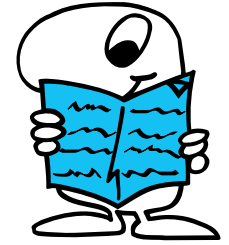


Initiative for Sub-District Support



Kwik-Skwiz
#11

Health Promotion in a Rural Health District Making it More Effective and Efficient

The Issue

Health Promotion is recognised as a critical component of Primary Health Care. In many districts, Health Promotion coordinators have been appointed. But it is not always clear what a Health Promotion coordinator is actually meant to do, and how they should prioritise their activities. Because Health Promotion cuts across all programme activities, there is also confusion about how Health Promotion relates to the work of other programme managers and coordinators. The experience from Mount Frere presented here gives some useful pointers on how health promotion activities can be made more efficient and effective, by describing the process of developing a strategy and work plan for the Health Promotion Section.

health workers, a lack of coordination, the shortage of time and resources, and a lack of skills were seen as problems. As a result, members of the Interim District Management Team and the district's Health Promotion officers held a meeting in February 1998 to discuss how they could improve the situation.

This is a report written by the Mount Frere District Health Promotion Section which highlights some of the strategic issues in Health Promotion planning that are likely to be common in many other health districts. It also illustrates a Health Promotion Section strengthening its position and effectiveness within the District Health System framework.

Introduction

In July 1997, a survey of 600 households on various aspects of maternal and child health was carried out in the Mount Frere health district of the Eastern Cape. Some of the findings were:

- The child's health card could only be produced by three fifths of all caretakers;
- Only 36% of children aged 1-4 years were fully immunised at the age of one year;
- 40% of infant deaths in the past 3 years were due to diarrhoea;
- Only 20% of caretakers had used sugar-salt-solution (SSS) the last time their child had diarrhoea, and only 24% knew the correct formula for making SSS;
- Over 40% of children were given enemas during the most recent episode of diarrhoea; and
- One in five respondents aged 15-49 did not know how HIV is transmitted.

These findings gave a clear indication of the need for effective health promotion in the health district. Although Health Promotion was accepted as a priority by the district

Step 1:

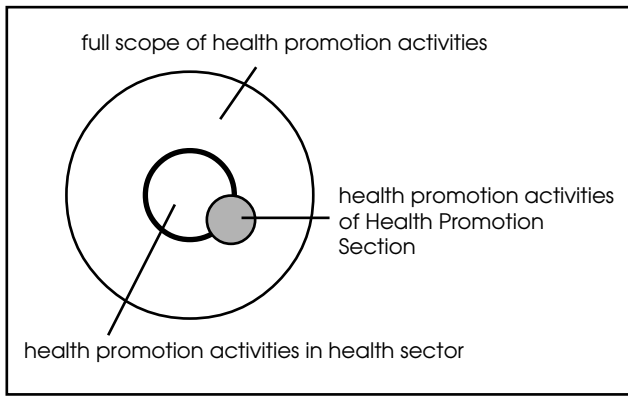
Describe the Context: Health Promotion in the Eastern Cape

Health promotion is a pillar of Primary Health Care and an element of all PHC services. It is an activity that belongs to all health workers in the health system. Therefore, doctors, midwives and nurses should all see themselves as health promoters.

However, within the health system there are categories of health workers who are specially delegated the responsibility of managing and implementing certain health promotion activities. These health workers are sometimes known as "Health Promotion Officers" or "Health Educators". A provincial conference on Health Promotion in 1995 concluded that Health Promotion Officers (HPOs) should work through other programmes and departments, as well as implementing some specific "vertical" health promotion activities directly.

The Mount Frere District Health Team has a discrete Health Promotion Section that consists of three HPOs. They were all formerly employed by the Transkei Department of Health as "Health educators", and graduated from Unitra with a Diploma in Health Education.

Diagrammatic representation of Health Promotion



Health promotion is also an important activity in other non-health sectors, eg. teachers play an important role in the promotion of health amongst school children. Others who can act to improve the community's understanding of health issues include local tribal leaders, agricultural extension officers, church leaders and NGOs.

Step 2:

Describe the Current Activities of the Health Promotion Section

Personnel

Having discussed the broad principles and context of Health Promotion and having stressed the importance of all cadres of health workers to consider themselves as health promoters, the next step focussed on the specific Health Promotion Section of the district.

Distribution of Health Personnel

All three HPOs are based in the town of Mount Frere and primarily serve the magisterial district of Kwabhaca. There are no HPOs based in Sipepetu Hospital or in the Tabankulu sub-district. Half the district is therefore under-served by the Health Promotion Section.

