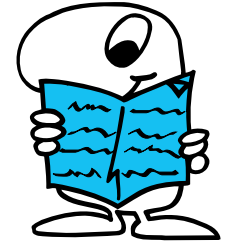


Initiative for Sub-District Support



Kwik-Skwiz
#1

FIRST SIX-MONTH REVIEW

What is Kwik-Skwiz?

Kwik-Skwiz is a new, “no-frills” brief designed for busy health service managers and health workers. It aims to keep you informed of progress with the Initiative for Sub-District Support (ISDS). Some of the briefs will chronicle developments, while others will illustrate the lessons learnt through the successes and difficulties of implementation.

Kwik-Skwiz will be distributed to everyone on the Health Systems Trust’s mailing list (about 4 500 people in government, NGOs, training and research institutions, funders and the media).

More detailed information is available through other ISDS publications, which are available from the contact address below.

File Kwik-Skwiz for easy reference. Over the next few years, your Kwik-Skwiz folder should provide substantive information on the practicalities of implementing a district health system which really improves the quality of care.

The Initiative for Sub-District Support

The Initiative for Sub-District Support (ISDS) is a partnership between the Department of Health and the Health Systems Trust, aimed at demonstrating improvements in the quality of primary health care in selected districts across South Africa. Through sustained, multi-pronged support, health management teams are helped to address those factors affecting the standard of care.

Its fundamental premise is that a focus on service delivery is as critical as the processes of restructuring in the development of a district health system. Without this focus, district management risks becoming a bureaucratic tier of government, rather than the vehicle for improving the delivery of primary health care.

The first four sites

The first four sites selected were:

- Kakamas (Northern Cape)
- Mount Frere (Eastern Cape)
- Underberg / Impendhle / Pholela (KwaZulu-Natal)
- Tonga / Shongwe (Mpumalanga)

Progress to date

Situation analyses

In each site, district teams were tasked with pulling together all available information about health and health care in their respective areas. In three of the four districts, this was the first time that a consolidated report of health services was produced - in the past, the various health authorities presented their own data separately.

This process was significant in that it:

- highlighted serious deficiencies in the quality of data
- pointed to the need to review and streamline data collection, and help local health workers use information more effectively
- identified some of the main weaknesses in health management systems.

The health problems which topped priority listings were not unexpected, because of the real epidemics of TB and sexually transmitted disease for example. But in part, priorities also reflected a bias in the data collection process: For example, TB, as a notifiable disease, got more prominence than morbidity from acute respiratory infections and diarrhoeal disease. Facility-based data is also far easier to collect and collate than community-based data. Of obvious concern is that there is little measurement of the adequacy of service provision in dealing with priority health problems.

It is clear that one of the first tasks for evolving district management teams is an analysis of the demographic, health and other socio-economic characteristics of the population, as well as the degree to which needs are met by the provision of health and other social services. ISDS is currently completing a brief guide on "[How to do a situation analysis](#)" for district management teams.

Strengthening management teams

To begin to function effectively, the newly-established interim district management teams in the ISDS sites needed support in five main activities, namely:

- information about the district health system
- integration of the functions of multiple service providers
- communication with other team members
- clarification of roles and responsibilities
- running the "business" of an organisation efficiently

Many health workers, and even members of management teams, need to develop a clearer picture of what the district health system is all about. One of the first tasks in each district was to establish a common understanding of the goals and characteristics of district-based health services. This was achieved both through workshops and dissemination of a [Pocket Guide to District Health Care in South Africa](#).

The second main activity was to create a logical system of service delivery by integrating the functions of a number of service providers. This process is underway in three of the four sites (Mount Frere health services are only provided by the provincial health department and three private GPs).

Difficulties with communication are amongst the greatest obstacles to an effective management team. Creating an effective system of communication requires not only the *means* of communication, but also clear *reasons* and *processes* of communication. ISDS has sought to ensure that management team members *can* and *do* talk to each other regularly about specific issues which warrant joint action (see below).

The ISDS experience over the past 6 months has already shown that progress will be slow and much back-tracking will occur until the roles, responsibilities and relationships of the various team members have been defined. Without clear definition, there will be tensions and suspicions on one hand, and neglected responsibilities on the other. A particular relationship which needs to be thrashed out is that between the hospital management (which used to "run the clinics") and the new district management. In the ISDS sites, negotiation and straight-talking have helped to iron out many of

these problems and to locate the hospital management appropriately in the overall district management structures. In one of the sites, designation of specific portfolios such as drug and transport management has already helped to uncover suspected misuse of supplies.

Newly-established management teams may also need support in the "business" of running a meeting, taking minutes and ensuring their timeous circulation and follow-up. Unless meetings are planned and reported properly, much of the discussion is likely to be circular, without any clear ways of judging progress over time. In Underberg/Impendhle/Pholela, detailed minutes have documented progress over the past four months.

Communication

A good system of communication is fundamental to a well-functioning district.

In three of the four initial sites, many of the clinics - and, in Mount Frere, even the district office - were without telephones. The ISDS has received very enthusiastic support from Telkom's Vision 2000, as installation of telephones in public health facilities is regarded as one of its priorities. In the space of three months, telephones were installed in most clinics which required them. An important spinoff has been the installation of telephones in other service facilities (such as schools and shops) in the Mount Frere district, and convening of a community/Telkom "telephone meeting" in the KwaZulu-Natal site to discuss the installation of payphones throughout the district.

