# 2 PHC Management

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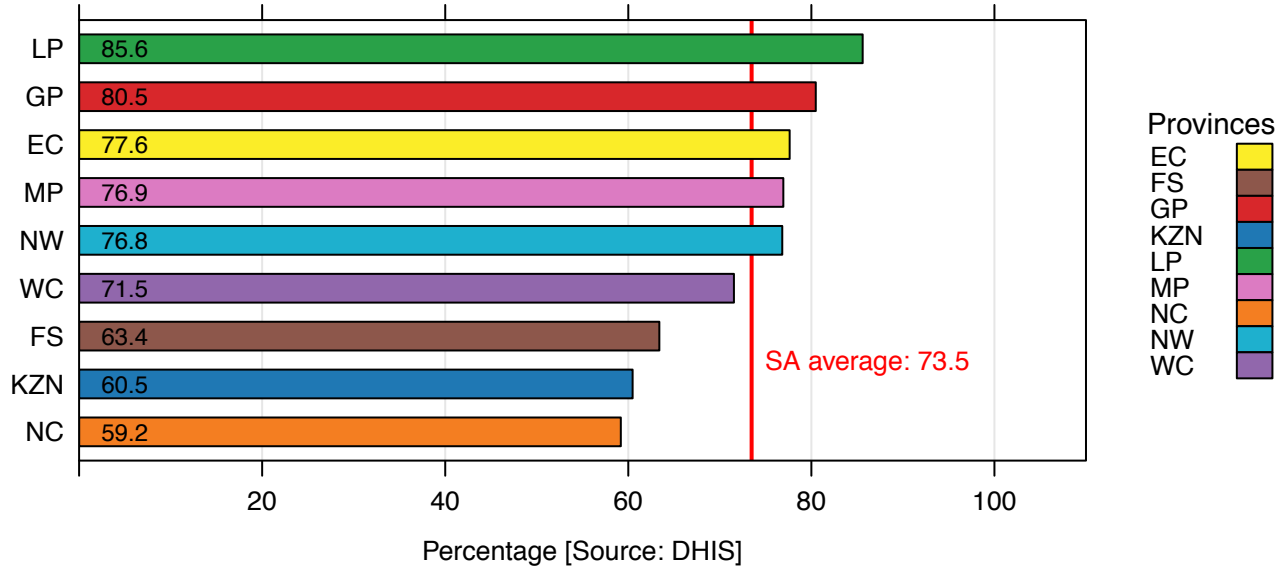
This chapter covers the indicator PHC supervisor visit rate for fixed clinics, community health centres and community day centres (fixed clinic/CHC/CDC).

The PHC facility supervision rate is the number of fixed PHC facilities, including community health centres (CHCs) and community day centres (CDCs), visited by a clinical supervisor at least once a month, as a proportion of the total number of fixed PHC facilities. A dedicated clinic supervisor conducts the visit according to the clinic supervision manual, which entails use of the red flag and/or regular review tools. Each fixed facility should be visited by a clinic supervisor once a month.

Supervision has been defined as "a process during which managers in higher levels of a health system (e.g. district) interact with peripheral health care workers to monitor work processes, understand the causes of problems and provide possible solutions, as well as general management to improve operations, clinical direction, review guidelines, and provide approaches to effective service delivery, including patient safety, treatment and health promotion".[a]

The national PHC supervisor visit rate (fixed clinic/CHC/CDC) remained unchanged from the previous year at 73.5%. Limpopo Province (LP) had the highest PHC supervisor visit rate (fixed clinic/CHC/CDC) for the past three years, and in 2014/15 achieved a rate of 85.6%. The Northern Cape (NC) had the lowest rate for the past seven years. However, the rate in the NC has improved over the past three years, from 29.0% in 2012/13 to 59.2% in 2014/15 (Figure 1).