The Activities of the Health Promotion Officers

Momelezi Mntuyedwa

Main activity: Helping to develop the School Health Promotion activities of the district. After attending a course on School Health Promotion, Momelezi organised a regional workshop on the concept of the 'Health Promoting School'. Following this, he helped the district form a multi-disciplinary school health team for the Kwabhaca sub-district composed of two nursing sisters, one staff nurse, one nursing assistant, an Environmental Health Officer (EHO), a Social Worker and Momelezi himself (sometimes accompanied by another HPO). The team visits one school each day, five times a week. At the school, the HPOs give health education talks covering topics such as AIDS/HIV education, oral health, sexuality, STDs and Family Planning.

Other responsibilities: Momelezi is part of the Mary Theresa Hospital HIV Counselling team, and is the Treasurer for the local NACOSA committee which works with the district HIV/AIDS Programme. Last year, he helped to prepare the World Aids Day activities which were held in Zinyosini, in Tabankulu.

Nonceba Nomabunga

Most of the time, Nonceba is part of the Kwabhaca School Health Team, and works closely with Momelezi. However, she will accompany the mobile clinic nurse team if there is space available in the vehicle. Other duties are to work with the EHOs if there is a disease outbreak. At a recent Shigella outbreak she accompanied a team to the area concerned and gave health education talks on water and sanitation. Nonceba is also part of the Mary Theresa Hospital HIV Counselling team, as well as the Mary Theresa Hospital Infection Control Group. She was part of the research team that conducted a recent household survey on Maternal and Child Health.

Sakhi Ntatyia

Sakhi is the overall coordinator of the Health Promotion Section. He is responsible for preparing the annual reports and action plans for the Section, and for liaising with the Regional Health Promotion and the District PHC Coordinators. He is part of the Interim District Management Team, and attends regional Health Promotion meetings in Kokstad. He also coordinates the involvement of the Health Promotion Section in the various "Health Campaigns" of the Department of Health, in collaboration with the relevant PHC programme coordinator. (The Health Promotion Section helped to organise Mental Health Awareness Day, World Aids Day, TB Day, Child Protection Week and Breastfeeding Day in 1997.) He has been coordinating the "Culture of Caring" Project and is a member of the Research Team that conducted the household survey on MCH.

He has also been responsible for spearheading health care for the elderly by setting up "Geriatric Health Clubs" in Mntwana, Lugangeni, Mhlotsheni, Mnceba and Sigidi clinics. These clubs are designed to provide a mix of clinical, social and welfare support to the elderly members of the community. Community Health Workers are involved and provide home visits and help collect information about the type of illness and disability that the clients suffer from. In addition, during mass immunisation and EPI campaigns, the HPOs adopt a "hands-off-everything-else" attitude, and help implement the campaign.

Step 3:

Assess the Current Situation and Identify the Key Problems of the Health Promotion Section

Following this description of the Health Promotion Section's current activities, the next step was to assess the situation and identify the key problems which need to be addressed.

Unequal coverage

- The Tabankulu sub-district is not adequately serviced by Health Promotion Section.

Prioritisation and planning of activities

- On assessing the existing scope of activities, it was concluded that the HPOs are trying to do too much. There is a danger of the three HPOs are being expected to do too much with too little, resulting in stress and low effectiveness. It was therefore resolved that, on principle, they should do few things well, rather than to do many things badly. The time spent on different Health Promotion activities should be based according

to the priority health problems of the district.

- The allocation of time to certain activities may be inappropriate. For example, it was thought that the HPOs were spending too much time on School Health activities, and not enough on other Health Promotion activities.

Support to other Programmes and health facilities

- There is not enough interaction with other health workers and with the health facilities of the district. Clinic nurses feel unsupported by the Health Promotion Section, and the paediatric wards in the hospitals have a lack of appropriate health promotion materials which indicate that there is room for the Health Promotion Section to provide more support to the MCH Programme and the hospitals

The cost-effectiveness of the School Health Team

- The School Health Team is composed of four nurses, one EHO, one Social Worker and one or two HPOs. This is a large School Health Team, and it was questioned whether so many health workers needed to be involved visiting one school.

The effectiveness of the periodic “Health Campaigns”

- A large amount of time and resources are invested in organising the various “Health Days” and other health campaigns. One HPO suggested that this simply amounted to people turning up to a function to “eat, drink, dance and go home”, without any improvement in their knowledge or behaviour. At one such “Health Day”, the Regional Coordinator complained that three-quarters of the participants were health workers.

