

Strategies to support district managers and clinical officers.
What appetite is there for new approaches: results of a multi-country study in Africa



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Informing our thinking

- Primary care providers are the backbone of many health systems in Africa
- They are often de-motivated
- They often operate in circumstances in which providing high quality care is challenging.
- Motivating the research is the thinking that if you do what you always did you are likely to get what you always got

- PHC providers work in isolated areas and report feeling abandoned.
- There are pockets of excellence even in dysfunctional health systems
- A succession of reforms has failed to significantly improve the situation
- Financial resource constraints a problem, also true that could rethink the way we spend the money we do have

- A key component of the health crisis in Africa is the disempowerment of health workers, managers and policymakers at all levels
- People report being unable to do things
- The powerlessness of individual health actors is significantly overstated and contributes to health system failure in Africa

Traditional
interventions have
been



- Reforms are determined by outside agencies and donors, and then driven by international technical experts;
- External interventions are prioritised over local, context-specific solutions;
- Reformers are concerned with technical solutions rather than with the processes required to support change;
- Reform is seen as the responsibility of a small group of centralised planners rather than as a distributed responsibility of the entire system;
- Reformers have been preoccupied with trying to identify the once-off, large-scale fixes, rather than with supporting longer-term, incremental improvement.
- Such strategies do not support sustainable development; they discourage local problem solving and create a culture of dependency.

Problem 1 quality of care

- Cannot ignore salary, infrastructure etc. – this is being addressed
- Quality of care is related to motivation
- Motivation is related to being “recognized”

Improved quality of care found from the following interventions

- Combining training with mentoring, audit and feedback
- Supportive supervision is important for staff motivation and performance
- Clinical supervision using interaction and feedback (such as checking to see that treatment protocols were followed)
- In-service, on-site training and having better supervision and audit with feedback

- A key challenge facing health systems development is the inadequate use of local level data to review care despite good evidence that it can improve quality
- a possible solution

Job enrichment through self audit and mentor system

- When trained in problem-solving approaches, health staff can often find effective ways to improve performance.
- PHC/midwives/CA to routinely collect workplace data
- Analyse these data in order to identify areas for improvement and how to address them
- E.G. coverage of preventive interventions, patient waiting times, the proportion of patients treated as per protocol, the frequency of stock-outs, etc.
- Mentor teams will provide the support required by primary care providers for this work
- Mentors would visit on a regular basis and work alongside primary care providers
 - co-consult on cases,
 - initially do audits with the staff as training before handing over this monitoring and evaluation function to them
 - talk through the implication of the findings and discuss how they could be used to change practice.

The role it will fill

- Create a capacity for self-review and promote agency
- Meeting the needs identified for supportive supervision
- Three essential elements in quality assurance are taken into account:
 - capacity building;
 - communication and information;
 - and rewarding quality (through mentor feedback and public presentation of the results)
- In most systems a category of this kind of person already exists + money is spent on training

Outputs from primary care providers research

- Recognition by having papers at a conference of PCPs
- Provides a way of recognising and reinforcing their actions – their agency

Problem two: Working in a well managed system

- The external working environment is critical in motivation and depends on how health care systems and people are managed
- This management responsibility is distributed through various levels of the health system, but for service delivery it rests primarily with district managers
- Managers at the district level can influence the work environment, which, in turn, influences health worker motivation
- Poor clarification of roles and lack of decision-making authority limit the ability of programme and district managers to effect change
- Managers are appointed without adequate training & work in health services that are fraught with urgent, competing demands “that seasoned chief executives would find difficult”
- Managers feel unvalued

Professionalisation

- ...means operating with respect to
 - certain standards
 - communal goals
 - codes of ethics
 - governance
 - recognition of specific skills and knowledge.
- Membership of a professional body and self-respect accrued from respect it afforded in the social and organisational working environment
- Professionalisation is important to the improvement of motivation and quality of care

District Managers Association of Southern Africa

- Two components
 - annual meeting of district managers
 - a sabbatical learning exchange programme

Annual meeting

- focus on peer learning to present operational research projects conducted in their districts;
- present examples of well-functioning districts what a manager thinks makes them function well
- have invited presentations on management skills and other issues important to district managers – the Mx Training
- The association will give recognition to district management itself and promote professionalisation

