

HEALTH SYSTEMS STRENGTHENING GOAL

 $Catalyze\ transformation\ of\ a\ holistic\ health\ system\ to\ sustain\ equitable\ improvements\ in\ health\ for\ all\ and\ or\ all\ or\$

BEHAVIOR

 ${\bf District}\,{\bf Health}\,{\bf Management}\,{\bf Teams}\,{\bf program}\,{\bf yearly}\,{\bf budgets}\,{\bf that}\,{\bf meet}\,{\bf identified}\,{\bf community}\,{\bf needs}$

77 Percentage of the District Health Management Teams' budgets programmed in accordance with community needs

BEHAVIOR ANALYSIS			STRATEGY
BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
What steps are needed to practice this behavior?	What factors may prevent or support practice of this behavior?	Who must support the practice of this behavior, and what actions must they take?	What strategies will best focus our efforts based on this analysis?
Behavior	STRUCTURAL	INSTITUTIONAL	Strategy requires Communication Support
District Health Management Teams (DHMTs) program yearly budgets that meet identified community needs	Accessibility: DHMTs do not program yearly budgets because they does not have administrative capacity at the national level to overcome regularly delayed approvals of district funds.	Policymakers: Set up a comprehensive and simplified budget planning template for District Health Management Teams to enable them capture all the relevant information to the budget planning process.	Financing: Prioritize and the release of budget guidance should be accompanied with funding for the budget process.
Steps 1. Gather information from the	Accessibility: DHMTs do not program yearly budgets because they do not have funds to plan for the budgeting process.	Policymakers: Ensure sufficient funding is allocated for health so that activities can be carried out in a timely manner.	Institutional Capacity Building: Strengthen the policy planning monitoring and evaluation division to ensure that District Health Management Teams receive effective hands on training in budgeting.
communities in health zones to understand their needs 2. Develop a budget based on this	Service Experience: DHMTs do not program yearly budgets because they do not sufficiently involve District	Managers: Ensure District Health Management Teams receive sufficient training in comprehensive budget planning using clinic compounds as the unit.	Policies and Governance: Develop concise protocols and guidelines that make it a requirement for all District Health Management
understanding and information. 3. Share this information with	Assemblies in decision making.	Managers: Ensure District Health Management Teams receive requisite training in effective	Teams to undertake competency based training on this protocol. ✓
RHMTs for their inputs and alignment with Government	Service Experience: DHMTs do not program yearly budgets because they	budgeting.	Policies and Governance: Develop policy directive for all District Health Management
priorities	do not have incentive to budget due to delays in reimbursement from health insurance.	Managers: Empower district directors of health service in the planning and implementation of health services.	Teams to fully participate in District Budget Planning and make presentations to the district assemblies on proposed budgets.
Share reviewed budget with communities and get their feedback on needed changes	SOCIAL	Regional and Districts Officers: Actively	
Finalize budget based on feedback from communities	Norms: DHMTs do not program yearly budgets because they do not have decision-making authority and are not	engage the various district assemblies in their budgeting process to ensure buy-in for support.	
6. Share budget with RHMT	involved in the planning and implementation of health services.		
7. Share budget with communities	INTERNAL		
	Self-Efficacy : DHMTs do not program yearly budgets because they do not feel empowered to explore their decisions to respond to and address local challenges.		
	Skills: DHMTs do not program yearly budgets because they do not have the requisite competency for effective budget process.		