How to fix the district health care system: What District Managers told us in 2013 about the obstacles and challenges they face

Dr Gustaaf Wolvaardt
MBChB,M.Med(Int), FCP(SA) AMP(MBS), PGCHE
Managing Director FPD

FPD

Departure Points

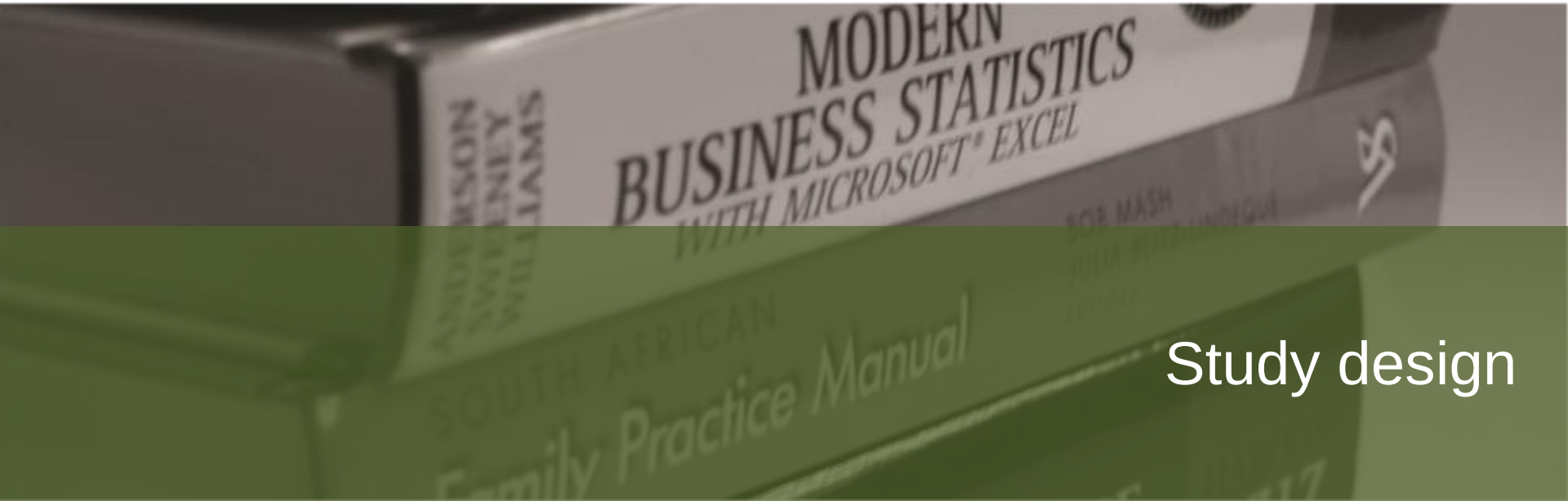
Role of the district in the health care system

- The District Health System (DHS) is the organisational entity around and through which the provision of healthcare delivery should be organised as mandated by the National Health Act (61 of 2003).[1]

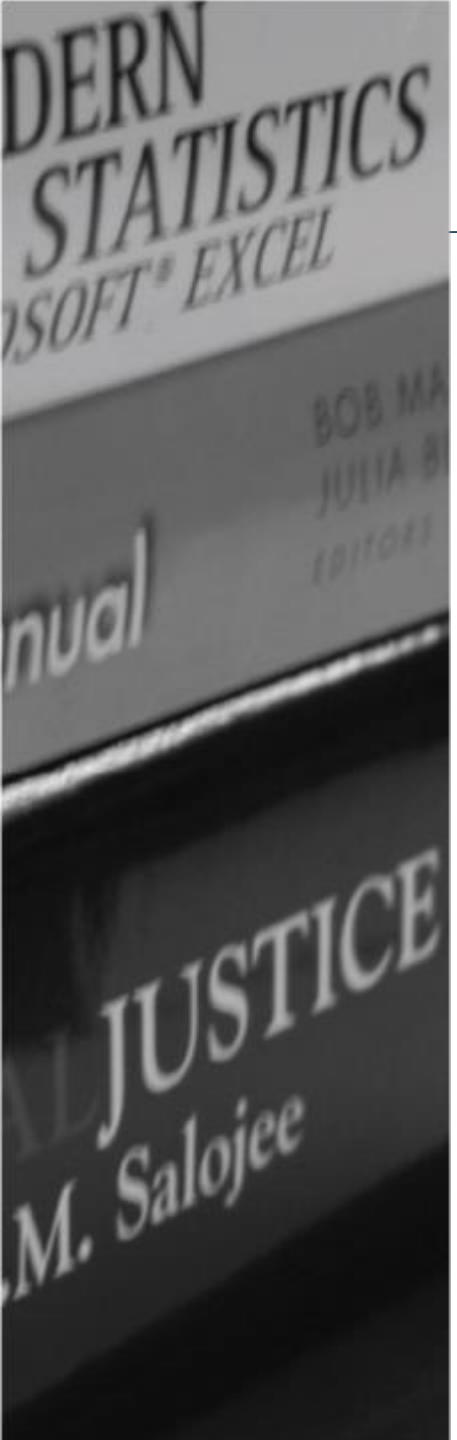
The World Health Organization (WHO) defines a DHS based on PHC as