Learning exchange

- Exchanges be organised to identified, **well-functioning** districts.
- Managers work for a period of time alongside another district manager in a different district or country
- Validate local knowledge and innovation by identifying centres of excellence to learn from, and counter the notion that solutions are mainly found outside of Africa
- District managers able to observe practice and identify systems in place that can be implemented once they return
- It provides the tools for them to exercise agency by taking action to implement learning once they return
- Ad-hoc learning visits have been a feature of many interventions and have been successful in getting district staff to advocate for change in some settings
- An opportunity to reflect and rejuvenate and would improve the motivation of district managers, enhancing the “discipline” of district management and professionalisation.

Agency

- Must still focus on health systems strengthening
- A fundamental requirement for health systems development is that people have to demonstrate agency—the willingness to act on issues they feel are important.

What we asked

- Who are you?
- How do you see your job and its possibilities?
- Here are some ideas – do they seem like something you would like to do to make your job more effective?
- Do you think they are feasible?

What we did

- a survey of primary care providers in each country
 - a sample survey making sure to cover community health centers and clinics. This is a self administered questionnaire
- a survey of all district managers in each country
 - a self administered questionnaire

Methods

- Mid-level medical workers
 - Kenya: Clinical officers (COs)
 - Uganda: Clinical officers (COs)
 - Nigeria: Community health officers (CHOs) and Community health extension workers (CHEWs)
 - SA PHC nurses
- Multi-stage stratified cluster sample
 - Sample size: 300
- Self-administered questionnaire
- Entered into Epi-Info
- Analysed in Stata

DMs

	SA	Kenya	Uganda	Nigeria
N	31	141	27	222
% Male	45%	70%	92%	72%
Mean Age	51.9 yrs	39.8 yrs	46.5 yrs	33.2 yrs
Mean Time in Current Post	3 yrs	4.2 yrs	9.1 yrs	8.4 yrs

PCPS

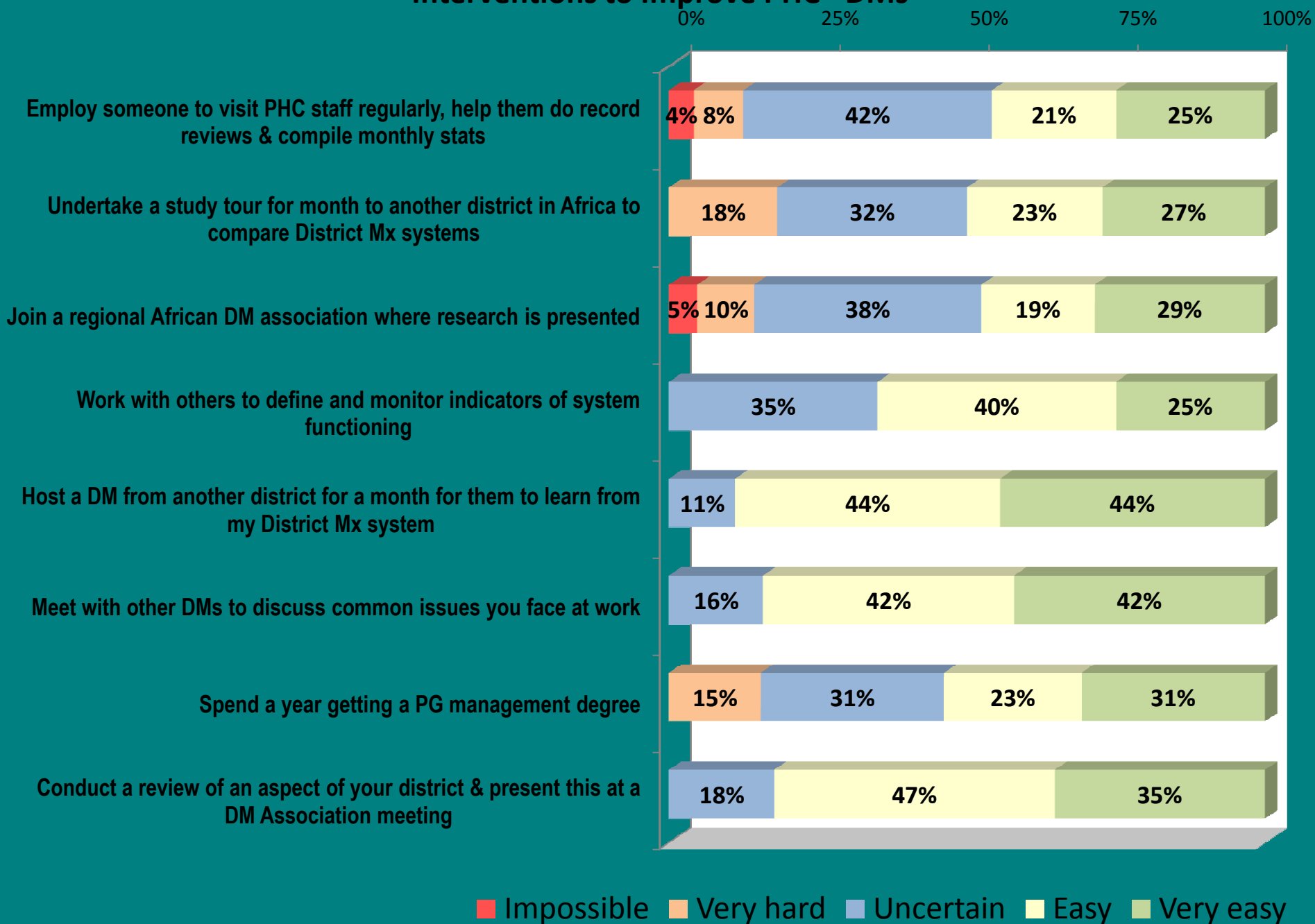
N	259	402	394	179
% Female	90%	63%	81%	16%
Mean Age	43.7 yrs	31.5 yrs	37.2 yrs	41.4 yrs
Mean Time in Current Post	7 yrs	2.6 yrs	4.4 yrs	4.5 yrs

