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▲ BEHAVIOR PROFILE: DISTRICT HEALTH MANAGEMENT TEAMS APPLY FUNDS

protocols.

HEALTH SYSTEMS STRENGTHENING GOAL

Catalyze transformation of a holistic health system to sustain equitable improvements in health for all

BEHAVIOR

District Health Management Teams efficiently apply funds received to identified priority community needs

Percentage of District Health Management Teams that disburse funds to community level authorities, on a quarterly basis

BEHAVIOR ANALYSIS STRATEGY BEHAVIOR AND STEPS SUPPORTING ACTORS AND ACTIONS POSSIBLE PROGRAM STRATEGIES Who must support the practice of this behavior. What steps are needed to practice this behavior? What factors may prevent or support practice of What strategies will best focus our efforts based this behavior? and what actions must they take? on this analysis? Strategy requires Communication Support **Behavior** STRUCTURAL INSTITUTIONAL **ENABLING ENVIRONMENT** Policymakers: Review and update staffing and Accessibility: DHMTS do not apply District Health Management Teams structuring policies and post qualified staff to funds efficiently because they have Financing: Utilize innovative funding (DHMTs) efficiently apply funds DHMT. inadequate qualified staff to effectively mechanisms through the National Health received to identified priority plan and apply received funds for health Insurance Scheme for health services at clinics. activities. community needs Policymakers: Advocate for innovative funding of lower levels of health service delivery as part of the universal health Institutional Capacity Building: Create training Accessibility: DHMTs do not apply funds coverage goals Steps programs on effective financial management of efficiently because they do not receive the health zones. supervision from RHMTS on the use of Create budget implementation Managers: Train DHMT staff tasked duties the disbursed funds. and M& E plans for Institutional Capacity Building: Create funds/resources received (both on capacity building program on the use of Managers:, at the regional level, provide Accessibility: DHMTs do not have financial planning tools as part of DHMTs budget and off budget) regular supportive supervision visits. sufficient funding which prevents district health managers from visiting health Review budget at least quarterly Managers: Adopt financial planning and to make adjustments as activities Policies and Governance: Prioritize human implementation tools tailored to the RHMTs to are carried out and monies spent resource allocation of well trained and enable them administer clinics effectively. qualified staff to insufficiently staffed DHMTs. Accessibility: DHMTs do not apply funds Initiate regular quarterly forum to efficiently because they do not receive Regional and District Officers: Identify share information on the use of their funding when needed, funds training needs of staff and draw up training SYSTEMS, PRODUCTS AND SERVICES funds/resources with the delayed, for planned activities. plans that addresses the knowledge and skills community gaps of individuals. Quality Improvement: Roll out the implementation of the clinics in all health Share findings of these checks and Service Experience: DHMTs do not zones. apply funds efficiently because they do balances and adjustments not have financial planning tools from regularly with the community **DEMAND AND USE** national level tailored to their implementation needs. Share feedback with Regional Skills Building: Conduct periodic hands on Health Management Teams to training for DHMT leadership INTERNAL ensure their continuous engagement Knowledge: DHMTs apply funds efficiently because they receive needed information from pilot implementation of clinic financing in specific zones. Skills: DHMTs do not apply funds efficiently because they do not have the skills and competencies required for efficiently apply disbursed resources. Skills: DHMTs do not apply funds efficiently because they have insufficient training to implement plans and