- … a more or less self-contained segment of the National Health System. It comprises first and foremost a ***well-defined population***, living within a clearly delineated administrative and geographical area, whether urban or rural. It ***includes all institutions and individuals providing health care in the district, whether governmental, social security, non-governmental, private, or traditional.***

- A District Health System therefore consists of ***a large variety of inter-related elements*** that contribute to ***health in homes, schools, work places, and communities***, through the health and other related sectors. It includes self-care and all health care workers and facilities, up to and including the hospital at the first referral level, and the appropriate laboratory, other diagnostic, and logistic support services.[4]



Study design



Study design

- Data was collection methods.
  - Desktop review of literature
  - individual semi-structured interviews were conducted with 9 district managers .
  - quantitative data collected using a structured questionnaire completed by 233 operational and district managers
  - interviews with representatives of the PEPFAR DMTs and
  - analysis of baseline assessment done by some PEPFAR partners.
- Study provides a snap shot of:
  - 25 districts ,
  - both urban and rural
  - covering all provinces

Results

Overarching issues

A roadmap for the reform of the South African health system *Development Bank of South Africa (DBSA)* 2008

- Suggests that the reason for South Africa's ***deteriorating health outcomes lies in flaws in institutional design,*** and stresses the need for institutional design to be a central theme for health system reform.[6]

- It recommends that ***"restructuring health districts to improve performance is an essential prerequisite*** for achieving any improvement to the public health goals."

- This report further cites problems around :
  - governance frameworks, specifically ***the lack of decentralisation of authority to district or hospital management level*** that thus lack the mandate to carry out their functions effectively. [6]
- The report concludes that "a dysfunctional district system will never be able to effectively carry out programmes assigned to it, and consequently represents an obstacle to improvements in the achievement of key health goals."

So have these overarching problems been fixed since 2008?

POLICY MANDATES

DEPARTURE POINT OF MANAGEMENT PROCESS

PLANNING
STEP 1

Develop a strategy with clear goals and objectives customized to local realities ②

ORGANISING
STEP 2

Develop operational plans listing the actions required to implement strategic goals and objectives including what? where? when? and who?
How do you know it's done (e.g. indicator and target)

Develop a zero based budget linked to the operational plan ③

STAFFING
STEP 3

- Workforce planning
- Selection
- Appointment
- Briefing
- Training
- Mentoring
- to answer the "who" question in the operational plan ④

DIRECTING
STEP 4

- Coordination
- Progress review based on indicators
- Problem solving
- Updating of operational plan

