between DHMT and District Health Monitoring Committee which is a statutory body for effective monitoring of health programs/activities.

### 7.2 Responsibilities of DHMT Members

The mandate of DHMT is to work for improvement of health status and health services in the district. The organization performs better if specific role and responsibilities are assigned to each member. The responsibilities of important health and non health DHMT members will be to:

1. **DCOs**
   
   i. Preside the DHMT meetings if he/she is chairperson
ii. Instruct to the DHMT members on different issues particularly planning and implementation of health programs/activities.

iii. Ensure proactive role of health and non health DHMT members in improvement of health services.

iv. Coordinate various departments and private sector to ensure that entire district system is supportive to health.

v. Generate additional extra budgetary resources to cater for the needs of health activities by contacting development partners.

vi. Ensure that decision of DHMT in accordance with district specific priorities.

vii. Supervise and monitor decisions taken in the DHMT meetings to ensure their implementation.

viii. Advocate and seek support of political leadership (District Nazim, Naib Nazim and members of district assembly) for DHMT decisions to provide adequate budget.

ix. Keep liaison with provincial health and other departments to get additional resources and other opportunities for district health department.

2. **Chairman District Health Monitoring Committee**

District Health Monitoring Committee is a statutory body under LGO. Its Chairman is a political figure and a member of district assembly. His role is highly crucial as DHMT member to.

i. Advocacy for DHMT in district assembly and district government for realizing the importance of DHMT as an effective tool for improvement of health services.

ii. Convince DG to grant legal status /cover to the DHMT.

iii. Advocacy for allocation of adequate budget for health services.

iii. Provide help to the EDO (H) and his staff in supportive monitoring of health services.
3. **EDOs (F&P)**

i. Advise EDO (H) and other DHMT members in preparation of district budget and its utilization according to financial rules and procedures.

ii. Provide guidance to the DHMT members in financial matters and suggest solutions to avoid procedural complications

iii. Helps in allocation of adequate budget for health and its approval from the district assembly.

iv. Provide support and guidance for better health planning particularly in preparation of development schemes and their approval from Districts Development Committee (DDC)

v. Monitoring health services through DDO (Monitoring) in the districts where it exists.

vi. Help in tapping extra budgetary resources for health services from development partners and private sectors

4. **EDO (CD)**

i. Facilitate community participation in health service by using district government budget through Community Citizen Boards (CCBs) initiatives

ii. Awareness raising and community mobilization for health promotion and healthy life style through campaigns.

iii. Involvement of NGOs for enhancing quality and coverage of health services.

iv. Facilitate voluntary organizations to line up blood donors particularly in the state of emergency or disaster

5. **Representatives of NGOs/ Private Sector**

i. Identify gaps in health service delivery and point out in the DHMT meetings.

ii. Encourage partner NGOs and CCBs to provide in puts in health in individual capacity or through alliance building.
iii. Manage capacity building of DHMT members in interaction/negotiation with the communities

iv. Community sensitization for healthy lifestyle.

v. Advocacy for health at all levels to assign priority to health in the district.

vi. Sensitize communities, NGOs and CBOs to take part health services through CCBs.
8. KEY FINDINGS AND RECOMMENDATIONS

8.1 Key Findings

Sustainability of DHMT beyond the PAIMAN project period is a big question mark. Keeping in view this issue the study was conceived and conducted focusing on existing situation and possible actions needed to improve DHMT efficiency and its long term sustainability as an integral part of district health system. The study findings in detail have been discussed in the preceding sections. However key findings are summarized as under:

1. DHMTs are working well in the PAIMAN districts despite some structural and operational weaknesses. Out of ten DHMTs notifications, TORs of the DHMTs have not been mentioned in six notifications which may affect efficiency of DHMT and understanding of its about exact mandate of this body.

2. During the early project implementation period the progress was slow but with the passage of time substantial progress has been recorded with regard to regularity of meetings, level of participation, review of health system performance, evidence based decisions making and follow-up of the decisions taken in the DHMT meetings. However, performance of DHMTs varies from district to district.

3. DHMT members (Health and Non-Health sectors) were well aware of issues encountering the health sector in the districts and were keen and motivated to involve themselves for resolving the problems.

4. The DHMT members were of the views that only district health department cannot resolve the problems of health sector at district level. Collaborative efforts of provincial and district Governments alongwith other development partners including NGOs and civil society are required to improve the health services in the district.

5. The DHMT members were found adequately conversant of DHMT functions and individual responsibilities of its members.

6. Out of 12 respondents all of them had attended at least one meeting. Two members attended four meetings, six attended three meetings, three attended two meetings and one attended one meeting during
the last year. These figures show satisfactory level of attendance by the DHMT members.

7. 12 DHMT members were interviewed about their stay in the district as DHMT members. Duration of 5 members was 23 months, 2 members was 18 months, 3 members was 12 months and 2 members was 8 months. Concisely speaking their duration ranges from 8 to 23 months which is not bad.

8. The DHMT members are of the view that DHMT has some authority in discussing the annual health plan but has no powers in deciding other important issues such as annual health budget and purchase of medicine for health facilities in the district.

9. The DHMT members (Health and Non-Health) are happily ready to accept any responsibility assigned to them by the DHMT for betterment of health services in the district.

10. The major constraints in implementation of DHMT decisions as indicated by the DHMT members were limited financial resources, vacant posts, political interference, and lack of coordination between NGOs and Government sector along with inappropriate financial and administrative powers of EDOs (Health).

11. District Health Monitoring Committee is a statutory body under LGOs. It can play an important role in implementation and monitoring of health programs in the district if it is made more effective by providing necessary financial, logistic and staffing support.

12. Legal cover is essential for DHMT to works as an effective body. For providing legal cover to DHMT a number of options have been proposed by the DHMT members and other stakeholders.