**Figure 1: PHC supervisor visit rate (fixed clinic/CHC/CDC) by province, 2014/15**




As shown in Figure 2 and Map 1 below, 62% of the districts achieved a PHC supervisor visit rate (fixed clinic/CHC/CDC) greater than the national average of 73.5%. The same districts achieved the top three positions for this indicator in 2013/14 and 2014/15, namely the Central Karoo and Cape Winelands in the Western Cape (WC) and Capricorn (LP), with rates of 100%, 97.2% and 92.4% respectively. The worst-performing district was ZF Mgcawu (NC) at a rate of 28.6%. Francis Baard district (NC) showed marked improvement, moving from 22nd place (82.2% rate) in 2013/14 to 5th highest place (90.3% rate) in 2014/15. Six districts reported increases of 20 percentage points or more between 2012/13 and 2014/15 (Figure 3). These were: Namakwa (43.3 percentage points), Frances Baard (38.0 percentage points), John Taolo Gaetsewe (23.0 percentage points) and Pixley ka Seme (22.9 percentage points), all in the Northern Cape, and Central Karoo (21.2 percentage points) in the Western Cape. However three districts reported decreases of more than 20 percentage points over the same period, namely Thabo Mofutsanyane (Free State (FS)) (33.7 percentage points), Alfred Nzo (Eastern Cape (EC)) (33.3 percentage points) and Mangaung (FS) (29.5 percentage points).

Among the National Health Insurance (NHI) districts, Vhembe (LP) had the highest PHC supervisor visit rate (fixed clinic/CHC/CDC) (92.4%), and was highest for the previous three years (Figure 4). Dr Kenneth Kaunda (North West (NW)) improved during the same period by 13.1 percentage points to the current rate of 81.9%. In contrast, Thabo Mofutsanyane (FS) decreased by 33.8 percentage points from 95.2% in 2012/13 to 61.4% in 2014/15, the largest decrease among the NHI

a Frimpong JA, Helleringer S, Awoonor-Williams JK, Yeji F, Phillips JF. Does supervision improve health worker productivity? Evidence from the Upper East Region of Ghana. Trop Med Int Health. 2011;16(10):1225-33.

districts. This was followed by Eden (WC) and uMzinyathi (KwaZulu-Natal (KZN)), which both decreased by approximately 16 percentage points from 2012/13 to 2014/15. uMzinyathi ranked lowest among the NHI districts at 42.7%.

Coverage was lowest in socio-economic quintile 5 (SEQ5) (which includes all the metros) and highest in SEQ1. Inequities among SEQs have been fluctuating, and are shown in Figure 5.