Interventions to Improve PHC – DMs

Interventions	South Africa	Uganda	Kenya	Nigeria
Mentors to visit PHC sites	1	1	7	1
Learning exchange	2	2	1	3
Join a regional African DM association where research is presented	3	4	4	4
Work with others to define indicators of system functioning and collect these data on ongoing basis	4	5	6	9
Host a DM from another district in another region for a month for the person to learn from my DMS	5	7	8	2
Meet with other DM to discuss common issues you face at work	6	6	2	8
Spend a year getting a PG management degree	7	8	3	5
Conduct a review of an aspect of your district & present this at a DM association meeting	8	3	5	6
Move to a more urban district	9	9	10	7
Move out of the health sector	10	10	9	10

Interventions Primary care Providers	South Africa	Uganda	Kenya	Nigeria
Attend continuing education training sessions	1	2	1	1
Review records of patients to see how well they are doing	2	5	3	2
Have a person with more skills come to my workplace to help improve patient care	3	4	5	6
Have opportunity to be promoted	4	1	2	3
Receive a regular visit to assist in monitoring my work	5	7	7	4
Meet with other COs to discuss common issues at work	6	8	6	9
Train to do another job	7	6	9	5
Join a regional CO Association that has meetings & does research	8	3	4	8
Do a short report using patient record for presentation	9	9	8	7
Move to a more urban district	10	10	10	10

Interventions to Improve PHC - DMs



Conclusions

- Not totally consistent between countries
- Major problems
 - HR, Finances, Infrastructure, Mx
- Support for interventions to improve local M&E, learning and agency – not uniform but some trend to support our hypothesis
- Not impossible to implement
- Other priorities
 - For SA implement the district system
 - For East Africa promotion for CO

- Need to analyse our data further
- Important to plan and test methods to promote agency
- “Local is lecker “
- Note that no-one prioritised moving to a more urban area

- Fonn S, Ray S, Blaauw D. (2010) Innovation to improve health care provision and health systems in sub-Saharan Africa - Promoting agency in mid-level workers and district managers. *Global Public Health*, 25; 1-12.