13. Some of the DHMT members from health implicitly shown their apprehension that DHMT may deprive their authority by dragging their delegated powers.

8.2 Recommendations

Main purpose of this study is to analyze performance of DHMT in past and present situation, ascertain role of DHMT and its members in the context of overall district health system and propose actions required for efficiency and sustainability. As far as recommendations are concerned efficacy and sustainability are key focused areas. Efficiency in this case refers to the present and future effective performance whereas sustainability means
continuity of DHMT as an institution beyond the project period. Finding of the study indicate that while making the recommendations, efficiency and sustainability cannot be separated but most of the actions would address both the issues.

1. Notifications of DHMTs in all the districts may be reviewed. TORs, membership, responsibility of each member from health & non health sectors and procedure for holding the meetings should be clearly laid down in the revised notification. DHMTs have made substantial progress as measured with scoring matrix. Progress varies from district to district. More focus is to be placed on the district showing low progress by providing some extra assistance to bring their progress at par to other districts.

2. PAIMAN support for DHMTs may be enhanced. This extended technical support may be used for advocacy at policy, decision making and political levels to create realization about effective role of DHMT in the overall district health system.

3. Success stories of DHMTs in the PAIMAN districts may be widely disseminated in media, seminars, workshops, coordination meetings and other appropriate forums. Inter-provincial and inter-district visits of DHMT members may also be arranged for experience sharing and better lessons learning.

4. Better performance of DHMTs may be acknowledged and encouraging incentives for DHMT members, preferably in non financial terms, may be arranged for healthy competition. Awards or certificates of appreciation in some mega event may be one of the options for this purpose.

5. Motivation is one of the most important contributing factors in the success and efficiency of an organization. Findings of the study reflects that motivational level of DHMT members is sufficiently high. There is a need not only to maintain this momentum but also enhance motivational level. For this purpose ownership of DHMT members may be ensured and all the DHMT related matters including DHMT meetings agenda may be finalized in a consultative manner. It would be useful if during the quarterly meetings of DHMTs, any extra ordinary action taken by a MHMT member is discussed and acknowledged. If possible small gifts may be given as a token of appreciation.
6. Current awareness level of DHMT members about DHMT and individual responsibility of its members is not bad. Workshops / seminars may be organized at district or regional level for refreshing their orientation to upkeep the enthusiasm and ownership.

7. Sustainability of DHMT requires two way strategy (1) Creating ownership at district and provincial level through advocacy and (2) Providing a legal framework to declare it as a mandatory body in the district health system. PAIMAN is not a service delivery project in real terms . Its main objective should be to work as a catalyst for change by suggesting actions to the government through some replicable models for supporting district health system strengthening to ensure improved health service delivery. DHMT is a supportive mechanism for better planning, implementation and monitoring of health services in the districts under devolved set up. Advocacy seminars and meetings may be held with the provincial and district level stakeholders to institutionalize DHMT through policy and programs implementation.

8. Sustainability of DHMT cannot be ensured without active involvement of federal and provincial governments. As a long term strategic intervention DHMT support units may be set at federal and provincial headquarters for:

   - Soliciting advice to institutionalize the DHMTs in the district as part of District Health System Strengthening
   - Continuous capacity building of DHMTs and their members
   - Monitoring and organizing inter-provincial and inter-district healthy competition among the DHMTs
   - Sensitizing district and provincial level stakeholders for DHMT ownership
   - Assisting in promulgation of suitable legislation for providing legal cover
   - Coordination among DHMTs established under different programs to ensure harmony of objectives and uniformity of operations

9. Clarity of role of DHMT and its health and non-health members is very important. Mandate of DHMT and responsibilities of its individual members should be defined and ascertained. Theses details may incorporate in the legal document approved for providing legal cover to DHMTs.
10. The legal cover or legal framework for DHMT is essentially required. There may be a number of options for proving legal cover as discussed in detail in section 6 of this report. The most feasible options are; (1) making rules by the provincial governments under the relevant provisions of LGOs and (2) issuance of DHMT notification with the approval of District Assembly.

11. It is further recommended that key findings and recommendations of the study may be shared in a meeting/workshop to be represented by provincial and district level stakeholders.
Annexure-1

Notification for DHMT D.G. Khan

NO 2296/DCO HEQ Dated 27/04/2006

OFFICE OF THE DISTRICT COORDINATION OFFICER D.G.KHAN

NOTIFICATION

Following District Health Management Team (DHMT) has been constituted and notified:

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<th>No.</th>
<th>Name</th>
<th>Designation</th>
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<td>DCO</td>
<td>Chairman</td>
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<td>EDO(H)</td>
<td>Secretary</td>
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<td>3.</td>
<td>EDO(CD)</td>
<td>Member</td>
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<td>4.</td>
<td>EDO(F&amp;P)</td>
<td>Member</td>
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<td>5.</td>
<td>MS, DHQ/THQ Hospital</td>
<td>Member</td>
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<td>DOH</td>
<td>Member</td>
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<td>7.</td>
<td>DO(Population welfare)</td>
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<td>8.</td>
<td>President PMA(Dr. Naeem Bukhari)</td>
<td>Member</td>
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<td>9.</td>
<td>Rep. of Zila Nazim (Dr. Jumshaid Saeed)</td>
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<td>10.</td>
<td>Rep. NGO(Sajjad Naqvi, Alasar DO)</td>
<td>Member</td>
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(Pervaiz Khudoo Malik)
District Coordination Officer
Dera Ghazi Khan
OFFICE OF THE EXECUTIVE DISTRICT OFFICER HEALTH JHELM

ORDER.