CONTROL
STEP 5

- Evaluation
- Reward
- Report on lessons learned
- Recommendations

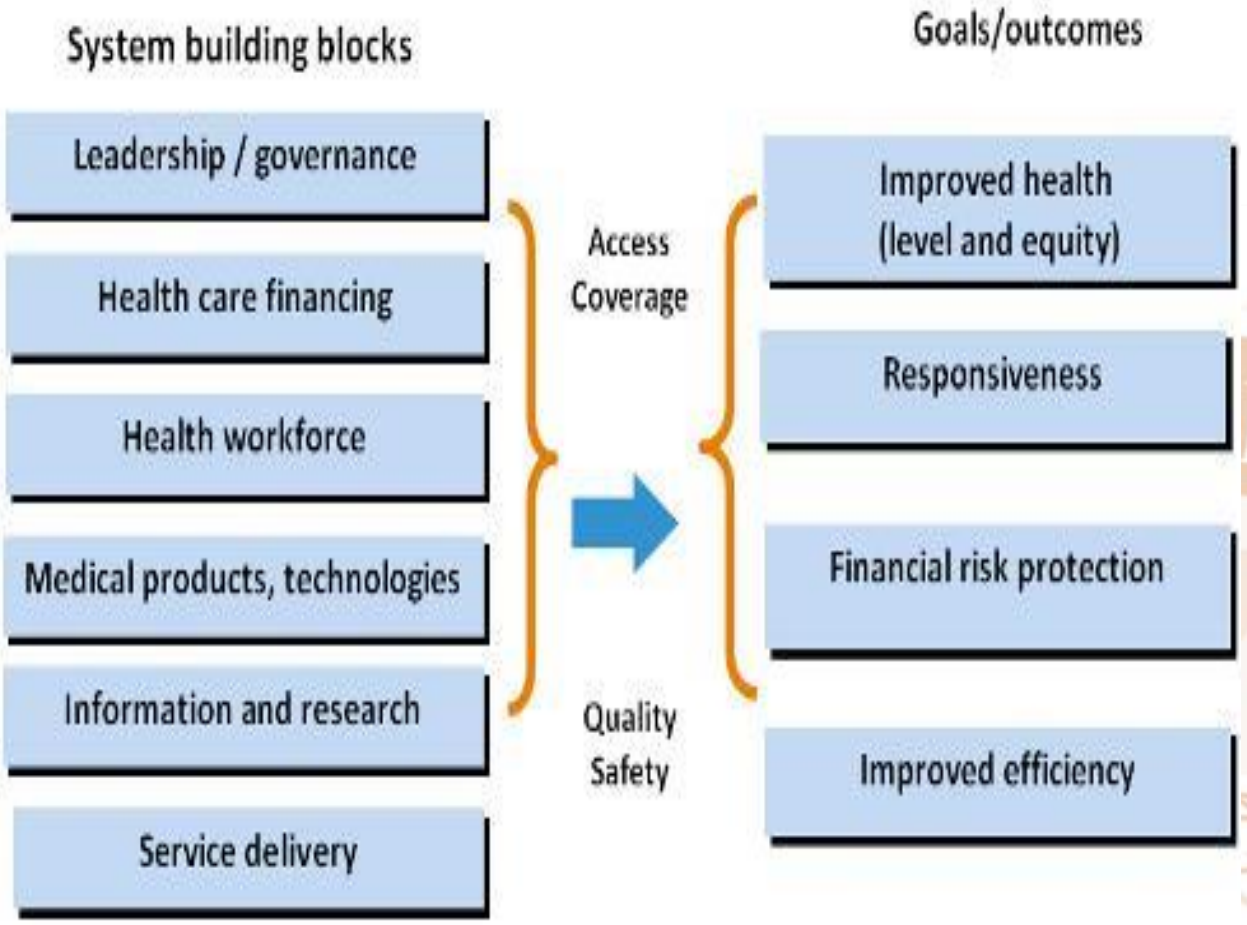
① ⑤ ⑥

Institutional design blockages

1. District management has no influence over policy directives.
2. Strategy is defined at National / Provincial level.
3. District management has limited influence over allocated budget.
4. District does not control workforce planning and appointment of staf.

5 & 6. No clear system whereby lessons learned at district level is used to influence policy or strategy.

