Complexity and challenges of managing the sub-district health system

Introduction

In South Africa, district and sub-district health managers are charged with building, strengthening and managing district health systems, which are the main channel for providing primary healthcare (PHC) to populations. They play a key role – both in implementing national health policy and in managing the delivery of health services in a way that is responsive to local needs and contexts.

Managers are required to work within multiple lines of authority and handle numerous demands, whilst at the same time providing leadership and support to front-line health workers. Their role is further complicated by ongoing changes brought about by devolution of health services, and historical and cultural dimensions that affect the organisational functioning of the health system.

This research brief presents the inner workings of sub-district management through a case study of the Mitchell’s Plain sub-district in Cape Town, highlighting the complexities and challenges that managers face on a daily basis.

Complexity of sub-district management

Sub-district managers occupy a pivotal position where strategic policy direction is translated into daily health system functioning and service delivery. From this position managers have to: (1) routinely manage a mix of expected and unexpected demands, activities and crises that occur at the front line of service delivery; (2) manage an intricate network of actors; and (3) engage in multiple planning and management processes, either through meetings or through individual interactions with staff. These roles and their challenges are discussed in more detail below:

(1) Routine management of expected and unexpected demands

Sub-district managers’ daily practice entails both routines and crisis management. They spend much time dealing with issues, such as poor staff performance and patient complaints. A key challenge for sub-district managers is encouraging PHC facility managers to be more proactive in addressing these issues themselves. However, proactive management is often hindered by high patient numbers, abusive patients, staff shortages and challenges of organisational culture which see (nurse) managers unwilling to hold doctors or older colleagues to account.

(2) Managing multiple actors

Sub-district managers not only manage their staff and all that it entails (‘managing down’), but also account upwards to the district level (‘managing up’). This includes advocacy for local priorities and resources. They also engage with patients and citizens in the communities being served, for example through clinic committees, and other processes beyond the health sector (‘managing out’).

Organisational complexity

Sub-district managers work in a complex, hierarchical structure. In Mitchell’s Plain, due to historical factors, the local (City of Cape Town health department) and provincial government (Western Cape provincial health department, Metro District Health System) have joint responsibility for healthcare provision. Managers from both authorities independently manage the services under their jurisdiction, and also coordinate services through an integrated sub-district management team. Together they are responsible for the running of: PHC facilities, district hospitals, specific health programmes (e.g. TB/HIV), contracts with non-governmental providers and a range of support services (e.g. finance, supply chain, health information).
Multiple planning processes and meetings
In Mitchell’s Plain, sub-district managers engage in multiple formal and informal planning and management processes with the different actors. They have regular individual meetings with staff, including for performance appraisal, quarterly supervision visits to all facilities and monthly visits PHC facilities. In addition, formal meetings take place where facility managers can raise service delivery problems to the attention of higher-level managers. Wider health planning meetings also occur, and are made more complex by the planning cycles of two authorities: the Annual Performance Plan of the province and the city’s Integrated Development Plan.

Complexity challenges: managing frontline staff
An organisational culture of deference to hierarchy and lack of formal management training frames managerial practice at the frontline. Hence, when given decision-making authority, PHC managers can be passive in their roles and unwilling to take on new risks and responsibilities, relying instead on sub-district managers for leadership and to solve local-level problems, as mentioned previously. They also sometimes display resistance to centrally-led change. For example, some facility managers and staff in Mitchell’s Plain considered new performance improvement targets negatively – experiencing them as a disciplinary tool, rather than as the intended means of providing clear direction for strengthening PHC.

Conclusion
Sub-district managers must be able, willing and confident to manage in ‘calculated chaos’ – dealing with multiple demands, actors and unexpected crises on a daily basis. In Mitchell’s Plain sub-district, management is made more difficult by historical and cultural factors, which affect the way that the district health system has developed and how staff carry out their roles and responsibilities.

PHC managers and frontline staff have the power to influence how national policy directives are implemented through their routine practices.

It is important to draw in their creativity and energy to take action and improve care. Sub-district managers play a critical role in galvanising these actors to change the way they work, by helping them to make sense, and take ownership, of national PHC policies.

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