The following District Health Management Team (DHMT) under PAIMAN is hereby notified:-

1. District Coordination Officer (Chairman).
2. Executive District Officer (Health) (Secretary).
3. EDO (Community Development / District Social Welfare Officer.
4. EDO Finance Planning.
5. District Officer Health.
7. MS DHQ / THQ Hospital.
9. Mr. Muhammad Mansha, Asia Foundation, Jhelum (Rep. of NGOs).
10. Dr. Shahid Tanveer, Executive Member PMA Jhelum (Rep. of Private Practitioners).

Sd/-
District Coordination Officer
Jhelum.

No. 15405-19 /E.A.:

Copy forwarded for information and necessary action to the:-
1. Secretary, Government of the Punjab, Health Department, Lahore.
2. Director General Health Services, Punjab, Lahore.
3. District Nazim, Jhelum.
Office # 2-G, Model Town, Lahore.
5. District Coordination Officer Jhelum.
6. EDO (Community Development / District Social Welfare Officer, Jhelum.
7. EDO Finance Planning Jhelum.
8. District Officer Health Jhelum.
10. MS DHQ / THQ Hospitals.
12. Mr. Muhammad Mansha, Asia Foundation, Jhelum (Rep. of NGOs).
13. Dr. Shahid Tanveer, Executive Member PMA Jhelum (Rep. of Private Practitioners).

Executive District Officer
Health Jhelum.
OFFICE ORDER

The following persons are hereby nominated as members of District Health Management Team Khanewal (DHMT) approved by District Coordination Officer Khanewal, the chairman of the said team for the period of 2007-2008.

1. Executive District Officer (Health)
2. Executive District Officer (F&O)
3. Executive District Officer CD
4. District Officer (Health)
5. District Population Officer Welfare
6. Medical Superintendent DHQ Hospital Khanewal
7. Medical Superintendent THQ Hospital Jahanian
8. Mr. Rana M. Saleem Nazim (Representative of zila)
9. Mr. Qasir Javid Representative of NGO (PLYC) Khanewal
10. Dr. Muhammad Ishtiaq Representative private practitioners
11. Dr. Yousef Sumra DY: DO(H) Khanewal
12. Dr. Muhammad Hassan Pareche Focal Person (PIMAN) Co-Opted Member

Secretary
Member
Member
Member
Member
Member
Member
Member
Member
Member
Member
Member

No. 4121 - 35 /EDO(H) 5/12/2007

Copy is forwarded for information to:

1. Dr. Nabeela Ali, Chief of Party JSI, PIMAN H. No. 6, St. 5, F-8/3 Islamabad
2. The Zila Nazim Khanewal
3. The District Coordination Officer Khanewal
4. The Above Concerned members.

EXECUTIVE DISTRICT OFFICER (HEALTH) KHANEWAL
ORDER

In pursuance of letter No.4331-34 dated 23rd November, 2008 from the
Executive District Officer Health, Lasbela, the undersigned in hereby constitute
District Health Management Team as per detailed as proposed by PAQMAN Project
with immediate effect:-

1. District Nazim Lasbela
   Chairman
2. EDO Health Lasbela
   Secretary
3. DCO Lasbela
   Member
4. EDO (Planning & Finance)
   Member
5. EDO Community Development Lasbela
   Member
6. District Population Welfare Officer Lasbela
   Member
7. DDHO (Preventive)
   Member
8. M.S. DHO Hospital Uthal
   Member
9. M.S. TIQ Hospital
   Member
10. President of Private Doctors Association
    Member
11. Representative of Local NGO
    Member

District Health Management Team
Lasbela District

Copy forwarded to:-
1. The Secretary to Govt. of Baluchistan, Health Department Quetta
2. The Director General Health Services, Baluchistan, Quetta
3. The District Nazim, Lasbela at Uthal.
4. Dr. Muhammad Hayat Rana, Contact PAQMAN Coordinator, Lasbela at
   Uthal.
5. All above members

District Coordination Officer
Lasbela District
Annexure-5

Notification for DHMT Jafferabad
OFFICE OF THE EXECUTIVE DISTRICT OFFICER (HEALTH) DADU

NO. EDOHD/ND/(Estt-File)/- 1/66
Dated 21st June 2006

OFFICE ORDER

In partial modification to this office order No. EDOHD/(Gen)/- 10497/507 dated 03.05.2006, the following shall act as the committee of DHMTs of Dadu District with immediate effect.

01. District Coordination Officer
Chairman
02. Executive District Officer (Health)
Secretary
03. Representative of District Nazim
Member
04. Medical Superintendent DHQ/Civil Hospital
Member
05. District Coordinator, National Program
Member
06. District Coordinator, HMEIS/Epidemiologist
Member
07. District Health Education Officer
Member
08. Incharge DHDC
Member
09. District Population Welfare Officer
Member
10. Representative of NGO of District
Member
11. Deputy District Officer (RCH)/Focal Person
Member

EXECUTIVE DISTRICT OFFICER (HEALTH) DADU

Copy submitted for information to:

1. The Secretary to Government of Sindh Health Department Karachi.
2. The Director General Health Services Sindh Hyderabad.
3. The Project Director Reproductive Health Project Sindh Karach.
4. The Additional Secretary (Dev) Health Department Karachi.
5. The Zila Nazim District Government Dadu.
6. The District Coordination Officer Dadu.
7. The Manager Contech Health Consultant, National Contech PAIMAN Lahore.