However, other HPOs felt that these health campaigns were important mechanisms for getting health messages across to the community and for involving the community in health activities. After a long discussion, it was agreed that these periodic “health campaigns” were important activities to organise as long as they were carefully planned and done in a way that truly involves the community in meaningful activities.

Personnel issues

There are only three HPOs to serve the entire district, and this is much less than other districts in the region. In addition, one of the HPOs is working as an “untranslated officer”, and has been paid the salary of a student officer for the past three years.

Lack of resources

- Although the Regional Office has a resource centre which has a tele-video combination, an overhead projector, a video camera, flip charts, loud speakers, and large screens which we can borrow when necessary, this is not enough to go round the whole region.

Irregular district management meetings

- While the Regional Office has a timetable of regular meetings with all District Health Promotion Sections on the first Tuesday of every month, regular meetings with the Interim District Management Team do not happen. This makes forward planning, time management and the coordination of district activities difficult.

Step 4:

Planning the Way Forward

Having identified the key problems and loopholes, the next step was to make a number of policy decisions and to formulate a “way forward”.

Increase Health Promotion activities in the Tabankulu sub-district

It was agreed that the three HPOs must jointly work to share the load of supporting Health Promotion activities in the Tabankulu sub-district:

- Momelezi to support the development of the Tabankulu School Health team as he has done in the Kwabhaca sub-district.
- Nonceba will become part of the Sipetu Hospital Infection Control Team instead of there being two HPOs on the Mary Theresa Hospital Infection Control Team.
- All three HPOs will share in providing support to Sipetu Hospital and the mobile and fixed clinics of Tabankulu (see below).

Improve the impact of health promotion activities by supporting other health workers

The HPOs can develop and improve health promotion activities in the district by providing support to other health workers. This support could consist of providing training in giving “health education talks”, developing appropriate health promotion materials (eg. posters and pamphlets in the local language), acquiring health promotion materials from outside the district and encouraging health workers to make health promotion an integral part of their interaction with patients and the community.

- The 2 hospitals, 17 clinics, 2 mobile teams and 2 School Health teams will be divided amongst the three HPOs so that there will be one HPO responsible for providing support to each of these facilities and services.
- The HPOs will visit the clinics to which they have been allocated to support once every four to six weeks.
- Nonceba will provide regular support to the paediatric and maternity wards of both hospitals.
- Momelezi will provide regular support to both School Health Teams. Rather than being a regular member of the School Health Team, he will act more as a support person to the School Health nurses, and only join the School Health Team periodically.

- Nonceba and Sakhi will provide regular support to the mobile Health Teams.

Improve the coordination of activities with other programmes

The HPOs need to develop a more structured working relationship with the district's programme coordinators. To begin with, they could focus on the MCH and HIV programme.

- Nonceba to work with the MCH programme coordinator in developing joint action plans for supporting the health promotion activities in the paediatric and maternity wards of both hospitals.
- Momelezi will continue to work closely with NACOSA and the District HIV programme in developing joint action plans for supporting the health promotion activities of the clinics and mobile health teams.
- The District Manager will develop a timetable for having regular District Management meetings.

Develop monthly and weekly work-plans

- To improve efficiency and to help with the coordination of activities, each HPO will develop monthly and weekly work plans (see below).

Address the personnel issues of the HPOs

All the working HPOs should be paid the full salary that is due to them.

- The Regional Health Promotion Coordinator and the District Manager have agreed to be responsible for these personnel issues.

Critically evaluate the composition of the School Health Team and Its Activities

- The District will obtain external support to conduct a structured evaluation of the School Health team.

Develop a District Health Promotion Resource Centre

- Funds and support will be sought from the private sector and the National Health Promotion Forum (NHPPF) of South Africa to purchase equipment for the district.
- The Regional Office has already motivated the province for the purchase of equipment, and the follow-up of this was deemed to be the responsibility of the Regional Health Promotion Coordinator. ■

Example of a Monthly Workplan for Sakhi

Monday	Tuesday	Wednesday	Thursday	Friday
	Regional office meeting, Kokstad	Visit Lugangeni Clinic	Meeting with other programme officers	Meet with other HPOs
Office work		Visit Mnceba Clinic		Meeting with Tabankulu mobile team
Office work (write funding proposals)	Draft local health promotion activities	Visit Sigidi clinic	District management meeting/Office work	
Office work (plan & organise for "TB Action Day")		Visit Mntwana Clinic	Plan and organise for "TB Action Day"	"TB Action Day" (in Sigidi)
Meeting with other HPOs	Office work (monthly report)	Visit Mhlotsheni Clinic	Accompany Tabankulu mobile team	

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