Rest of the results are reported according to the WHO HS building blocks

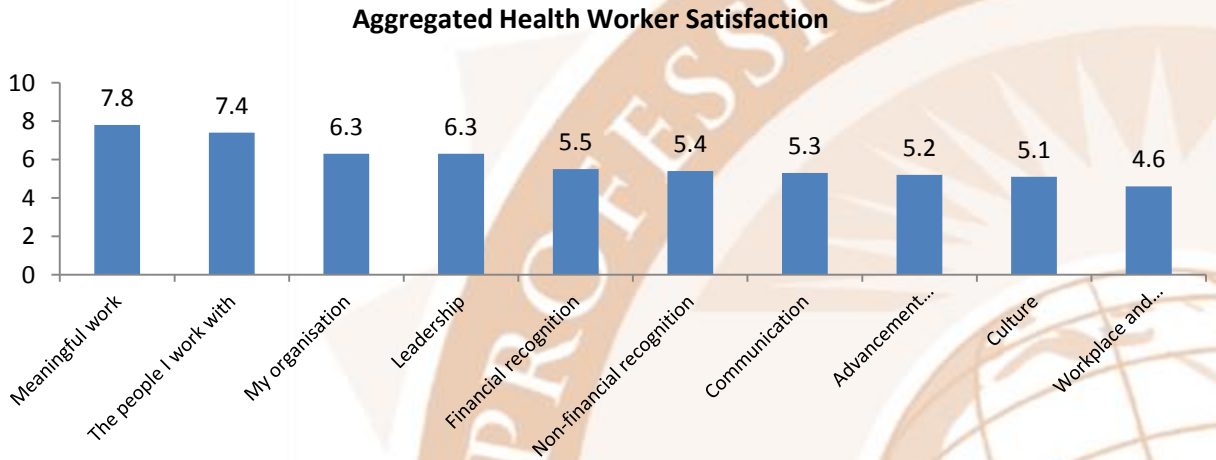


Major points service delivery:

- Lack of strategic planning skills
- Vacancies in key positions
- Short term focus in planning
- Lack of provincial direction to allow prioritisation around service delivery
- Limited coordination of public, private and civil society efforts in district

Major points health workforce:

- What we found
  - ***Lack of delegation*** of most HR related authority to DMT
  - ***Lack of reliable*** up to date ***HR information***
  - Clinical and managerial ***staff shortages***
  - ***Limited attention to retention*** issues
  - ***Dissatisfied clinical staff*** in facilities
  - ***Lack of HR skills*** amongst line managers
- What health care workers told AHP (6 Provinces)

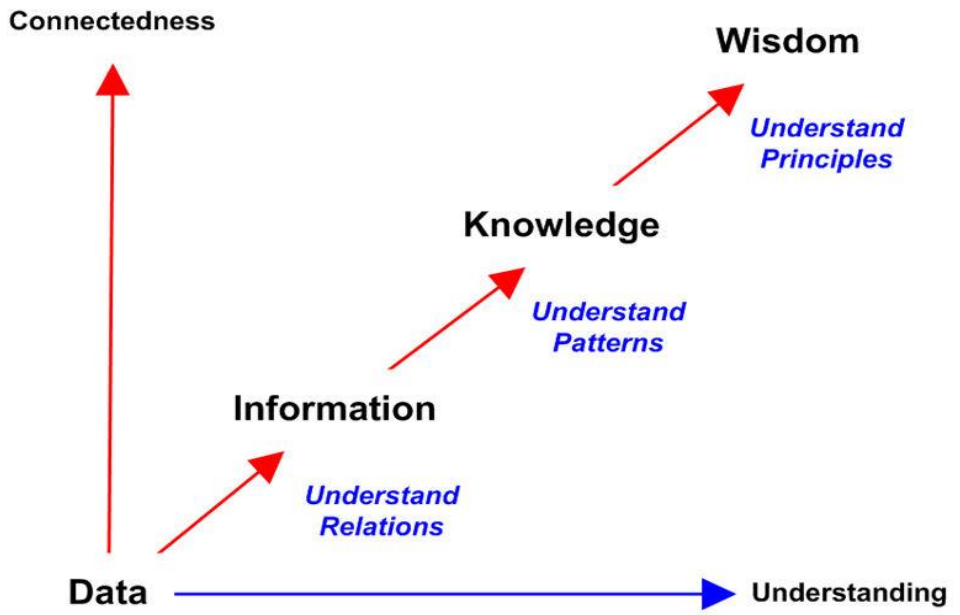


Major points information:

- Inadequate data ownership and ***accountability,*** for quality, by line managers ,
- ***Lack of data driven decision making***,
- ***Lack of sufficient resources*** – human and IT to capture and process data ,
- ***Poor data quality***,

Major points information:

- Lack of transition of data into more user friendly strategic information,



- ***Lack of research to capture grass roots learning.***

Major points medical products:

- A ***key management position*** that of the district pharmacists is often ***vacant,***
- ***Outdated*** and often manual ***stock controls systems,***
- Some provincial depots, facility based pharmacies and PHC ***facilities are not accredited/registered with SAPC*** as required by legislation,
- ***Shortage or pharmacists*** and pharmacy assistants,
- ***Shortage of training facilities*** for pharmacy assistants.