EXECUTIVE DISTRICT OFFICER (HEALTH) DADU
Annexure-7
Notification for DHMT Sukkur

OFFICE OF THE
DISTRICT COORDINATION OFFICER
DISTRICT GOVERNMENT SUKKUR

Notification

The District Health Management Team (DHMT) for Sukkur District consisting upon the
Following Officers’ officials is hereby formulated and activated with immediate effect
1. The District Coordination Officer Sukkur
2. The Executive District Officer Health Sukkur
3. The EDO Community Dev/Cnty Distt Social Welfare
   officer sukkur
4. The Executive District Officer FRP
5. The Medical Superintendent GMC Hospital Sukkur
6. The District Population Welfare Officer, Sukkur
7. The Chairman Health committee as Representative
   of District Nazim Sukkur
8. Representative of NGO
9. Representative of NGO
10. Rep of Private Practitioner
11. The Deputy District Officer (A&B)

FUNCTIONS OF DHMT
- Preparation of Annual District Health Plan.
- Support facilitate effective implementation and management of all activities outlined in
the plans.
- Monitor the implementation of health services in the district.
- Commission annual evaluation of district health services on the basis of health status
of the district.
- Preparation and presentation of annual performance report in the District Assembly as an
advocacy and support tool for district health system.
- Development of interact oral coordination.
- For sustainability of DHMT’s some decision making powers should be vested with DHMT
  eg. decision related to food adulterations drug control etc.

[Signature]

(Shafique Ahmed Khoso)
DISTRICT COORDINATION OFFICER
DISTRICT GOVERNMENT SUKKUR.

Cc to:
1. The Zila Nazim Sukkur,
2. National Programme Manager Cntech: FAIMAN Luhore
3. Dr. Muhammad Mehmood FOM JSI Sindh Karachi.

(Shafique Ahmed Khoso)
DISTRICT COORDINATION OFFICER
DISTRICT GOVERNMENT SUKKUR.

DHMTs-An Analysis and Way Forward
OFFICE OF THE DISTRICT COORDINATION OFFICER UPPER DIR.

NOTIFICATION.

As decided in a meeting held at Pukhori Rest House on 15-5-2006 with PAIMAN project authorities and Health Department representatives under the chairmanship of the undersigned, District Health Management Team (DHMT) for Upper Dir District is hereby notified comprising the following members:-

1. Executive District Officer Health Upper Dir.……………Chairman
2. Deputy District Health Officer ………………………….Member
3. MS THQ Hospital Dir.…………………………………..Member
4. Coordinator Public Health ………………………………..Member
5. District T.B. Control Officer……………………………..Member
6. Coordinator National Programme for FP and PHC……Member
7. Coordinator EPIC…………………………………………Member
8. Coordinator HMIS…………………………………………Member
9. Drug Inspector………………………………………………Member
10. District Sanitary Inspector…………………………………..Member

Role and Responsibilities of DHMT.

a. Preparation of goals, objectives and strategic plan for the approval of District Assembly through DHCC by using the HMIS data, National and Provincial guidelines etc.

b. Preparation of annual comprehensive district operational plan to be approved by the DHCC. The plan should include the following:-

- Activity work plan showing a time frame work for implementation of each activity.
- Human resource development plan.
- District logistics and services plan.
- Budget estimates in the light of district operational plan
- Extra funds generation plan
- Disaster management plan

c. Support / facilitate effective implementation and management of all activities in the district that lead to improvement in health care delivery system and district health system.

d. Supervise, monitor and evaluate the implementation of annual district operational plan.

e. Submission of quarterly reports of DHMT to DHCC.

f. DHMT should hold a minimum of one meeting per month or more if required.
PAIMAN shall build up capacity of DHMT in strategic and operational planning.

(Syed Zafer Ali Shah)
District Coordination Officer
Upper Dir.

No. 10/44/06/DCO/Health ST Dev/StG
Dated Dir the, 18/5/2006.

Copy forwarded to the:
1. Secretary to Govt. of NWFP Health Department Peshawar.
2. Zilla Nazim, Upper Dir.
3. Additional Secretary Health NWFP Peshawar.
4. Director General Health Services NWFP Peshawar.
5. Deputy Chief, HSR&U Govt. of NWFP Health Department Peshawar wrt to his letter No.786-74/HSRU/H dated 11-5-2006.
6. Dr. Nabeela Ali, Chief of Party, JSI/PAIMAN House # 6, Street F-8/3 Islamabad.
7. Tahir Nadeem Khan, Field Operations Manager, JSI/PAIMAN, DG Health Office NWFP Peshawar.
8. All concerned members.
9. Senior Mobilizer PAIMAN Upper Dir.

For information and necessary action.

District Coordination Officer
Upper Dir.

CC

- PS to Minister for Health NWFP Peshawar.
- PS to Chief Secretary NWFP Peshawar.
OFFICE OF THE
DISTRICT COORDINATION OFFICER,
BUNER AT DAGGAR.

NOTIFICATION

In light of the guidelines issued by the PAdMAN authorities the District Health Management Team (DHMT) for Buner is hereby constituted and notified as follow with the role
and responsibilities mentioned below:

1. District Coordination Officer. Chairman.
2. Executive District Officer, Health. Secretary.
3. EDO. Finance & Planning. Member.
4. District Officer, Social Welfare Deptt. -do-
5. CDC Coordinator, Buner. -do-
6. Medical Superintendent, DHQ, Hospital. -do-
7. District Population Welfare Officer. -do-
8. Coordinator IMHN, Buner. -do-
9. Coordinator NP Buner. -do-
10. MS Sultan General hospital, Buner. -do-
11. District T.B. Control Officer. -do-
12. Chairman NGO RAHBAR Buner. -do-
13. Chairman Health Committee, Dist; Govt. -do-

ROLL AND RESPONSIBILITIES OF DHMT:

i) Preparation of annual district health plan. 
ii) 10 year plans, objectives and 5 year strategic plan of the district utilizing relevant federal and provincial documents.
iii) Activity work plan showing a time frame for implementation.
iv) Human resource development plan.
v) District logistic and services plan.
vi) Preparation of budget estimates for all activities.

f) Preparation of funds generation plan.

ii) Support /facilitate effective implementation and management of all activities outlined in the plans.

iii) Monitor the implementation of health services in the district.

iv) Commissioning annual evaluation of district health services on the basis of health status of the district.

v) Preparation and presentation of annual performance report in the District Assembly as an advocacy and support tool for district health system.

vi) Development of inter-sectorial coordination.

vii) For sustainability of DHMT’s some decision making powers should be vested with DHMT e.g. decision related to food measurements, drug control etc.

viii) Development of regulatory mechanisms for the private sector.