**Map 1: PHC supervisor visit rate (fixed clinic/CHC/CDC) by sub-district, 2014/15**

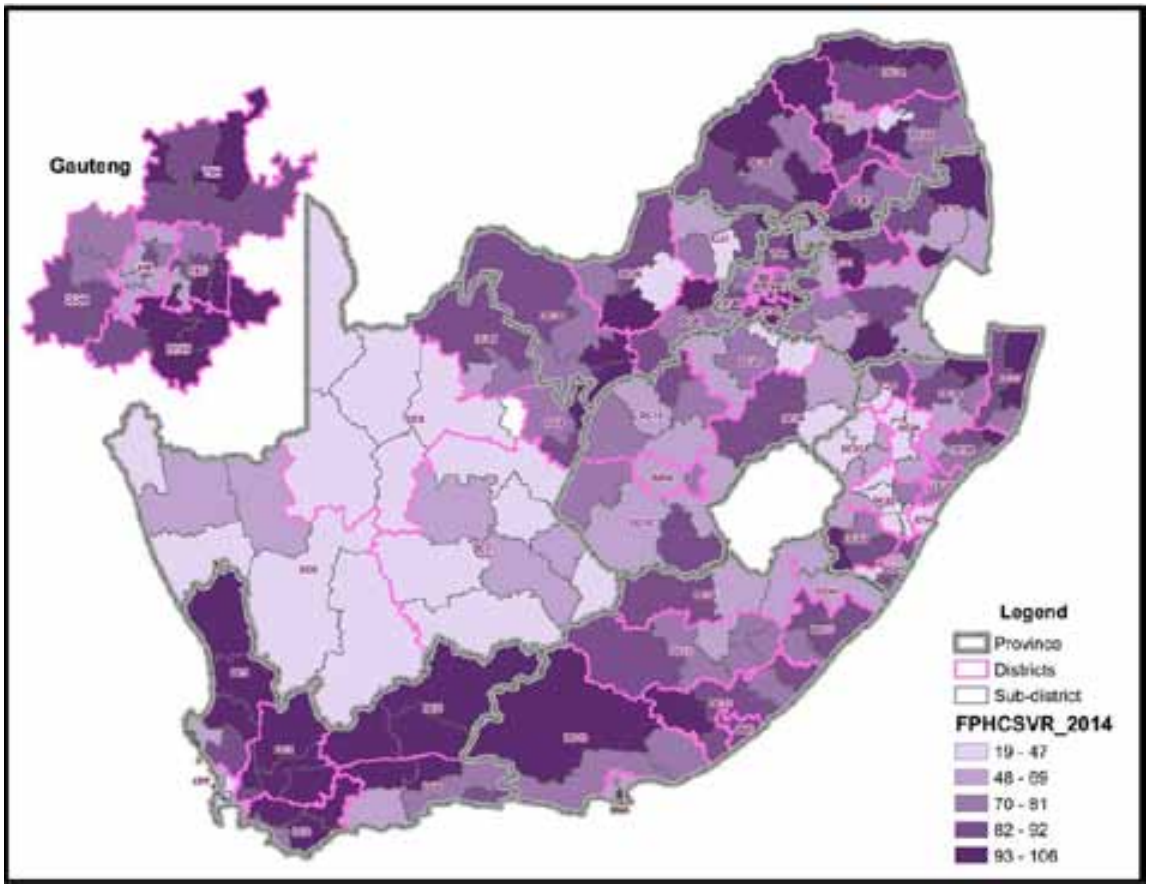


**Figure 2: PHC supervisor visit rate (fixed clinic/CHC/CDC) by district, 2014/15**

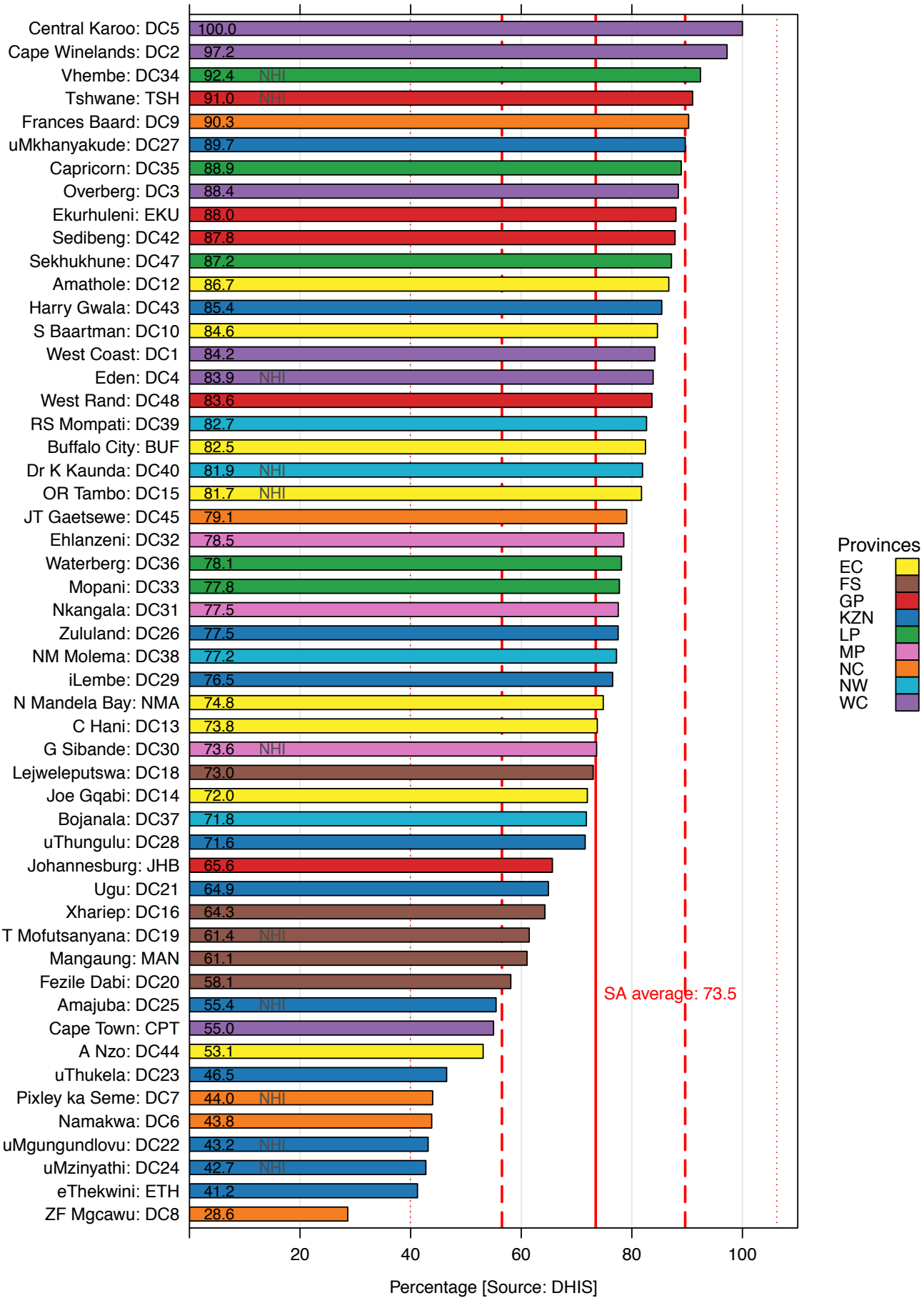


**Figure 3: Annual trends: PHC supervisor visit rate (fixed clinic/CHC/CDC)**

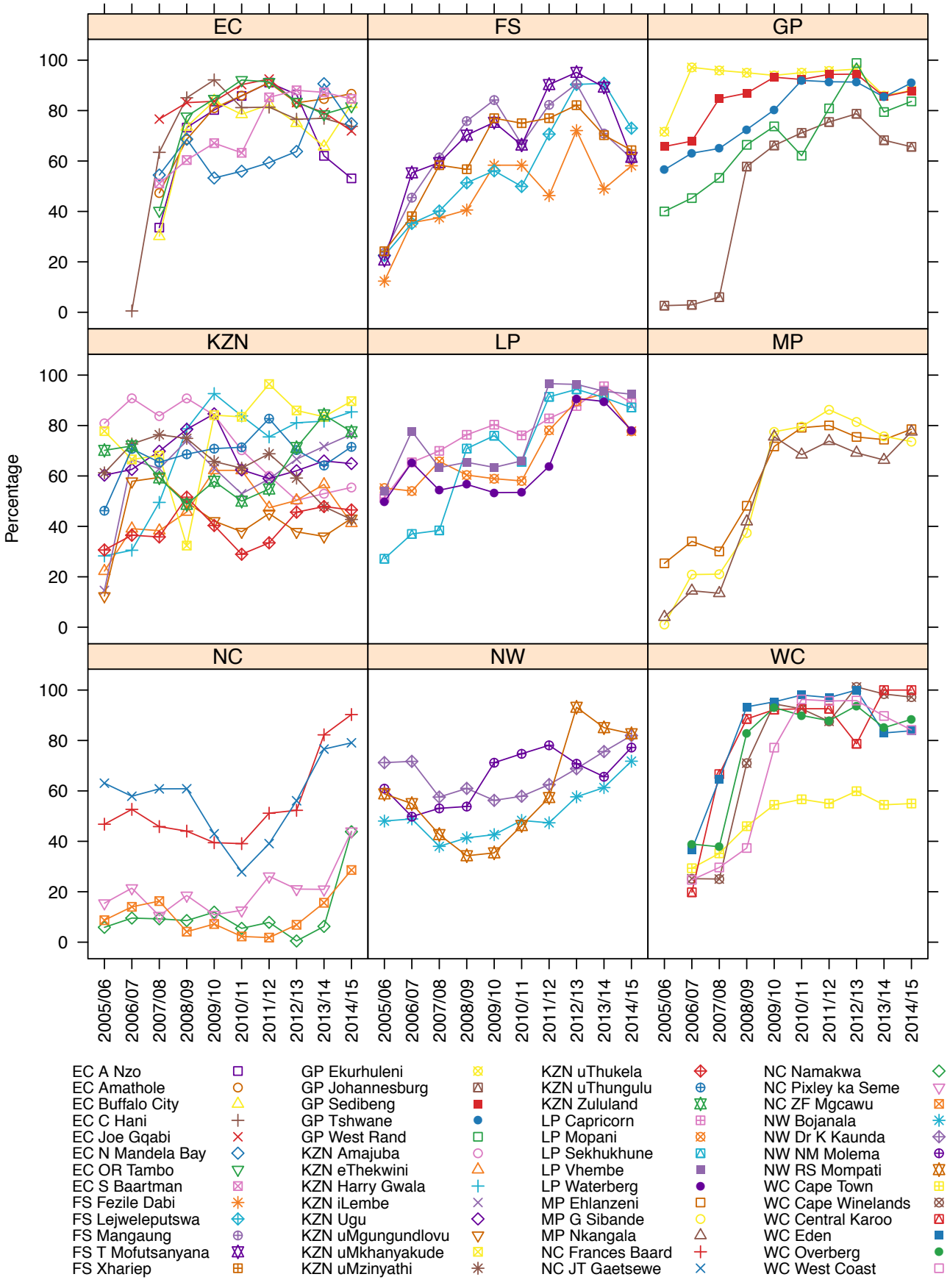


**Figure 4: PHC supervisor visit rate (fixed clinic/CHC/CDC) by NHI district, 2014/15**

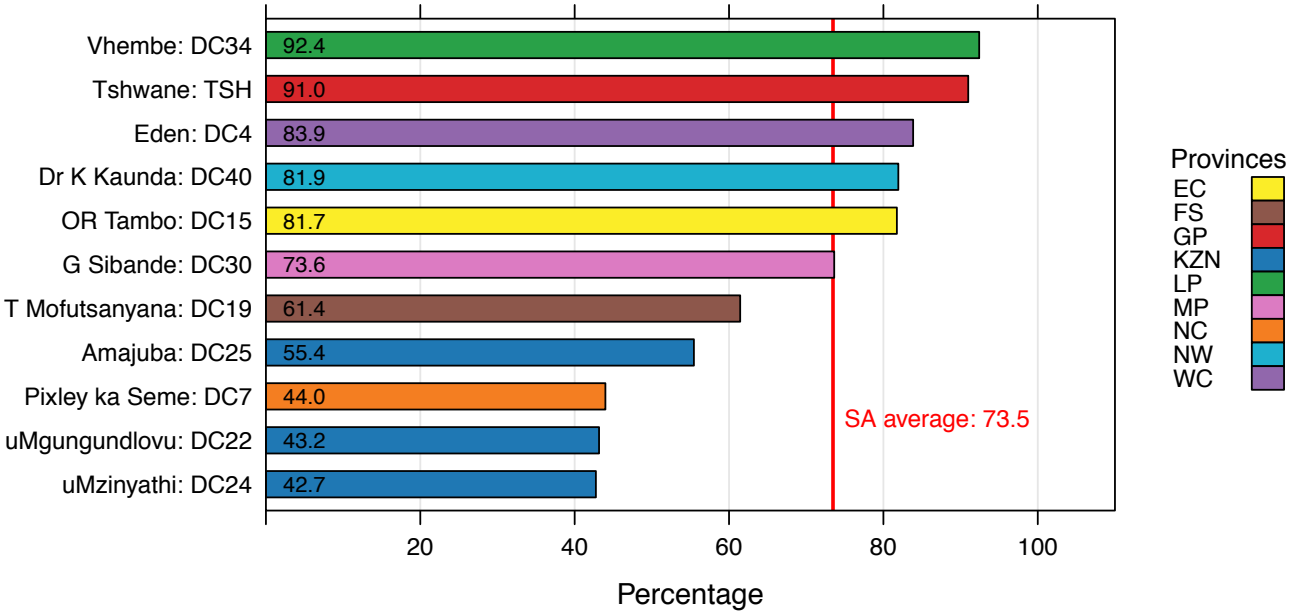
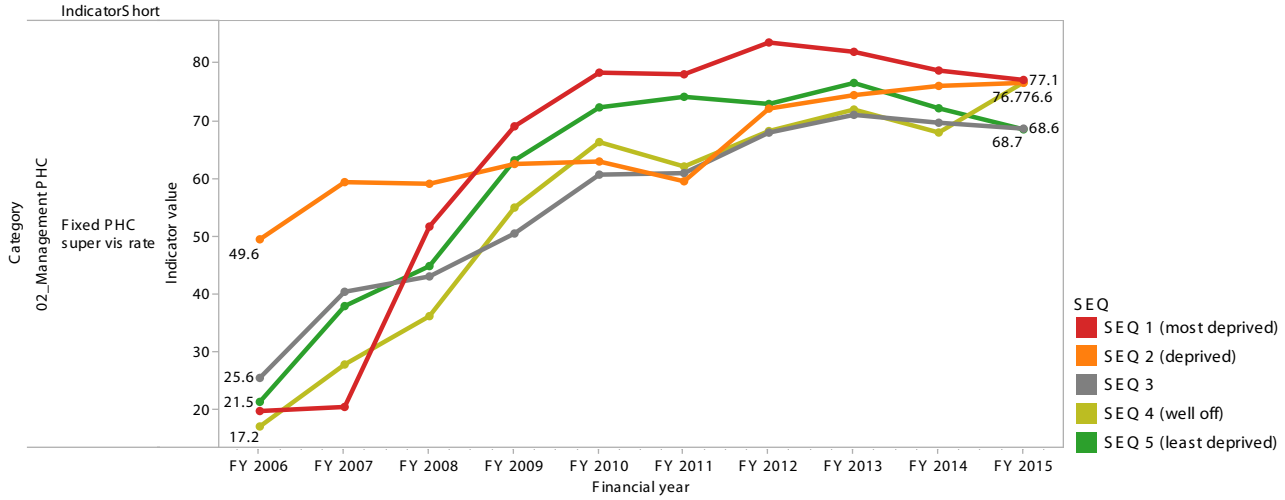