Major points health financing:

- ***Lack of district ownership*** of budget allocation,
- ***Insufficient budget allocations*** to implement DHPs,
- Limited mechanisms to secure additional funding,
- ***Lack of ownership or accountability at facility level*** management for over expenditure,
- ***Lack of financial management skills***,
- ***Vacant*** financial management positions,
- ***Ineffective financial management structures***.

Major points leadership & governance:

- ***Lack of managerial qualifications and competency ,***
- ***Acting managers*** often only play a caretaker role,
- Some ***vacancies in key managerial*** positions,
- Neglected governance structures,
- ***Detrimental impact of regular changes at provincial political leadership*** and ***senior management level.***

Recommendations

Overarching

- The institutional design problems identified in the **DBSA 2008** report[6] still exist and issues around delegation of authority and management autonomy need to be resolved.

- Districts should be granted ***the authority to implement DHPs,*** as only under such a scenario ***will it be possible to hold DMTs accountable for service delivery.***

Service delivery – Planning

- Need for ***longer-term strategic planning at district level*** supported by ***one-year work plans.***
- It is crucial that DMTs
  - develop ***strategic planning skills***
  - have ***access to all relevant*** national and provincial strategic ***documents,***
- Need to ***plan*** initiatives around ***using all resource*** (government private and NGO sector)
- Need to ***involve all sector partners*** in planning

Service delivery – People

- ***Key*** managerial and clinical ***positions must be filled*** with ***competent and committed*** people whose ***performance is monitored*** with appropriate ***rewards and sanctions.***

- ***All employees*** in the district health system should be acquainted with the ***contents of the DHP***.

Health workforce

- ***Workforce planning should be a priority activity*** for district management supported by ***reliable strategic HR information***.

- ***Ratios*** for the number of managerial and administrative positions in relation to service delivery positions ***should be established.***

- ***Recruitment times should be shortened*** and the issuing of employment contracts should take place within a reasonable time (30 days) through ***devolving authority for issuing such contracts.***

Health workforce

- Line managers' ***HR skills should be dramatically improved***
- ***Performance management systems should hold managers accountable on HR indicators*** such as staff satisfaction, staff turnover and productivity.
- ***Comprehensive induction programmes*** that address clinical, social, cultural and logistical orientation of newly recruited health workers should be developed.
- ***Professional and personal isolation of managers and clinical staff in rural areas should be addressed*** through Continuing Professional Development (CPD) sessions that convene health workers and facilitate action learning sets for managers.

Information and research

- **To ensure data ownership**, three immediate interventions are recommended:
  - ***orientating all levels of managers on their roles and responsibilities*** in accordance with the DHMIS policy;
  - ***updating performance agreements to include data verification*** and data use; and
  - ***requiring all managers (not only the information managers) to use data from*** the South African government's ***Health Information Systems (HIS***) for their monthly reporting against targets at programme and/or facility level.

- Districts should allocate a larger ***operational budget*** for equipment and staff especially junior technicians .

Information and research

- Districts should explore ***point-of-care reporting using simple phone-based*** applications to capture data and process information.

- The use of ***dashboards, barometers and other data interpretation tools*** should be implemented to assist managers in translating data into information for decision-making

- ***A research culture should be developed*** at district level to ensure that grassroots learning is captured and disseminated.

Medical Products and technology

- The DMT, in co-operation with the district pharmacist, should develop ***annual pharmaceutical budgets and item forecasts*** for submission to the PDoH.
- ***District pharmacist positions should be filled*** and these pharmacists should play an active role in preventing overstock and expiry of items at all facilities by re-distributing items within the district.
- The provisioning and standardisation of ***computerised, user-friendly stock control*** and dispensing systems in hospitals and community healthcare centres is essential.
- The DMT should ***ensure compliance of pharmacies and PHC facilities with SAPC regulations***, and should settle annual registration fees for the facilities and pharmacy staff.
- All ***pharmacies must be accredited for training*** of pharmacy staff as required by the SAPC.