PAdMAN shall build up capacity of DHMT in strategic and operational planning.

(Aarif Zeb Khan)
District Coordination Officer, Buner.
Copy of the above is forwarded to:-

1. The Secretary to Governor NWFP, Health Department, Peshawar.
2. The District Nazim, Peshawar.
3. The Additional Secretary Health, NWFP, Peshawar.
4. The Director General Health Services, NWFP, Peshawar.
6. Dr. Sabri Ahmad Chaudhry, Chief of Party JSF/PAIMAN House 20 Street 10/3 Islamabad.
8. All concerned.
9. Senior Mobilizer PAIMAN, Huber for information and necessary action please.

(S.ZEB)

District Coordination Officer, 

Huber.
Annexure-10
Notification for DHMT Rawalpindi

No.50.D-III(LG)/1-22/2001. On the recommendation of Secretary, Health Department, Government of the Punjab a District Health Management Team is hereby constituted in each district in Punjab as an administrative body (not elected) for all health matters in the respective district and as a multi-disciplinary team with a wide range of functions to achieve the objectives of improving health status of masses. The composition of District Health Management Team will be as follows:

1. Executive District Officer (Health) as Chairperson
2. District Officer (Health) as Member
3. Deputy District Health Officer (Headquarter) as Secretary
4. Executive District Officer (Community Development) as Member
5. Executive District Officer (Education) as Member
6. District Officer (Coordination) as Representative of Member District Coordination Officer
7. Two nominees of District Nazim (One Nazim Union Council and one lady member Zila Assembly)
8. One representative of reputable NGOs working in Member respective districts
9. Two Co-Opted members if required. Member

2. Terms of References of a DHMT are as under:
   i. Preparation of Annual District Health Plan, including the following:
      (a) Activity work plan showing a time frame for implementation.
      (b) Human Resource Development Plan.
      (c) District Logistics & Services Plan.
      (d) Preparation of Budget Estimates for all activities.
      (e) Plan for multi-sectoral collaboration.
   ii. Ensure effective implementation and management of all activities outlined in annual activity plan.
   iii. Monitor the implementation of health services in the district.
iv. Establish, manage and monitor referral mechanisms at all levels of the District Health System, including ensuring effective feedback.

v. Annual evaluation of impact of District Health Services on the health status of the districts, with special attention to the most vulnerable groups such as Women, Mothers, Neonants, Infants and ensure improved services to these groups.

vi. The DHMT will meet on monthly basis.

vii. Special meetings may be called by the Chairperson as needed.

viii. Minutes of the meeting will be approved by the Chair and circulated amongst the members.

ix. It will be mandatory for the DHMT to prepare and present its annual performance report in the District Assembly.

tax. The District Assembly will approve the annual budget for the activities of DHMT’s.

xi. The District Assembly will assess whether the targets assigned to the team are fulfilled or otherwise.

xii. A token amount of Rs.20,000.00 may be allocated annually for the DHMTs out of the District Budget.

Dated Lahore the June 17, 2005

(NAGUIB ULLAH MALIK)
SECRETARY LG & RD DEPARTMENT

No. & Date Even: -

A copy is forwarded for information to the:


2. All District Nazims in the Punjab

3. All the District Coordination Officers in the Punjab.

4. All Executive District Officers (Health) in the Punjab.

5. Project Director, Women Health Project, Government of the Punjab, Health Department, Lahore.

DEPUTY SECRETARY (DEV)
### District Wise Performance Evaluation of DHMT according to Scoring Matrix

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**Note:** The table above shows the performance evaluation of DHMT in terms of various districts for different months from October 2006 to February 2008. The scoring matrix is used to measure performance across different categories.
1. **Important health problems in the district to assess their understanding about the health sector.**

The health problems in the district were replied in a diversified manner. However, they were pretty clear about the problems confronting the health services in the districts. This show that they have adequate understanding about district health system and major difficulties being faced by the districts. The response of health and non-health members is summarized;

**Non-Health Members**
- Lack of capacity dealing with emergency
- Health is taken in isolation whereas it needs collaborative efforts.
- Society attitude with gender related taboos
- Shortage of staff in the health facilities
- One staff member is working in more than one facility
- Lack of awareness about health
- Inadequate health seeking behavior.
- Non-availability and accessibility of health services particularly in the rural areas.
- Staff is reluctant to go to health facilities in the rural areas
- Non-availability of doctor in health facilities.
- Shortage of medicine
- Shortage of staff particularly trained staff
- Low literacy rate
- Non availability of medical equipment particularly for children and newborns in DHQ and THQ Hospitals.
- Deficient female health staff and WMOs
- Low priority to health
- Insufficient allocations in the district budget

**Health Members**
- Shortage of medical officers and paramedics
- Gap between supply of ARV as the burden of cases is high.
- Water born diseases
- Less budget allocation for purchase of medicine, POL and other consumable
- No development budget from district government
DHMTs-An Analysis and Way Forward

- A number of posts of doctors and paramedics are vacant
- Shortage of technical staff (MOs, female staff and paramedics)
- Frequent transfer and posting of staff
- Late release of budget
- Poor management
- Lack of resources
- Lack of in time and purposeful resources

The response indicates that that there is no deference of opinion among health and non-health DHMT members with regard to health problems generally faced at district level.