**Figure 5: Trends in average district values by SEQ for PHC supervisor visit rate (fixed clinic/CHC/CDC)**




At workshops held with district staff to discuss the findings of the DHB, participants offered the following possible reasons for poor supervision performance as follows:

- Transport problems due to a shortage of government vehicles.
- Unfavourable driving conditions on some rural roads during the rainy season.
- Poor planning in instances where PHC supervisors do not adhere to the roster and unscheduled meetings and training sessions result in decreased number of visits.
- Poor reporting because of incorrect interpretation and categorisation of CHCs. In some provinces only clinics are referred to as 'PHC'. As a result, the reporting period may not have included all the required data.
- Some districts reported having too many clinics per PHC supervisor, thus adding to the workload and hampering the ability of the supervisor to visit all facilities during the reporting period.

The NHI districts have been involved in many more health system-strengthening activities and yet some districts are still performing poorly and others are regressing in relation to this indicator. This requires investigation.

Districts affecting the PHC supervisor rate adversely should be investigated if PHC supervision is to improve service delivery. Transportation seems to be a major issue across all provinces, constraining the ability of supervisors to do their job. This may need special attention.

Also in need of review is the manner in which PHC supervisor visits are conducted; this should be assessed in order to understand how direct support is provided to PHC facilities during such a visit.