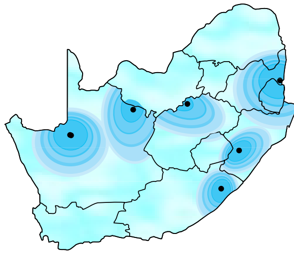
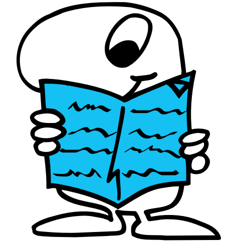


Initiative for Sub-District Support



Kwik-Skwiz #5

File for quick reference

# SETTING UP A DISTRICT MANAGEMENT TEAM: Lessons from Impendle/ Pholela/ Underberg

## The issue

In some provinces, district management teams are being appointed. In others, interim district management structures are in place. Now is the time to ensure that their activities are geared towards improving service delivery, rather than their becoming snowed under by bureaucratic tasks.

## The experience from IPU

The Impendle/Pholela/Underberg district unit is situated in Region B in southern KwaZulu-Natal. It lies along the Drakensberg mountains about 80 kms from Pietermaritzburg, stretching from Boston village down to the border of the Eastern Cape. Its boundaries are co-terminous with the four sub-regions of the Indlovu Regional Council, which means that its boundaries coincide with those of other sectors. Health workers in IPU agree that much could be done to promote district development, even if boundaries may eventually change.

### *Moves to establish management structures*

An Intersectoral Committee and the Health Forum were the first district level health structures formed in early 1996. This occurred through the effort of a group of health workers from St. Apollinaris hospital and Underberg Clinic who had a common vision of a well functioning health district. For the first time, people from the Impendle, Pholela and Underberg sub-districts met to discuss a co-ordinated response to health problems in the area. In January, 1997 the Initiative for the Sub-District Support (ISDS) was introduced. The ISDS facilitator helped to consolidate efforts and encourage communication between different team members.

### *Promoting an understanding of district health care*

The first task was to establish a district-wide understanding of a district health system, and how it can be used as a vehicle for delivering quality primary health care. All the health facilities in the district unit were visited to establish health workers' knowledge about new policy developments and to promote their understanding of district health care. This process was aimed at all personnel, including the general assistants, clerks and security officers.

### *The "District Health Task Team"*

Following this process a District Health Task Team was established, with an Executive and intersectoral working groups at sub-district level called Action Teams.

It was important to clarify the roles and responsibilities of each team member, to ensure that actions decided upon were carried out. These teams are active and the members are committed to their tasks.

But that was not the end of efforts to strengthen the management teams. One of the real barriers in getting people together is the lack of transport, and given the importance of face-to-face meetings, the ISDS facilitator took on the (temporary) task of picking up Task team members from their different facilities and transporting them to meetings. Sounds like a fairly menial task, but it was all-important at that early stage that people could meet together.

We also needed to ensure that people could continue to talk to each other on a daily basis.

With the assistance of HealthLink and Telkom, 'phone communication was established at all clinics, and electronic mail facilities provided for members of the Executive. This has helped to ensure that people can communicate regularly. Notification of meetings are sent out as circulars and electronically. Minute taking at Executive and Task Team meetings is routine, and notes are distributed soon after the meeting. Clinic staff in the district are now communicating more through circulars, phones and e-mail and this has further strengthened team-building.

### *Involving other sectors*

It became apparent that the ISDS facilitator had, with the help of district health workers, to identify other partners in health care provision. This was done by attending meetings of different sectors and communities, selling the idea of working together for better health. Attending these meetings helped to identify more existing resources, like field worker development committees which had been initiated some years back. These committees were scarcely functional, but are now being revived by the local health workers to serve as sub-district action teams.

### *Involving community members*

Acknowledging that people in communities often already have mechanisms for involvement in health care is the first step to strengthening that participation. Rather than re-inventing the wheel or duplicating what is already there, it's a very good idea to build on what already exists. This was particularly illustrated by the Impendle sub-district action team, where the field worker development committee members were eager to renew their involvement. In Pholela, the agricultural extension officer has been working to re-establish the Pholela Field Workers' committee. It has been decided to build on this initiative rather than attempt to create another. Obviously, we must be careful not to flog a dead horse, and some poorly functioning structures for community participation are best left alone!

## Lessons for district development

1. Don't assume that every one understands what a district health system is about. Involve every person concerned with provision of health care (including support staff) in developing a common vision of their health district.*
2. A prerequisite for an effective management structure is to define clear responsibilities, lines of accountability and channels of communication for each member of the team.
3. Ensure that each member of the management team regularly reports on progress (verbally and in writing). Reports should relate back to the specific responsibilities delegated to that individual.
4. For management teams to become effective, members need to be able to meet regularly and communicate regularly. Problems related to transport and communication need to be specifically addressed and overcome.
5. Basic business procedure like timeous notification of meetings, formal minuting of proceedings, and rapid communication of decisions is crucial.
6. Intersectoral collaboration needs to focus on specific activities and actions; otherwise people will lose interest. Identifying a few key areas for collaboration (eg. communication and transport) may be a good place to start.
7. Clinic and health committees are not the only forms of community involvement in health care. Many different mechanisms may already exist in districts, and it may be wiser to first strengthen existing mechanisms than to try to establish new ones..
8. Make sure that each person of the team feels supported and appreciated. ■

* Many health workers have found "A Pocket Guide to District Health Care in South Africa", published by the ISDS, to be very helpful in getting to understand the concept of a district health system.

*This brief was compiled by Gcina Radebe, ISDS facilitator for the IPU district employed by Valley Trust.*

*Contact:*

David Harrison
Initiative for Sub-District Support
Health Systems Trust
PO Box 808
Durban 4000

Tel: 031 307 2954
Fax: 031 304 0775
Email: davidh@healthlink.org.za

Designed and printed by Kwik Kopy Printing – Tel: 031 307 3240