

# **District Health Services Management (DHSM) Project**

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**The DHSM is a joint research project between  
Medicus Mundi Belgium  
Ministry Of Health Zimbabwe  
European Union**



Scientific and technical guidance of the research:

Public Health Research and Training Unit of the Institute of Tropical Medicine in Antwerp,  
Belgium

Health Systems Research Unit of the Blair Research Institute in Harare,  
Zimbabwe

# **DHSM project : objectives, methodology and structure**

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## **1. Introduction**

### **1.1. Objectives of DHSM project:**

The general objective of the DHSM project is to strengthen the District Health System in order to facilitate the implementation of Zimbabwe's Primary Health Care Policy.

Specifically the project seeks to:

- \* Strengthen the capacity of the district health executive (DHE) to manage and to improve their health services in a sustainable way.
- \* Improve the performance of health services at district level within the limits of the available resources.
- \* Demonstrate the rewarding character of work at district level for national medical staff.
- \* Facilitate the dissemination of the experiences and results beyond the project or research districts.

### **1.2. Principal axis for action:**

Five axes of action are guiding the district teams in its efforts to develop and strengthen the district health system:

- 1) Building and strengthening of the team
- 2) Promotion of human resources
- 3) Rationalisation of structures
- 4) Rationalisation of activities
- 5) Extension of the coverage (as well in term of structures as in term of activities)

The intensity of these different axes of the development of the DHS system is not the same in time (see figure 1).

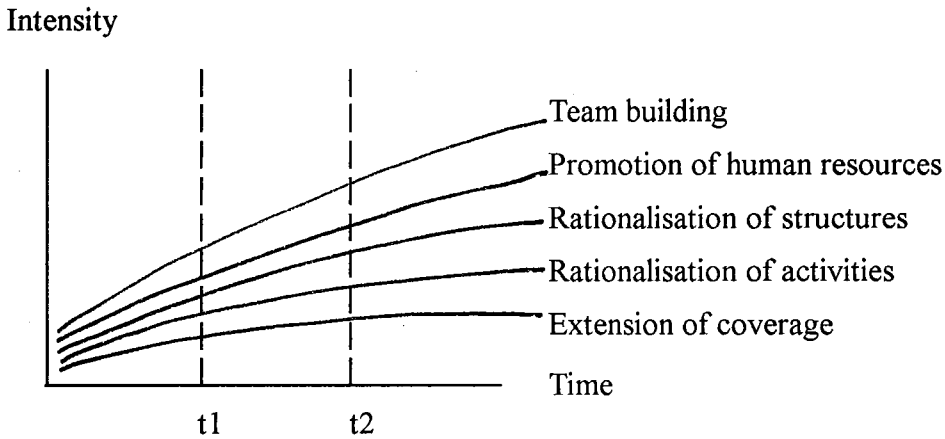


Figure 1.

For example, the expansion of activities within the district has a low priority rating in a context where there is a poorly functioning team, or where the different structures in the system are functioning in poorly rationalized way.

## 2. Research Methodology

The research conducted within the frame of DHSM is fully embedded in the routine management process of the district health system. Management (or at least good management) means that when problems are identified, action is then planned, implemented and finally evaluated. Eventually, new action needs to be planned etc ... The cycle goes on. This management cyclical process is illustrated in figure 2.

