



DHS News

Newsletter of the District Health System

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Editorial

This is the first issue of the DHS News for 2012! Much has happened during the first 4 months of this year. To begin, the Minister of Health made the much-anticipated announcement of the names of the first 10 NHI pilot districts! The Minister has already commenced with road shows in these pilot districts to inform stakeholders of plans to strengthen the coverage and quality of care in these areas over the next 5 years. He also asked for inputs from stakeholders on their views of what needs to be done in addition to the planned activities. It is critical for district management teams to be fully involved with the creation of the plan.

Another exciting announcement has been that the consortium led by the HST, which won the tender 18 months ago to conduct the health facilities audit, has nearly completed the audit and has fed back their findings to many district management teams. Each facility, supported by the district management teams, are expected to develop and implement facility improvement plans on the basis of the data generated through this audit.

The last DHS News focused largely on the HIV, STI and TB Strategic Plan, 2012-2016. In this issue we focus largely on developments related to maternal and child health as well as provide an update on the progress we are making in PHC re-engineering.

Dr Yogan Pillay

Maternal and Child Health

May 5th and 6th will be remembered as landmark days for everyone that is concerned about the unacceptably high rates of maternal, perinatal and under 5 mortality. Led by the Minister of Health, the Premier of KwaZulu-Natal, Ms Graca Machel and the African Union Commissioner for Social Affairs, Adv Biennce Gawanas, the NDOH launched two documents of significant importance. These are the Maternal, Newborn, Child, Women's health (MNCW) and Nutrition Strategy as well as South Africa's commitments to the AU's Campaign for the Reduction of Maternal and Child Mortality in Africa (CARMMA) – under the theme “**South Africa cares: No woman should die whilst giving life**”. Subsequent to the launch, a conference on maternal and child health was held during which the key findings of the three Ministerial Committees (on maternal, perinatal and child mortality) were presented and discussed with key stakeholders, including provincial managers responsible for MCH.

All speeches and documents from these events will be on the NDOH's website shortly and are available from the clusters responsible for MCH in the NDOH (e.g. <http://www.doh.gov.za/show.php?id=3573>) Key issues from the MNCW Health and Nutrition Strategy as well as CARMMA will be highlighted in this DHS News.

(<http://www.doh.gov.za/docs/stratdocs/2012/MNCWHstratplan.pdf>.)

The MNCW Health and Nutrition Strategy includes targets for 2014 as well as targets to be reached by 2016. The following are some of the targets to be achieved (preferably bettered!) by 2014 from the figures from the 2009 baseline:

- Maternal Mortality ratio: 310 per 100 000 live births (2009 baseline) to be reduced to 270 per 100 000 live births in 2014
- Neonatal Mortality rate of 14 per 1 000 live births to be reduced to 12 per 1 000 live births by 2014
- Infant Mortality Rate of 40 per 1 000 live births to be reduced to 36 per 1 000 live births by 2014
- Under-5 Mortality Rate of 56 per 1 000 live births to be reduced to 50 per 1 000 live births by 2014

The 8 strategies to achieve these targets are:

- **Addressing inequity** by targeting under-served areas.
- Developing a **comprehensive and coordinated framework** for the provision of MNCWH & Nutrition services
- Strengthening **community-based MNCWH and Nutrition interventions**
- Strengthening the provision of key **MNCWH and Nutrition interventions at PHC and district levels**
- Strengthening the provision of key MNCWH & Nutrition interventions at **district hospital level**
- Strengthening the capacity of **the health system** to support the provision of MNCWH & Nutrition services

- Strengthening **human resource capacity** for the delivery of MNCWH and Nutrition services
- Strengthening systems for **monitoring and evaluation** of MNCWH and Nutrition interventions and outcomes

The Department prioritised a select set of activities for CARMMA as part of the key interventions to achieve a reduction in maternal and child mortality.