2. **How these health problems can be addressed?**

The respondents were not only aware of health problems but were also keen to resolve these problems. They suggested a number of solutions:

**Non-Health Members**

- Attitudinal change through behavior change campaign.
- Existing health facilities should be improved instead of setting up new one.
- Improvement of emergency services with focus on Gynecology and blood banks.
- Vacant positions should be filled in.
- Causes of health problems should be identified and actions should be taken accordingly.
- Good package of pay to the staff.
- Doctors should stay in their units and absenteeism is controlled by taking appropriate measures.
- In service training of existing staff.
- Medicine should be purchased at district level instead of from provincial headquarter.
- Government alone cannot address these problems. Solution lies in public private partnership and community involvement.
- To reduce MMR and IMR birthing stations should be established in the remote areas with the help of civil society.
- DHMT may be made more effective for planning and monitoring of health services.
- Provision of technical and financial support.
- Making health as a top priority area.
DHMTs-An Analysis and Way Forward

Health Members
- Strong commitment from political leadership.
- Increase of budget for both preventive and curative health services.
- Public private partnership.
- District should fix its priorities with more focus on health.
- Rationalization of budget allocation.
- Implementation of real term decentralization.
- Vacant posts should be filled in.
- Timely release of budget.
- Recruitment of female staff.
- Provide better secondary care services which include OT, wards, human resources and laboratory.
- More focus on women and children to provide necessary services close to their doorsteps.

3. Who can be possibly effective to resolve these health problems?
The responses were quite diversified. No single organization can resolve these problems. Provincial and district governments; development partners and other implementers could be effective to resolve the health problems in the districts.

Non-Health Members
- District government.
- Provincial government.
- Combined actions to be taken by provincial and district governments by providing incentives to the staff working in the rural areas.
- Development partners.
- Cables operators should be used for behavior change and health promotion.
- Education Department through School health education services.
- Use of Madrissas for health education services.
- DHMTs and their member with adequate powers and clearly defined roles of members.
- District Monitoring Committees by activating them.
- District Nazim, DCO, EDO (H), EDO (CD).
- District government to establish and operate a collaborative mechanism for involvement of NGOs, CBOs, civil society and other partners.

Health Members
- District Government, Zila Nazim, DCO, EDO(H) and health managers with inter sectoral coordination.
4. What can be the role of DHMT members (from health and other departments?)

For effective performance of any organization, every member should be assigned a designated role to perform. DHMT has heterogeneous composition as regard to their membership. During the interview question was asked about their role as a member of DHMT keeping in view their individual official positions. Response received from various members is under:

**Non-Health Members**

**DCOs**

- Coordination between district health department /DHMT and District Government (District Nazim, District Assembly) for advocacy to assign high priority to health in budget allocation and other respects
- Supervision and guidance to the district government functionaries directly or indirectly involved in delivery of health services.
- Removal of overall impediments confronting the health sector in the district.
- Resource availability according to the health department
- Manage in service trainings to the health staff from district provincial and other ultra budgetary resources

**Chairman District Monitoring Committee**

- District Monitoring Committee for Health is a statutory body in the district government under LGO. Chairman of the committee is member in most of DHMTs constituted in PAIMAN districts. Role of Chairman District Monitoring Committee may be crucial in supportive monitoring and supervision of health services in the district

**EDOs (F&P)**

EDO (F&P) is one of the most important officers in the district. He/she is the head of District Planning and Finance Department. Two EDOs (F&P) were interviewed. In their opinion, role of EDO (F&P) in the DHMT should be to:

- Advise EDO(H) and his team in preparation of district budget
- Facilitate in preparation and approval of district level schemes within the jurisdiction of District Development Committee.
- Ensure that budget demanded by the health department is provided within the available resources.
- Make efforts to provide additional resources if possible.
- Advise in financial management and control.
EDO (CD)
Under the devolved set up involvement of private sector in socio-economic development of the district has been institutionalized through Executive District Officer (Community Development). EDO(CD) is responded that his role as DHMT member should be as following:

- Public private partnership in health through involvement of NGOs
- Training of health staff in social mobilization
- Blood supply to the needy patients through blood donors.
- Facilitate in preparation of health related projects by the communities through Community Citizen Boards (CCBs).

Representative of NGOs/ Private Sector

- Main role to play is advocacy with DHMT and elsewhere for involvement of civil society in collaborative mechanism for health.
- Sensitization at community level in planning and advocacy for better health services.
- Advocacy at district and provincial government levels to assign high priority to health sector.
- Mobilization of stakeholders at various levels for better participation in health related activities.

Health Members

EDO (H)

- Assist the district government to improve health services and health status.
- Preparation of district health budget for approval of District Assembly.
- Manage health services by spending district government and other resources.
- Organize DHMT meetings to discus the health problems faced by the district to find out their solutions.
- Supporting supervision for implementation of health related programs.
- Coordination with private sector through DHMT and other ways.

DOH

- Implementation of health care programs
DHMTs-An Analysis and Way Forward

- Assist EDO(H) in managing health services
- Monitoring and supervision of health services including preventive health programs.

MS DHQ Hospital
- Management of secondary care health services
- Better use of provided resources
- Skill development of staff at local level by arranging trainings in DHQ hospital.

5. Since how many months they are DHMT members?

<table>
<thead>
<tr>
<th>MEMBERSHIP DURATION</th>
<th>NO OF RESPONDENTS</th>
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<tr>
<td>23 Months</td>
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<td>18 Months</td>
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<td>12 Months</td>
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<td>08 Months</td>
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The abovementioned table reveals that duration of DHMT membership ranges from 8 to 23 months.

