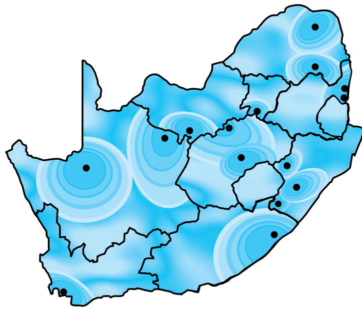
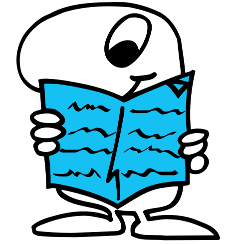


Initiative for Sub-District Support



Kwik-Skwiz #14

# How "programmes" can support the development of districts

File for quick reference

## The Issue

The provision of comprehensive integrated primary health care (PHC) within the framework of the District Health System (DHS) is the cornerstone of health service delivery in the new South Africa. At the same time, vertical programmes have been developed to ensure that priority health issues are tackled in an appropriate, co-ordinated and focussed way. **How can programmes provide vertical support in a way that does not undermine the provision of comprehensive and integrated PHC services?**

## Defining the problem

At present many health workers complain that instead of supporting the process of district development, vertical programmes are confusing and overwhelming front line health workers and undermining the coordinated provision of services. Some people have even suggested that programme co-ordinators should not exist at district level. There are a number of reasons for these views:

- Management remains top-down in its approach. As a result, policies and plans for programmes usually originate in the National Department of Health and reach the district via the provincial and regional offices. This approach can result in the implementation of activities which do not reflect the priorities of the districts. For example, many districts are expected to implement a programme of "genetics services" in circumstances where even the most basic maternal and child health services are unavailable.
- Programme co-ordinators have been appointed in many districts with little consideration given to their role and responsibilities. Some co-ordinators lack the experience, and the management and technical skills to function effectively.
- Many districts lack the capacity or mechanisms for integrating programmes into a comprehensive district plan. The relative weakness of many district structures and management systems increases the danger that programmes operate in a vertical way. For example, in one district an STD co-ordinator trained all the nurses in the use of the syndromic approach for the treatment of STDs, but did not inform the district pharmacist about the drugs that would be needed to implement the approach. The intervention failed because the implications on other aspects of the district had not been considered.
- Programme co-ordinators are often regarded as line managers of facility staff e.g. the maternal and child health (MCH) co-ordinator is seen as being responsible for direct supervision of all clinic-based MCH services in the district. This results in fragmented

management and confusion, particularly in districts with numerous programme co-ordinators. Some clinic nurses end up being supervised by several co-ordinators who each think that their programme is the most important!

## Experience in ISDS sites

Programme co-ordinators can play an important role in ensuring that important health problems are tackled in a co-ordinated way with an emphasis on improving facility-based care, as well as improving community-based activities and multi-sectoral collaboration. Programmes can therefore be an effective way of mobilising resources to tackle a health problem in a comprehensive way. This not only increases the likelihood of efficiency and success, but also builds the capacity of the district to work as a team in planning and coordinating activities. In a number of ISDS sites one or two health issues have been identified as starting points for this process.

### *Tuberculosis (TB) in Benede Oranje (Northern Cape)*

The Northern Cape province does not have many programme co-ordinators at the district level. However in the Benede Oranje district, the Chief Professional Nurse who is responsible for running the TB ward at the district hospital has been tasked with co-ordinating and supervising the TB programme for the whole district. The guidelines from the national Department of Health provide her with a clear direction.

Her tasks include:

- Co-ordinating the district TB programme by ensuring that hospital, clinic and community-based activities take place in an integrated and coordinated way.
- Co-ordinating the newly-established district TB task-team which comprises of representatives from the hospital, the clinics, the PHC co-ordinator and other role-players such as laboratory personnel. This task-team helps to prevent the TB programme from becoming an isolated vertical programme.
- Providing support and supervision to clinic and hospital staff in implementing the national treatment guidelines and DOTS strategy.
- Helping to mobilise NGOs and other community organisations around TB.
- Increasing public awareness about TB.

Although TB has a dedicated (vertical) support structure, the day-to-day organisation of TB services is coordinated with other PHC services. The TB coordinator can therefore develop ways and improve TB services in a way that doesn't undermine other important services or create unrealistic demands on clinic nurses.

### *Malnutrition in Mount Frere (Eastern Cape)*

Malnutrition is a major problem in the Mount Frere district and one which requires an integrated approach with the co-ordinated action of various categories of health workers, other public social sectors, NGOs and the community. The table below illustrates the wide range of activities and the wide range of role-players required for a successful Integrated Nutrition Programme (INP).