The activities are:

- Strengthening access to comprehensive Sexual and Reproductive Health services, with specific focus on family planning services
- Advocating and promoting early antenatal care attendance/ booking
- Allocating obstetric ambulances to every facility where deliveries are conducted
- Establishing maternity waiting homes and facilities for lactating mothers and for Kangaroo Mother Care (KMC)
- Strengthening Human Resources for Maternal and Child Health through:
 - Training doctors and midwives on Essential Steps in Management of Obstetric Emergencies (ESMOE)
 - Strengthening midwifery education and training
- Improving child survival through promotion of breast-feeding, appropriate care and support of pregnant women and lactating mothers in the workplace
- Eliminating mother to child transmission of HIV

What is expected at district level to ensure implementation?

Firstly, each district management team is requested (with provincial support) to review their district health plans (DHPs) and to ensure that the elements of CARMMA are reflected in their plans. Secondly, each district management team is requested to monitor and report quarterly to the province (which then reports to the NDOH) on progress in the implementation of these elements.

Update on PHC Re-Engineering

District clinical specialist teams

By the end of June 2012, the DOH will have appointed the first set of medical specialists and nurses in the NHI pilot districts. In addition, interviews for the nurses will have been held in all provinces and some provinces will have made appointments. It is critical for district management teams to meet with and constantly collaborate with the clinical specialist teams. The district manager is responsible for the administrative management of these teams whilst the provincial specialists will give oversight of the clinical governance issues of patients.

A national process to orientate the District Specialist Teams will commence in July 2012. District managers will be requested to attend the orientation workshops.

Integrated School Health Services

Strengthening of School Health Services is a key component of the DOH's Primary Health Care restructuring process, as well as an important component of the Department of Basic Education's Care and Support for Teaching and Learning (CSTL) framework. The new Integrated School Health Policy (ISHP) and Programme, which will replace the 2003 School Health Policy and Implementation Guidelines, builds on and strengthens existing school health services, albeit with some **important changes**. These include:

- A commitment to close collaboration between all role-players, with the Departments of Health and Basic Education taking joint responsibility for ensuring that the ISHP reaches all learners in all schools. The Department of Social Development also has a key role to play
- Provision of services to learners in all educational phases. This includes the foundation phase (Grades R-3); the intermediate phase (Grades 4-6); the senior phase (Grades 7-9); and the Further Education and Training (FET) phase (Grades 10-12)
- Provision of a more comprehensive package of services, which addresses not only barriers to learning, but also other conditions which contribute to morbidity and mortality amongst learners during both childhood and adulthood
- More emphasis being placed on provision of health services (as opposed to medical screenings) in schools, with a commitment to expanding the range of services provided over time. A referral mechanism needs to be in place to ensure that learners who need additional services indeed receive those services
- A more systematic approach to implementation. The phased approach (as outlined in the 2003 School

Health Policy), which focused on district level implementation, did not translate into adequate coverage at sub-district, school and learner levels. Although the ISHP will initially target the most disadvantaged schools, sequenced plans for progressive implementation aim to ensure that all learners are reached over time.

- The ISHP will be implemented within the Care and Support for Teaching and Learning Framework that is currently being used by the Department of Basic Education to cohere all care and support initiatives implemented in and through schools including school health services

Although the ISHP aims to provide comprehensive services in the long-term, service provision will initially focus on providing a relatively limited package of services. This should include (as a minimum):

- Immunization (for foundation and intermediate phases)
- Deworming (for foundation and intermediate phases)
- Treatment of minor conditions, especially skin conditions (all phases)
- Counselling on sexual and reproductive health issues (all senior and FET learners, plus intermediate learners where required)

Where learners are identified as requiring services that cannot be provided on-site through routine school health services, additional services will be provided. This will be done using a number of models:

