



DHS News

Newsletter of the District Health System

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Introduction

It has been a while since I wrote an issue of the DHS News. I am writing to you all because, after many years of working on different programmes, I have been newly designated to be responsible for Districts and Primary Health Care.

There are many exciting things happening around the district health system (DHS) and primary health care that should be shared widely, hence the need to revive the DHS News!

The most exciting news is that there is significant political commitment from the Minister and Deputy Minister to strengthen primary health and the district health system. In case you have forgotten, the district health system is the institutional vehicle for the delivery of primary health care services. The DHS is also important in that it should by definition ensure that the primary health care approach is adopted as written in the Alma Ata Declaration of 1978 and as reaffirmed at all primary health care conferences, globally, regionally and nationally since then!

So what's new? There is increasing acknowledgement internationally that health system strengthening is the only way to ensure that health services reach those most in need of services. Whilst this may be a 'no brainer' there has been less emphasis on health systems since the focus on HIV, TB and malaria. However, all development partners as well as bilateral and multilateral organizations have now begun to acknowledge the importance of health systems. It is clear

that without a strong health system, vertical programmes, as the HIV and AIDS programme has been to date, cannot succeed and be sustained. This is also true in the face of a growing realization that chronic diseases, including AIDS, require a health system that will not only prevent these diseases but also provide care and support throughout the lives of individuals with chronic diseases.

This update will cover strengthening the DHS through district health plans (DHPs) and through primary health care re-engineering. Please send me comments as well as examples of good practice to share with others. My email address is: pillay@health.gov.za.

Regards

Yogan Pillay

Deputy Director-General: Primary Health Care & HIV, TB and MCH

Planning and Monitoring District Performance

We have been developing district health plans as required by the National Health Act for the past 5 years at least. We need to be able to assess the use of these plans to strengthen the performance of districts. The structure of the planning template from the National Department enables the district in part A to review performance for up to three years. In part B, the district prioritises activities and interventions over the midterm expenditure framework (MTEF- the three year macro financial planning used by The Treasury) to reach targets set for three years. A review of some of the plans suggests that some districts are developing plans only to comply with legislation. Some districts are not using this template as an opportunity for the district management team to critically review performance against targets and to think about appropriate actions that should be taken to improve performance and outcomes. Quarterly district management team meetings (as well as sub-district level meetings) to review performance should be the norm. These meetings will also assist districts to take corrective action during the financial year rather than to wait an entire year before corrective action is planned and implemented.

While working on districts health plans, all districts have been conducting district health expenditure reviews (DHERs) and these reviews are important for both figuring out funding priorities, ensuring adequate allocations of funds to priority areas, and to measuring efficiency. The DHERs need to inform the DHPs and the budget requests made to provincial departments of health.

Given the importance of the social determinants of health, it is important that DHPs also reflect intersectoral action that may be needed to improve health outcomes. To provide countries with guidance on what needs to be done to reduce inequities the World Health Organization (WHO) adopted a resolution in May 2009 which says, amongst others:

- *To develop and implement goals and strategies to improve public health with a focus on health inequities;*
- *To ensure dialogue and cooperation among relevant sectors with the aim of integrating a consideration of health into relevant public policies and enhancing intersectoral action;*
- *To increase awareness among public and private health providers on how to take account of social determinants when delivering care to their patients;*
- *To contribute to the improvement of the daily living conditions contributing to health and social well-being across the lifespan by involving all relevant partners, including civil society and the private sector;*
- *To contribute to the empowerment of individuals and groups, especially those who are marginalized, and take steps to improve the societal conditions that affect their health and;*
- *To generate new, or make use of existing, methods and evidence, tailored to national contexts in order to address the social determinants and social gradients of health and health inequities.*

In addition, The Negotiated Service Delivery Agreement (NSDA) that the Minister has signed with the President and all Health MECs mandates us to focus on four key areas: (a) improve life expectancy; (b) decrease maternal and child mortality; (c) decrease the burden from HIV and AIDs and TB and; (d) improve the effectiveness of the health system. These should therefore be the priorities in all district health plans.

What does this mean **practically**?

- It means ensuring that all children are fully immunized.
- It means finding out what the infant, child and maternal mortality rates for the district are, together with their causes and then implementing specific actions to reduce mortality.
- It means finding out what the TB case finding rate is, and increasing efforts at case finding together with increasing case holding and the cure rate (together with decreasing the defaulter rate).
- It means ensuring that everyone (twelve-year-olds and older) is tested annually (with at risk groups more often) for HIV and those eligible for treatment started on treatment as soon as possible.
- It means screening all patients suspected of having TB.

- It means ensuring that no facility has stock-outs of essential drugs and vaccines.
- It means monitoring quality of care provided in all facilities.
- It means ensuring that all facilities and grounds are clean.

