

UNDERSTANDING DISTRICT HEALTH STAFFING AND ITS IMPACT ON THE EXECUTION OF HIV, AIDS, STIs, TB AND COS PROGRAMMES

Introduction

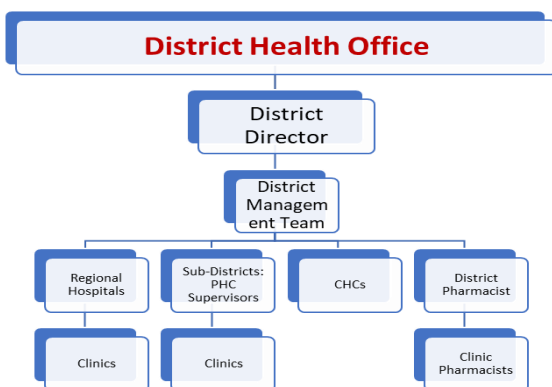
The district health management structure contains several key areas important for the management of the HIV, AIDS, STIs and TB (HAST) and community outreach services (COS) interventions managed under the HAST programme. These work areas include clinical, data, human resource, supply chain management and finance.

Methods

The data collection process involved facilitated district-level focus group discussions between the FINCAP project team and the district health directors, HIV, AIDS, STI and TB (HAST) coordinators and managers and support staff. Some districts brought on board sub-district coordinators responsible for the management and/or coordination of health facilities. These meetings took place between August and November 2019.

District health management staffing arrangements

Below is the current district health management structure headed by a District Health Director with support from the District Health Management Team (DHMT).



The District Health Director oversees and manages the district health programme with the assistance of the DHMT. The DHMT is generally comprised of the

Planner, Information Officer, Finance Manager, Human Resources Manager, Clinical Manager, Supply Chain Manager, and different district programme managers including the HAST Coordinators. The DHMT assists the District Director in overseeing the operations and all affairs of the district.

The Regional Hospitals are run by Hospital Chief Executive Officers (CEO) assisted by a full hospital management team. These hospitals also have clinics that are under their administration within a certain catchment area. Clinics that are not under the administration of any hospital are then normally under the administration of a Community Health Centre (CHC). However, there is a co-administration role between the District Health Office and Regional Hospitals when it comes to overseeing and monitoring the performance of clinics. This varies from province to province, is not clearly defined which often results in lack of co-ordination. The District Health Offices have generally (across all nine provinces) created a floating structure just below the district office called the "Sub-District". Sub-districts oversee and monitor the functioning of the clinics on behalf of the District Health Office; whilst the Regional hospitals also have their own oversight and monitoring role over clinic management and performance. Each clinic is managed by a clinic Operational Manager (OM).

Each district also has a district finance team which is led by a district finance manager who oversees the overall financial management of the district. Within the district financial management team there are support managers such as a supply chain manager (SCM), pharmacy manager, and planning, monitoring and evaluation (M&E) Manager. In some districts, there would also be a HAST-specific finance manager who reports to both the district director and district finance manager, mainly in metropolitan districts and other big districts. Generally, the sub-districts do not have any finance official, and the district primary health care (PHC) supervisor/coordinator carries out

some of the financial management responsibility for facility programmes such as in-year budget and expenditure monitoring, and output/ performance monitoring. Regional hospitals also have their finance managers that are responsible for general hospital financial management, and they report to hospital CEOs, district directors and finance managers.

Challenges in District Human Resource for Health

Almost all districts participating in the FINCAP project indicated that a new organogram had been developed, however it had not yet been launched for implementation. Hence filling of many vacant posts remained a challenge as districts could not action recruitment without an approved organogram. This made it difficult for district health offices to prioritize posts or to know which posts have been approved and which remain frozen. This confusion has led to many vacant and acting posts within the districts, affecting the planning process and service delivery as most of these vacant posts are for key HAST personnel.

A high vacancy rate amongst administrative staff was noted, including staff with data capturing, pharmacy, procurement and general finance expertise. The lack of appropriate supply chain management skills at sub-district and facility levels has led to rejections of procurement plan batches or requests due to poor or inaccurate procurement data that contribute to serious procurement backlogs. The majority of health staff at sub-district and facility levels are trained and qualified as clinical professionals, leaving a big gap in support and finance skills in the teams. Though most staff are good clinical or programme staff, their knowledge and skills to manage budgets and expenditures are limited. Even if they have some skills, the demands of their jobs do not allow for additional time to assist in other work areas.

Thus, financial management is one of the areas that have been identified as an opportunity for capacity development through recruitment of relevant staff, training and ongoing technical support on financial planning and expenditure management particularly at sub-district and facility levels.

Recommendations

1. To boost human resources for health, districts need assistance with the finalisation of the district health organogram, as well as recruitment and/or re-distribution of staff to most needy areas.
2. An urgent need for training on the budgeting processes (specifically costing), advanced Excel program and communication skills were also identified and fortunately some of this is already being actioned through FINCAP.
3. Specifically, sub-districts and district coordinators and facility operational managers need training on the following areas:
 - Excel training for programme and finance officials;
 - DHIS refresher training from the health department or PEPFAR district support partners (DSPs) for sub-district and facility staff;
 - Orientation on public finance documents and guidelines and their implications for HAST management;
 - Budget planning, costing and expenditure monitoring exercises;
 - Training on basic management skills for programme managers, and;
 - Training on financial management for non-financial managers.

References (some examples)

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