- Service provision by specialised school health mobiles is the ideal way to provide services. These mobiles will initially be deployed in NHI pilot districts and will provide PHC services, including oral health, dental and optometric services
- In areas where specialized mobiles are not operating, learners should receive services at fixed facilities including PHC clinics, community health centres and hospitals. Plans must be in place to ensure that learners can be seen at appropriate times (i.e. in the afternoon or during the school holidays). Schools must make these arrangements and partnerships with the clinics and health centres before learners are medically screened
- Services may also be provided using existing mobile services, both through PHC mobiles and specialized mobiles (such as dental mobiles or optometric mobiles). These services may be provided by DOH officials or by other providers on a regular or intermittent basis (e.g. services provided by NGOs or by professional societies on a voluntary basis)

The Department of Social Development will be responsible for assisting learners to access services, particularly where financial barriers to accessing services are present. This includes providing transport to health facilities where necessary.

Municipal ward based PHC outreach teams

Since January 2012, 264 PHC active and functional outreach teams have been established nationally. The pace of implementation across and within provinces has varied due to the level of support and guidance received for implementation within provinces. A team from the NDOH visited districts in 4 provinces to observe and document progress and challenges. The districts visited were Nelson Mandela Metro and OR Tambo (Eastern Cape), Dr K Kaunda and Ngaka Modiri Molema (North West), Tshwane Metro (Gauteng) and Mangaung and Thabo Mofutsanyane (Free State).

Each province visited approached the establishment of the ward based outreach teams differently and the function and composition of these teams and their relationship to the PHC clinic varied across provinces. In North West and the Free State the outreach teams were made up of a professional nurse and between 6 to 12 community health workers (CHWs) and they had close relationships with their clinic. In the Eastern Cape the ward based outreach team was made up of a professional nurse, enrolled nurse or enrolled nursing assistant and health promoters who focused on both registration of members of households and on health screening (BP, blood glucose, weights and HCT). Gauteng's model is based on "health outposts". Despite these differences the work that the outreach teams are doing is largely common and outreach teams in all 4 provinces prioritised the visiting of households.

The progress made to date is undoubtedly due to the positive attitude of the provincial, district and ward based team members. A particular highlight is the high level of commitment and knowledge of the community health workers (especially in the rural districts visited) and the overwhelmingly positive responses from the communities that received visits from these team members.

District managers must now tackle how to create and expand their outreach teams, ensure their teams are using standard data collection tools that align to the District Health Information System (DHIS), and ensure that patients and households identified by the PHC outreach team as vulnerable, consistently receive services.

District Health System Discussion List

The District Health System discussion list was started a few years ago with the purpose of facilitating and stimulating discussion around the development of the district health system in South Africa. An example of one of the important topics was *the transfer of primary health care services from local to provincial government*. Regular summaries of the main issues discussed on the list were produced. Copies of these summaries are available on the HST website and to members of the list.

The list has been dormant since July 2008. An unsuccessful attempt to re-start the list was made in October 2011. Notwithstanding that, because of the number of important initiatives in the pipeline, including *PHC re-engineering, NHI, managerial competencies and facility improvements*, it is very important for there to be better communication and sharing among people working in the health system.

The people who should participate in this list include:

- Managers whose work is linked to the DHS, especially district, sub-district and facility managers
- Developmental partners
- NGOs and CBOs working in the district health system
- Academics doing health systems research or training primary health care workers

Ideally, this list will be used for (amongst other things):

- Information sharing (e.g. around NHI)
- Sharing of successes, challenges and best practices
- Sharing of experiences
- Topical issues (e.g. occupational specific dispensation – OSD)

All stakeholders working at district level, including development partners, are strongly encouraged to join the list by clicking on the following link: <http://lists.hst.org.za/mailman/listinfo/dhs-lg>. The list is hosted by HST and will be moderated by HST's Senior Programme Manager for Health Systems Strengthening, Waasila Jassat.

The NDOH will post at least one topic a month for discussion. Furthermore colleagues are invited to post to this list so that it can become a valuable tool to foster sharing of experiences for the achievement of improved health system effectiveness.

Please send comments and inputs from district experiences for the next DHS News. Send all contributions to Pillay@health.gov.za.