Facility Audits

In order to strengthen district performance as well as help districts to write stronger DHPs, the National Department of Health has contracted the Health Systems Trust led consortium to audit all PHC facilities with respect to a number of aspects including: infrastructure, equipment, HR, financial management, services provided and some measures of quality of care. When the audit in a sub-district and district is completed the audit team provides feedback to the management. The next step is that each audited facility must develop and implement an improvement plan and the district/sub-district management must support the implementation of these plans. By focusing on the detail we can improve the quality of care we provide as well as improve the environment in which our health workers are expected to perform their duties.

Support for DHPs and Implementation

Partner activities should be made clear in DHPs. Development partners like USAID and CDC, amongst others, have many technical partners working in districts. It is critical that district and sub-district management knows who is working in their catchment area and work closely with these partners to strengthen coverage and the quality of services provided. Activities of these technical assistants should be clearly evident in the district health plan as one way to ensure that everyone is accountable for delivering on the same plan.

Three Streams of PHC Re-engineering

The National Health Council has mandated the Department of Health (national and provincial) to implement three streams of primary health care as part of PHC re-engineering. Clearly, simultaneously, the DHS needs to be strengthened and these three streams need to function in a cohesive and co-coordinated fashion within the DHS. The three streams, which will be elaborated in the remainder of this issue are: (a) the deployment of ward based PHC outreach teams; (b) strengthening of school health services; and (c) deployment of district clinical specialist teams aimed at improving maternal and child health in particular. We have been working on designing and implementing these streams for several months.

PHC outreach teams:

Each ward should over time have a number of PHC outreach teams depending on the population of the ward. These teams will essentially strengthen health prevention and promotion and identify individuals and families at high risk. Each team should ideally comprise a nurse and 5-6 community health workers (CHWs) as well as a health promoter and environmental health practitioner where possible. An audit by the NDOH determined that there are an existing 72,000 CHWs who receive varying stipends and do not have clear job descriptions. By including CHWs in the PHC outreach team, the DOH will be ensuring that they have a clear scope of work and that they become more fully integrated into the DHS system.

A PHC outreach team will be initially responsible for:

- Identifying and capturing details of people who live in the households in the catchment area and assessing those who are most at risk
- Providing health promotion and prevention;
- Testing for HIV and screening for TB;
- Checking immunization status of children; and
- Facilitating early antenatal booking and use of contraception

Clearly, they will also respond to the local burden of disease pattern.

All provinces have initiated processes to establish these teams. The national department is finalizing an orientation programme for these teams and 5,000 CHWs and other members of the team will be re-trained by the end of 2011 with this training programme starting in October 2011.

What are districts expected to do? District management teams are expected to assess the functionality and effectiveness of currently deployed CHWs and allocate CHWs to designated catchment areas with support from health professionals. CHWs that meet nationally developed criteria should be selected to be part of the first group that will go through the re-training programme together with health professionals that will be part of the outreach team.

School health services:

We know that early childhood development is critical to success in later life. We also know that many children have physical and cognitive deficits that are not always identified early and corrected. Whilst we have always had school health services, poorer areas often had the least coverage. Our plan is to strengthen the provision of school health

services in schools in poor districts in particular. School health nurses should be deployed to ensure that all grade R and grade 1 learners in quintile 1 and 2 schools (schools in the poorest districts in the country) should be screened and those in need of treatment and correction should be referred as appropriate. For secondary schools, school health nurses should provide information on sexual and reproductive health as well as the dangers of alcohol and substance abuse.

The national Department has placed adverts seeking the assistance of retired nurses who shall be deployed as needed after suitable orientation to school health services. Over 400 nurses have responded to the advert thus far!

Strengthening school health services will commence with national screening during School Health Week from October 24th-28th.

District specialist teams:

Maternal and child health services needs to be strengthened in all districts. Recent data on institutional mortality suggests that maternal mortality in 7 of the 9 provinces increased between 2005-2007 and 2008 –2010. This data also shows a wide range in institutional mortality between the Western Cape (lowest rates) and the Free State (highest rates). Equally, infant and under five mortality are also high for a country with our level of development. This has led to the decision to establish district clinical specialist teams to focus on clinical governance at facility level. Working with the PHC outreach teams, this team will ensure that all risk factors are dealt with in a seamless manner.

Adverts for the specialists will be placed nationally by mid August with appointments in posts by December this year. It is expected that provinces, with district guidance, should ensure that specialist posts are identified. Where specialists are already rotated through districts, it should be ensured that these specialists have clear job descriptions, that they work closely with others as appropriate and that their efforts are monitored with due regard to impact on health outcomes.

National Strategic Plan

As is well known the current National Strategic Plan (NSP) for HIV, STIs and TB expires in December 2011. The National Department is working with the South African National AIDS Council to draft a new NSP. The new NSP process requires the development of provincial strategic implementation plans as well as district based plans. You are encouraged to work closely with district and provincial AIDS councils so that your inputs and insights are included in the NSP and provincial strategic implementation plans for the 2012 – 2016 period.

Conclusion

I want to thank you all for your hard work, time and consideration in the above matters. By strengthening our district health system, we will achieve the goals that the President and the Minister set out for us in the Negotiated Service Delivery Agreement. Please do not hesitate to reply to this update with any questions, comments, or best practices that you would like to share.