The district nutrition co-ordinator has a key role in helping to co-ordinate the activities of the various role-players, mostly playing a supportive and advisory role rather than actually implementing nutrition-related activities.

| **Key focus areas for the TB Co-ordinator in Benede Oranje** |
|---|
| Organisation & management of TB services<br>**Technical issues**<br>- Diagnosis of TB<br>- Laboratory Investigations<br>- Drugs<br>- Evaluation and monitoring<br>**Training & Support**<br>Community Awareness<br>Community Involvements |

| **Some of the activities required for an effective INP** |
| --- |
| Growth monitoring and the management of growth faltering children<br>Implementing the Baby Friendly Hospital Initiative<br>Management of diarrhoea and other infectious diseases<br>Improving water and sanitation<br>Management of acute severe malnutrition<br>Implementation and management of the PEM-scheme<br>Improvement of household food security<br>Nutrition surveillance and information management<br>Micronutrient supplementation<br>Deworming, Nutrition education and health promotion<br>Implementation and management of the PSNP |

| **Some of the role players/institutions required to implement the INP** |
| --- |
| **Programme Staff:**<br>Nutrition Programme officers e.g. CLOs and SASOs, MCH Programme officers and Environmental Health Officers.<br><br>**Facility staff:**<br>Hospital and clinic nurses, midwives and dietitians. Health promotion Officers, school health nurses, etc.<br><br>**Department of Education:**<br>School teachers, Circuit officers, school committees, etc.<br><br>**Department of Agriculture:**<br>Agricultural extension officers, etc.<br><br>**Department of Welfare:**<br>Social workers, etc.<br><br>**Department of Water Affairs:**<br>NGOs and CBOs, such as Imvula Trust |

At present the Mount Frere district is undertaking a nutrition situation analysis as the first step in developing a plan for the implementation of an INP. This has brought together a range of different role-players. Following the situation analysis a set of activities will be identified to address the priority objectives of the district health plan. The responsibility for different activities will then be delegated to the most appropriate role players. For example; the process of joint planning and implementation will strengthen the capacity of the district to ensure that key support systems (such as transport and health information) are harnessed to support the nutrition activities of the district.

By pulling everybody into the process, the concept of "multi-programme" or integrated programme planning has been introduced. Whereby, the nutrition, MCH, environmental health, school health and health promotion managers in the district work together to implement a single, co-ordinated plan rather than several separate plans.

## Recommendations

### *The role of programme co-ordinators in service provision*

- Well-functioning clinics are the backbone of PHC delivery in South Africa. Each district must have a clear plan for providing supervision and support to clinics within their district. Experience has shown that this can best be achieved by dividing the district into geographical units with one clinic supervisor. Programme co-ordinators being responsible for each unit should then work through these "clinic supervisors" to provide technical support to the clinics and their staff.
- Clinic supervisors should be responsible for "protecting" clinic nurses from uncoordinated and fragmented initiatives developed by vertical programmes. They could also provide a link between clinics and other district officers such as the District Pharmacist, or Information Officer.
- While district programme co-ordinators should work through clinic supervisors, this does not mean that they should not have any direct

contact with clinic nurses. Provided that it is properly planned and appropriate, programme co-ordinators could train clinic staff as well as perdiodically monitor the quality of care provided.

- District programme co-ordinators should be responsible for promoting appropriate community involvement and inter-sectoral collaboration for their given programme. For example, the MCH Programme co-ordinator may be responsible for organising co-operation with traditional birth attendants, and the Nutrition Programme co-ordinator would be responsible for organising co-operation with the Department of Water Affairs.
- District programme co-ordinators should also play a bridging role between the different levels in the health system. For example, the District STD/HIV Programme co-ordinator should make sure that the hospital OPD and clinics are using the same treatment protocols for STD.

*The role of programme co-ordinators in the district.*

- Each district must ensure that the correct balance between the number of clinic supervisors and the number of programme co-ordinators is achieved. Emphasis must be place on allocating staff to address the health problems of the district rather than on appointing a pre-defined number of co-ordinators.
- Staff should be assigned to the tasks that need to be done - one person may have more than one task and if necessary, two or more people may be assigned to a particularly large or important task. For example, in some districts the co-ordination of TB services may be a task that is assigned to the PHC co-ordinator, but in districts where TB is a major health problem, one may want to appoint a full-time co-ordinator who works exclusively on TB control.
- Some staff may be able to take on the responsibility of co-ordinating a district's response to a health problem as an addition to their routine job. This would prevent unneccessary and expensive full-time appointments to newly created posts.
- District programme co-ordinators should be regarded as district-level staff who are responsible and accountable to the District Manager and District Management Team (DMT). Programme planning should be a part of integrated district planning.
- Regional, provincial and national programme managers should provide policy frameworks and technical support to the district co-ordinators, but should not be seen as line managers. Planning and implementation should be seen as the responsibility of DMTs.

## Conclusion

Programmes and district-level programme co-ordinators are important for improving primary health care delivery, provided they are well integrated into district management structures. Programme co-ordinators can help mobilise resources and tackle specific problems in a more holistic and comprehensive way, but the challenge for programme managers at national, provincial and regional level is to view their role as one of support rather than line management.

**Written by Lesley Bamford and David McCoy.**

**ISDS is grateful for the useful comments and suggestions provided by Yogan Pillay (Directorate: Systems Development and Policy Coordination; National DOH)**

*Comments or criticism?*

**Contact: Lesley Bamford**
**Tel: 021-6868621 Fax: 021-6868635**

**Email: lesley@rmh.uct.ac.za**

**Initiative for Sub-District Support**

**Tel: 031-3072954 PO Box 808**
**Fax: 031-3040775 Durban 4000**
**Email: isds@healthlink.org.za**