Health care financing

- ***Zero-based budgeting*** should be encouraged, preferably using an indicative amount as a baseline provided by the Provincial Treasury so that DMTs have an understanding of the expected funding.
- **Budgeting should be done according to district-specific priorities,** with sufficient ***authority devolved to the DMTs to allow them to adjust district objectives based on actual funds received.***
- There is a ***need to bail out districts caught in a revolving deduction*** of the previous year's overspend from the current year's budget.
- ***Accountability for expenditure and income (in the case of user fees) should be devolved to the lowest possible line manager***, such that clinic managers' budget ownership, with accountability by line managers, is built into their performance plans.

Health care financing

- If ***national priority programmes*** are introduced during a budget year, such programmes should ***be fully costed*** to district level and implementation should be subject to additional funding being provided.

- Standardised ***financial management tools and procedures should be developed allowing line managers to review their income and expenditure on a monthly basis***,

Leadership and Governance

- Ensuring managerial competence should be a high priority for all DMTs and ***all senior managers should acquire a management qualification***. Where required, mentorship programmes should be instigated.

- Competency should be ensured through effective performance management using an ***objective outcomes-based system such as Balanced Score Cards.***[24]

Leadership and Governance

- ***Acting*** managers should have the required ***authority*** to fulfil the requirements of the post.

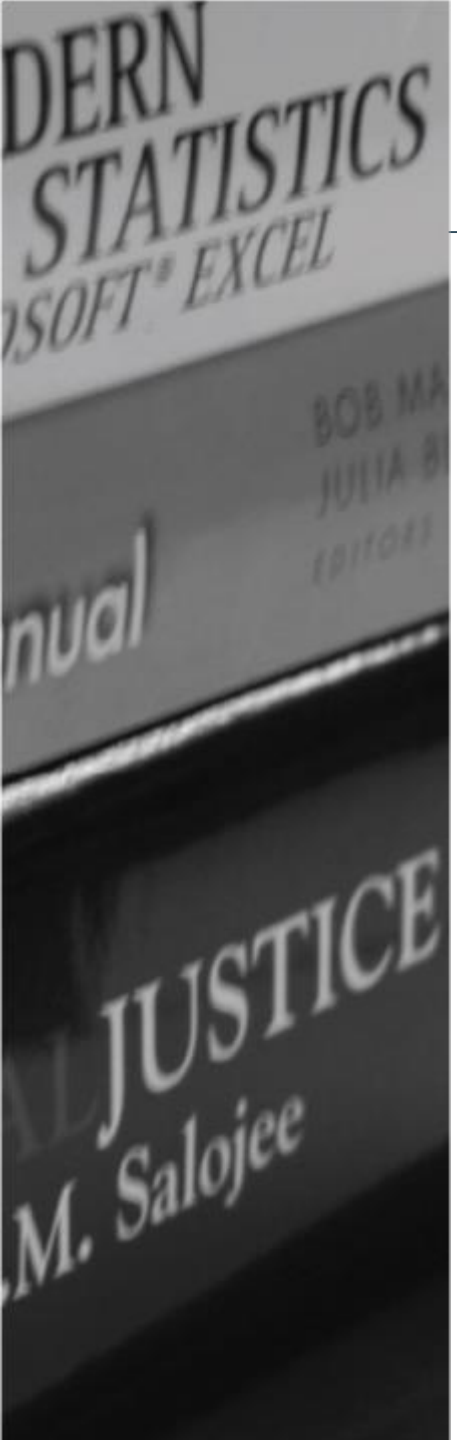
- The ***composition, agenda and reporting tools*** of monthly district management meetings must be ***standardised.***

- The ***private for- and not-for-profit sector should be included as representatives on governance systems in preparation for moving towards a NHI system*** wherein all available resources in a district will be brought in to provide services.

Observation from the study

- Despite these constraints, DMTs take on ambitious national programmes with a positive attitude,
- and there are positive indications that the some of the obstacles identified are being successfully addressed through policy reforms.

Conclusion



- *"Effective organisations take it for granted that work isn't being done by having **a lovely plan**. Work isn't being done **by a magnificent statement of policy**. Work is only done when it's done*
  - *Done by **people.***
  - *Done by people with **a deadline.***
  - *By people who are **trained.***
  - *By people who are **monitored and evaluated**.*
  - ***By people who hold themselves responsible for results".***[25]

- Peter Drucker