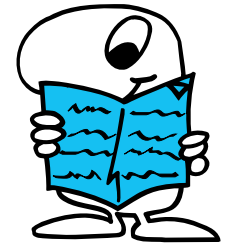


Initiative for Sub-District Support



Kwik-Skwiz
#12

“Administration” in the Health District

File for quick reference

The Issue

Behind the scenes of any well functioning health service or health programme is the “machinery” of an efficient administrative system. No organisation or management team works effectively without the nuts and bolts of an administrative system that holds the various activities together.

International experience has shown that some of the main problems in the delivery of effective PHC include problems of: administration and modifying existing administration structures; logistics and supply; transportation; maintenance capacity; delays in the release of funds; and slowness in approval of transfers of staff.

But what do we mean by “health administration”? If it is important, do we pay enough attention to it? How can health districts develop strategies for improving their administrative efficiency? While there has been a focus on reorientating health workers and programme managers towards Primary Health Care, has the development of administrative staff been adequate?

This Kwik Skwiz is designed to categorise the various tasks and functions of district “health administration” which can be described as a collection of processes, which are enabling and supportive to the delivery of health care. It also provides District Health Management Teams with a way for improving effective “district administration”.

Public Sector Administration

All public sectors have an “administration section” in their departments. Typically, the administration section is staffed by certain categories of staff such as administrative officers, accounting officers, provisioning officers, secretaries and clerks.

Although the administration section is responsible for carrying out certain specific administrative tasks, it should be remembered that all categories of health workers have their own administrative duties, whether it is filing, writing reports or filling in a transport requisition form.

However, this document will concentrate on the functions and activities that are typically carried out by the Administration Section of a health district.

Principles of developing effective and efficient district health administration

Integrating district health administration into district health management

The purpose of developing effective and efficient “district health administration” is to support the District Health System whereby *all* aspects of Primary Health Care (including District Hospitals and clinics) fall under *one* management structure. The establishment of a “district health administration” structure and system is to support the *single* management structure of the district.

Box 1 A framework for categorising the functions of “district administration”	
General office services/registry functions:	<ul style="list-style-type: none"> • Receive, register, open and deal with correspondence. • File, photocopy, type and send out mail/faxes. • Look after office equipment. • Ensure an efficient and effective internal postal system and messenger service. • Organise meetings and keep the DMT's diary.
Financial management, accounts and budgeting	<ul style="list-style-type: none"> • Monitor expenditure of various cost items and cost centres within the district. • Administer the FMS. • Identify the training needs to build financial management capacity within the district. • Manage invoices/receipts/transfer payments and accounts/book-keeping system. • Keep and maintain tender register, and liaise with the provincial tender system. • Maintain an assets register. • Authorise expenditure within delegations and handle S&T claims. • Collect and manage revenue. • Help prepare the annual district health budget with the DMT.
Provisioning, stores and stock control	<ul style="list-style-type: none"> • Process the purchase of supplies and equipment. • Receipt, storage, stock-keeping and distribution of supplies and equipment in the district. • Help ensure that facilities and services are adequately resourced. • Help ensure that facilities and services adequately manage their resources. • Manage and maintain warehouse.
Human Resource Management*	<ul style="list-style-type: none"> • Administer the PERSAL system. • Administer appointments, retirements, transfers, promotions, probations, leave, pensions, recruitment, service termination, benefits and other service conditions issues. • Record-keep all personnel files. • Oversee performance appraisal system. • Administer the bureaucratic procedures related to training, bursaries, etc. • Manage personnel disputes, grievances, disciplinary issues and labour relations.
Physical and Capital Works, and Maintenance	<ul style="list-style-type: none"> • Maintain facilities, do repairs, up-keep and gardening. • Compile a capital works inventory/audit and maintenance programme. • Supervise and monitor external contractors. • Support district physical planning.
Transport	<ul style="list-style-type: none"> • Allocate and control the use of vehicles and fuel. • Maintain and service vehicles. • Monitor expenditure on and performance of vehicles and drivers.
Housekeeping and Security	<ul style="list-style-type: none"> • Clean health facilities and maintain grounds. • Maintain security of facilities and staff.

* *The following functions are not included as functions of “District Administration”: Human Resource Development (ie. training and skills development), patient record keeping (part of the HIS), pharmacy management and catering.*

Developing a strategy for improving “district health administration”

In order to develop a workplan for improving the administrative efficiency of your district, take the following steps for each category of “district health administration” listed above.

**Identify and list the full scope of
functions and tasks for each category**



**Conduct a rapid situation analysis of each category in terms of: the people
involved; the problems and weaknesses; its strengths;
and its existing resources.**



**Identify the priority functions and
activities of each category.**



**Develop an action plan to overcome the problems and bottlenecks of the priority
functions and activities in each category. This should include allocating tasks and
responsibilities to specific people who should be located on the district staff
organogram with clear lines of accountability and supervision, and
appropriate channels of communication.**

Create an enabling environment

Change will be needed at provincial and regional levels to provide district health administration systems with a supportive environment. An organisational structure which supports decentralisation needs to be created, as well as clarity on the following issues:

- the terms of the delegation of authority to the district level;
- the additional resources (personnel and non-personnel) required to make district health administration effective;
- clear job descriptions for district health administrative staff;
- a clear working relationship between district administrative staff, the district management team and their regional and provincial counterparts; and
- a provincial/regional system for monitoring administrative efficiency, and for picking up problems early.

Integrating hospital administration into district health administration

Many of the administrative tasks that need to be carried out in a health district are often already being done by District Hospitals. In most instances, establishing effective “district administration” is not about the creation of *new* tasks, but the relocation of tasks and functions from one institution (eg. the hospital), to another (eg. the district office).

This is important in rural areas where administrative skills and experience are often located in hospitals because of the way health services were managed in many of the former homelands. These administrative personnel need to be re-orientated so that they no longer perceive themselves as “hospital personnel”, but as “district personnel”. This does not mean that hospital staff who have a district-wide function must physically leave the hospital and sit in a “district office”. Certain key hospital staff simply need to change from being hospital officers to *hospital-based* district officers. The District Hospital also has other resources such as office equipment, that can be

used to help develop and establish effective “district administration”.

At the same time, having hospital-based administrative staff should not lead to the hospital being dominant within the district. If the attitudes and orientation of health workers are supportive of the DHS concept, the District Hospital can and should be a pillar of support for primary level care.

The importance of the District Hospital with regards to providing administrative support to the district suggests the need to place the district office in close proximity to the hospital. This will allow the sharing of resources (especially of people and skills), as well as promote more integrated and efficient management.

Minimising bureaucracy and maximising efficiency

The purpose of administration is to support service delivery. The reorganisation of administrative functions into the DHS should promote efficiency and not add another layer of bureaucracy. In most provinces there are no funds to create new administrative and management

posts. This means that in order to establish district health administration, existing staff may have to redefine their job descriptions. In some instances, staff will have to “double-up” to play more than one role/function. For example, a Hospital Administrator could be asked to also double-up as the District Administrator. Alternatively, a Senior Administrative Officer could be asked to act as the District Transport Officer as well as perform certain accounting functions.

Addressing both the system and the people who work it

An important principle in the development of district health administration is that both structural reform and skills development are required. The skills development of the people who are to perform the administrative functions is critical because attitudes and practices are hard to change. ■

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Suggestions for future issues of Kwik Skwiz

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