There are two important lessons for health service managers from this experience. First, Telkom is obligated to provide a telephone to every clinic within five years, failing which there will be significant penalties to the company. The alert manager will make use of this opportunity. Second, Telkom needs the regional and district managers to identify accurately the facilities which are not linked to an automatic exchange. According to Telkom, slowness on the part of health managers to identify these facilities is holding up the installation process in many areas.

Once telephones are installed and working well, we can begin to enhance opportunities for communication through electronic mail. Email has the potential to link health providers in a district to each other, to district management and to a variety of training and information resources. As part of a bigger communication strategy in each district, HealthLink has installed email in clinics, district offices and hospitals. Some health workers (especially rural doctors and some nurses) have seized the opportunity and are in regular contact with each other and with information sources. But for most, computer technology is new and intimidating, and support will need to be sustained.

Rational drug use and better stock management

Drug shortages feature high on the list of management problems in every district. In Mount Frere, many clinics are often without any medicines. These shortages result from one or more problems, namely:

- an absolute shortage of drugs in the respective provinces
- erratic supply
- inappropriate use.

In most parts of South Africa, the absolute shortage of drugs is usually not a problem. It's how they are managed and prescribed that results in shortages.

A training programme for health workers has been devised, which covers:

- the principles of good prescribing
- implementation of standard treatment guidelines
- good stock management practices
- ways to access information resources.

Modular in-service training may be followed up by the introduction of standard treatment guidelines and stock management cards, and health workers are encouraged to make use of the medicines information centres - to which they are linked electronically.

Training targets both health workers and PHC trainers, so that local skills and capacity are built up.

A Manual on Rational Drug Use has been prepared by the Medicines Information Centres at the Universities of Cape Town and Durban-Westville.

This programme is being implemented in Kakamas and Underberg /Impendhle/ Pholela, and will form part of a PHC Training Programme in Mount Frere and Tonga /Shongwe.

Financial management

Decentralising control of resources and introducing cost-centre budgeting are two important goals of the district health system. Working with provincial and regional health managers in the Northern Cape, ISDS has initiated a process of budget review, which will help to consolidate the budgets of the various health authorities and provide for more logical planning.

Strengthening community participation

Community participation in health does not only mean establishing clinic committees! This is the lesson from international experience, where other forms of participation have often proved more effective and lasting. ISDS has commissioned the National Progressive Primary Health Care Network to help management teams to identify existing forms of community

participation, and to work on strengthening those as a start. In Riemvasmaak near Kakamas, the existing health committee is being trained to fulfil an important management role in a community with limited access to formal health services.

Problem-solving research

Through the situation analyses, a number of health service and health management problems were identified which require further research and clarification.

In Kakamas, investigation has commenced to understand the reasons for the high rate of tuberculosis. In Underberg /Impendhle /Pholela, a study investigating the feasibility of decentralising the drug management system has been initiated. In Mount Frere, a district expenditure review and community household survey are being planned.

Evaluation of the ISDS

Lucy Gilson and others at the Centre for Health Policy have proposed a four-pronged framework for evaluating the impact of the Initiative for Sub-District Support. These are the evaluation of:

- individual strategies of support
- movement towards a well-functioning districts
- factors constraining or facilitating progress
- the "knock-on effect" to other districts and regions.

This framework is being implemented for each site and for the ISDS as a national initiative.

"Knock-on" effect of the ISDS

The aim of the ISDS is to concentrate effort in selected districts, but to create spin-off benefit to surrounding districts. In this way, it hopes to encourage the momentum towards district-based health care throughout the country.

Some of the "knock-on" strategies to date are described below.

- In the Northern Cape, the Kalahari Region has been accepted as a "mirror site" to that in Kakamas, meaning that the ISDS process is being replicated there - with the regional manager facilitating activities.
- In Mpumalanga, a series of workshops aimed at clarifying roles and responsibilities of management team members is being held in each Lowveld district. The workshop format and content is based on similar successful workshops in the Eastern Cape and KwaZulu-Natal sites.

- In the Eastern Cape, the success of a four-day workshop aimed at strengthening the district management team led to a similar programme for the regional and other district management teams.
- Similarly, a workshop was held in the Diamondfields Region of the Northern Cape aimed at creating single district management structures.
- In KwaZulu-Natal, the training in rational drug use is being extended throughout the province's Region B.
- During December 1996, eight health sciences students were placed within the ISDS sites as a way of giving them exposure to rural health and community-based training. The success of this experiment has led to the placement of 20 students during June and July 1997.
- Telephone installation in clinics in Mount Frere has been linked to large-scale telecommunications infrastructure for shops and social services throughout the district.

Publications

A number of printed publications related to the work of the Initiative for Sub-District Support have been disseminated. They are:

- Introducing the Initiative for Sub-District Support. (A brief overview)
- Initiative for Sub-District Support. Technical Report #1 (A more detailed outline)
- Training Manual on Rational Drug Use.
- A Pocket Guide to District Health Care.
- Action for Health in Kakamas 1997/8. Technical Report #2a.
- What really improves the quality of primary health care? A review of local and international experience.

These publications are also available electronically.

New sites

A new site has just been established in Bothaville in the Free State, and the first steps of the ISDS process are being implemented. It has also been agreed to initiate one or two sites in the Northern Province over the next month. Through the establishment of new sites, the implementation of "knock-on strategies" in other districts, and publications such as Kwik-Skwiz, the Initiative for Sub-District Support hopes to create a ripple effect which will have an impact on the quality of primary health care throughout South Africa. ■

Contact details

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