6. No of DHMT meetings attended by them during the last year

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<thead>
<tr>
<th>DHMT MEETINGS ATTENDED</th>
<th>NO OF RESPONDENTS</th>
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<td><strong>Total</strong></td>
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7. Do they have copy of notification/guidelines to know functions and responsibilities of DHMTs?

Out of 12 respondents 11 replied that they had copy of notification/guidelines to know functions and responsibilities of DHMT. On request none of them could show any document in this regard. One of them replied that he never saw a document clearly indicating the functions of DHMT. He heard about the DHMT and its functions in meetings. During the interviews it was observed that most of them had not gone through the document having clearly defined functions of DHMT. It appears that whatever they told about the DHMT functions was hear say knowledge.
8. **What are functions of DHMTs according to their understanding**

**Non-Health Members**

**DCOs**
- DHMT should be given some authority/responsibility in policy/program implementation
- It should be used for promotion of multisectoral coordination for health.

**Chairman District Health Monitoring Committee**
- It should provide help in district health planning
- Monitoring of health services

**EDOs (F&P)**
- To ensure provision of better health services by removing impediments.
- To work as recommendatory body for implementation health related activities.
- Prepare a consolidated health plan of the district.
- Identify shortcomings and recommend solution.
- Carry out quarterly analysis of situation.

**EDO (CD)**
- Inter sectoral coordination in improvement of health services at district level.
- Foster public private partnership

**Representatives of NGOs/Private Sector**
- It should be empowered with authority instead of its use as discussion forum.
- District Health Planning and overseeing the implementation.
- There should be coordination between DHMT and District Health Monitoring Committee for close monitoring of health program/activities.
  - Identification of health related issues, discuss and recommend remedial measures
  - Ensure implementation of recommendations
Health Members

**EDOs (H)**
- It is a forum in which there are intersectoral collaboration and cooperation opportunities.
- It is a forum to discuss the health problems of the district:
  - Financial constraints
  - Budgeting priorities
  - Performance
  - Improvement of health services.
- It is just a forum for discussion and there is little role in decision making

**DOH**
- To prepare guidelines for improvement of health services in the district

**MS DHQ Hospital**
- Review health care activities
- Discuss future plans of actions and their approval.
- Role of non-health members is limited due to their insufficient knowledge about health sector.

9. **Doses DHMT has authority to make decision on district health plan, district health budget and purchase of medicine.**

Response from health and non-health members was same. They were of the opinion that DHMT does not have authority to decide any administrative and financial matter according to the delegation of financial powers under the rules and LGOs. The existing status of the DHMT is advisory. It is considered as an informal technical and managerial support to the district health administration and to some extend a forum of intersectoral coordination for improvement of health services. The Annual District Health Plans are discussed by the DHMTs. Currently the district health budget is not usually part of DHMT meeting agenda. It is prepared by the EDO (H) and his team and sent to the EDO (F&P)/DCO for its approval by the district assembly. In future district budget can be discussed and recommended by the MHMT if the DHMT members consider it appropriate. Purchase of medicine does not come under the purview of DHMTs. For this purpose procurement committees exist which are responsible for purchase of medicine at district level.

10. **According to their understanding what they are suppose to so as a DHMT member**
Non-Health Members

DCOs
- Preside over
- Instruct to the DHMT members on different issues
- Provide guidance for planning and implementation of programs/activities
- Coordinate among the site various sectors/department at district level for better planning and implementation of health services.
- Generate additional resources for health
- Ensure policy/program implementation

EDOs (F&P)
- Discuss health issues and give suggestions for implementation of solutions by the concerned persons or organizations.
- Advise the team over utilization of budget.

EDO (CD)
- Community mobilization on health issues
- Involvement of NGOs in health

Representatives of NGOs/Private Sector
- Identify gaps in health service delivery.
- Encourage inputs through CCBs
- Being chairman of an NGO, manage capacity building of DHMT member in interaction/negotiation with communities
- Community sensitization for healthy lifestyle.
- Advocacy for health
- Social mobilization
- Influence for efficient and effective health plans

Health Members

EDOs (H)
- To implement the decisions of DHMT at his part
- Follow up of decisions to be taken with other authorities like district government/provincial government departments and development partners.
- Arrange DHMT meetings regularly.
- There is no explicit specified role of individual DHMT members.

DOH
To implement the decisions taken in the DHMT meetings relating to him.

**MS DHQ Hospital**
- Identify the major problems
- Discuss the solutions of the problems by sharing I the DHMT meetings
- Prepare proposals for improvement his facility and their discussion in the DSHMT meetings

### 11. What role they can play as a DHMT members to improve health status of the district

**Non-Health Members**

**DCOs**
- Preside over
- Instruct to the DHMT members on different issues
- Provide guidance for planning and implementation of programs/activities
- Supervise and monitor decision taken in the DHMT meetings

**Chairman District Health Monitoring Committee**
- Being the Chairman District Health Monitoring Committee and a political figure he can help in advocacy for health as a priority area in district government.

**EDOs (F&P)**
- Provide support and guidance for better health planning
- Help in providing additional financial resources
- Monitoring health services through DDO(Monitoring)
- Help in providing financial resources

**EDO (CD)**
- Awareness raising and community mobilization through campaigns.

**Representatives of NGOs/Private Sector**
- Identify gaps in health service delivery.
- Encourage inputs through CCBs
- Being chairman of an NGO, manage capacity building of DHMT member in interaction/negotiation with communities
- Community sensitization for healthy lifestyle.
**DHMTs - An Analysis and Way Forward**

- Advocacy
- Social mobilization
- Influence for efficient and effective health plans
- Role of an advocate to improve health sector in the district

**Health Members**

**EDOs (H)**
- To highlight issues /constraints in time.
- To prepare Annual plans and get them approved from DHMT forums
- To track performance as per decisions in DHMT meeting.
- Monitoring and supportive supervision for better implementation of health services activities.

**MS DHQ Hospital**
- Identify the major problems
- Discuss the solutions of the problems in DHMT meetings
- Prepare proposals for improvement his facility and their discussion in the DSHMT meetings

**12. What should be the agenda of next DHMT meeting?**

**Non –Health Members**

**DCOs**
- To discus total district schemes/programs with specific focus on priority problem like malaria, hepatitis etc.
- It should be finalized in consultation with DHMT members

**Chairman District Health Monitoring Committee**
- Any item relating to improvement of health services in the district.

**EDOs (F&P)**
- Agenda is about right. Any item can be added as an ex–agenda item.

**EDO (CD)**
- Agenda should be shared with the DHMT members before holding meeting

**Representatives of NGOs/ Private Sector**
- Review and evaluate the performance of health facilities such as BHUs, RHCs and hospitals etc.
• How far were the previous agenda points implemented
• Practicable and realistic health hazards and remedial measures
• Preventive and sustainable health measures

Health members

EDOs (H)
• Apart from regular agenda items, the items to be incorporated in the next DHMT meeting should be discussion of Annual Health Plan 2008-2009.
• Discussion on health delivery situation in the district
• Suggestions for better health.

DOH
• Issues /constraints faced by the health department

MS DHQ Hospital
• Review of situation
• Specific issues relating to concerned DHMT members.
• Future plans

13. How would they make sure that their points are included in the next agenda of DHMT meeting?

Non-Health Members

DCOs
• Agenda is finalized by the DCO
• Agenda is issued with the approval of DCO as there is no problem in including any agenda item.

Chairman District Health Monitoring Committee
• By requesting the DCO or EDO (H).

EDOs (F&P)
• Reply same as in case of question no.12.

EDO (CD)
• Preparation of agenda should be mandatory through consultation

Representatives of NGOs/ Private sector
DHMTs-An Analysis and Way Forward

- Contact focal person of DHMT before issuance of meeting notice and also request during the meeting for ex-agenda item.
- Effective coordination with members
- Advocating true picture of health issues.

Health Members

EDOs (H)
- Being EDO (H), he is responsible to prepare agenda, which is circulated to all members.
- Being EDO(H) he prepares agenda in consultation with DCO

DOH
- Coordination with EDO(H)

MS DHQ Hospital
- A tentative agenda is to be circulated before finalization of meeting notice.

14. Are they willing to accept and take necessary action on any work assigned by the DHMT?

All the MHMT member belonging to health department or other sectors were happily willing to any responsibility assigned by the DHMT for better health of the people. They do not any feel any unpleasant liability to become a DHMT member.

15. What constraints do they feel in implementation of those decisions that require you involvement?

Non-Health Members

DCOs
- Financial constraints
- Vacant positions
- Political interference

Chairman District Health Monitoring Committee
- By virtue of designation he is Chairman District Health Monitoring Committee but he not been provided any support like staff or financial resource for carrying out monitoring visits and recording minutes to take necessary actions.
**EDOs (F&P)**
- No constraints if sufficient resources are available in the district budget.

**EDO (CD)**
- Lack of coordination and ownership

**Representatives of NGOs/ Private Sector**
- No constraints if district government is willing to accept the suggestions
- May be technical and financial constraints

**Health Members**

**EDOs (H)**
- Scarcity of resource is major constraints.
- Political interference
- In adequate financial powers with EDO(H)
- Less administrative powers (11 to 15 with DCO)

**DOH**
- Authority to implement the decision
- Availability of human and financial resources

**MS DHQ Hospital**
- Scarcity of resources
- Lack of administrative and financial powers

**16. How do those constraints addressed effectively**

**Non-Health Members**

**DCOs**
- Enhance health budget
- Civil servants should be provided protection against political threats

**Chairman District Health Monitoring Committee**
- Chairman District Health Monitoring Committee should be provided corresponding authority and resources to perform his duties.
**EDO (F&P)**
- Provincial government or some partner can be requested to provide additional resources.

**EDO (CD)**
- Increase coordination in decision making and their implementation

**Representatives of NGOs/Private sector**
- Advocacy to decision and policy makers.
- Through advocacy, allocation of funds by the district government and other sources

**Health Members**

**EDOs (H)**
- Timely provision of resources from competent authorities of district government/provincial health department.
- Change in system is required.

**DOH**
- With full support by EDO(H)

**MS DHQ Hospital**
- Support from higher level is to be extended
- Effective coordination among DHMT members.

17. *According to your understanding what actions can be taken by the district government to improve the effectiveness of DHMT*

**Non-Health Members**

**DCOs**
- Increase effective role of DHMT by involving all service providers in public and private sectors
- DHMT should be part of health policy

**Chairman District Health Monitoring Committee**
- DHMT can be effective institution for improvement of health services in the district. District government should give proper legal status and acknowledge its ownership.
EDOs (F&P)
- Monthly meetings of DHMT meetings should be held.
- District government should conduct quarterly evaluation of DHMT.
- Regular meetings and ensuring that decision taken are implemented.

EDO (CD)
- DHMT is a very useful body that lacks ownership of district government. In order to increase its effectiveness its ownership is to be established through advocacy or some other measures.

Representative of NGOs/ Private sector
- Provincial government should acknowledge it as a legal entity.
- District government should ensure its empowerment, regularity of meetings, well thought agenda, implementation of its decision and more involvement of other sectors.
- Legislation by the district government.

Health Members

EDOs (H)
- Empower DHMT by issuing orders from the district assembly.
- It should be made mandatory through provincial legislation.

DOH
- District government should be compulsory responsible to fulfill all requirements /decision of DHMT.

MS DHQ Hospital
- DHMT is to be empowered and acknowledged by the district government.
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