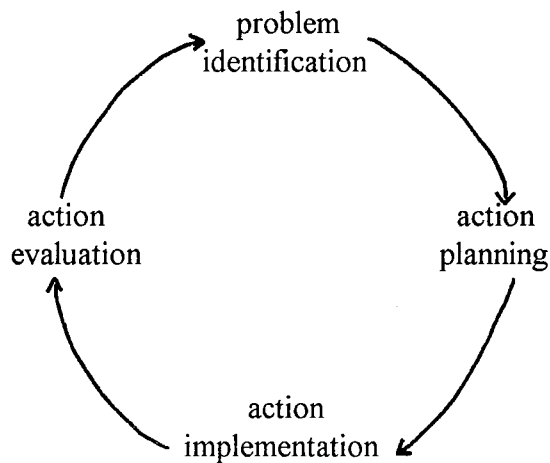


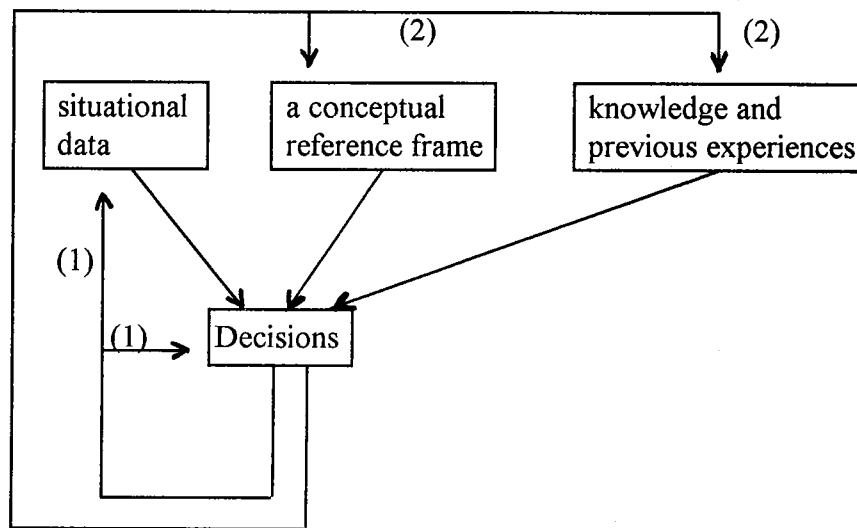
Figure 2.

The core of the research activity in the DHSM project really is the decision. The decision makes the bridge between action, which requires decisions, and a research approach or research attitude whereby the decision is considered as a hypothesis to be tested. A decision is taken because it is expected to yield some effects: an evaluation will tell us whether these effects are meeting the expectations. The effects of a decision are not entirely predictable. Indeed, given the complexity of the district health system a certain number of unforeseen, and even undesirable, effects may result from the change that was introduced in that very system. Eventually, the evaluation will learn us whether the decision taken was indeed appropriate for solving the problem; and at the same time it will prove or disprove the validity of the decision as research hypothesis.

A good manager does not take decisions at random. It is taken upon a set of relevant elements which can tentatively be classified as follows:

- \* *a situation analysis.* What are the features of the local environment in which we operate ? What are the local constraints ?
- \* *a reference conceptual model of the district health system.* What do we want to achieve ? What views do we have on an 'ideal' district health system ? In what direction do we wish to go ? And why ?
- \* *knowledge.* What do we know already that may help us to cope with a given problem ? This knowledge may result from the experiences of others, but also from our own past experiences.

In figure 3, an adaptation of the classical management cycle attempts to illustrate this research process.



- (1) local or situational feed-back
- (2) general feed-back

Figure 3.

In the whole process, there is no absolute limit between good management and research: the research basically consists of applying a systematic, scientifically sound and well documented approach to the management process.

What are then the specific features of research districts, like Murewa and Tsholotsho ? In these settings, efforts are made to systematically analyze and document the various steps in this management process; i.e. the problem definition, the decisions taken, the evaluation of the outcome of these decisions, the lessons (both local and general) to be learned from that evaluation. Eventually, a better understanding of the system becomes possible and the researchers may gain more insight in the features of the application of a larger conceptual reference model of a district health system to the specific Zimbabwean context. In addition, a thorough documentation makes it possible to constitute some kind of collective memory: eventually, it will facilitate the utilisation of these experiences in other districts in the country and it may serve as teaching material.

In both research settings, the documentation process is based on a system of 'files'. These files are created so as to allow for a rational classification of the documents describing the different steps in the management process of either health structures (e.g. hospital wards, hospital OPD, health centres, etc.), health care activities (e.g. curative care, antenatal care, immunization etc.), health problems (AIDS, tuberculosis etc.) or finally management tools (e.g. health information system, health care financing, supervision etc.). This documentation system, albeit sometimes heavy and time-consuming, has the benefit that it consistently matches the sequence and steps of the management process.

Thus, a member of the District Health Executive, concentrating for instance on the methodology of supervision of health centres, the rationalization of the hospital out-patient department, and the management of malaria then becomes *file-holder* for these topics. The file-holder tackles and documents the following questions:

**what is the problem ? why is it a problem ? what is the decision taken ? why was it taken ? upon what elements ? how to implement the decision ? how to evaluate it ? what is the outcome of the evaluation ? what are the lessons to be learned from it ?**

He discusses with and accounts to the DHE which remains the *file-owner*.

### 3. Structure of the Project

There are basically three partners in this research: the district staff of *operational researchers*, the researchers from Antwerp and Blair or *external researchers*, and finally the provincial health authorities. This partnership is illustrated in figure 4.

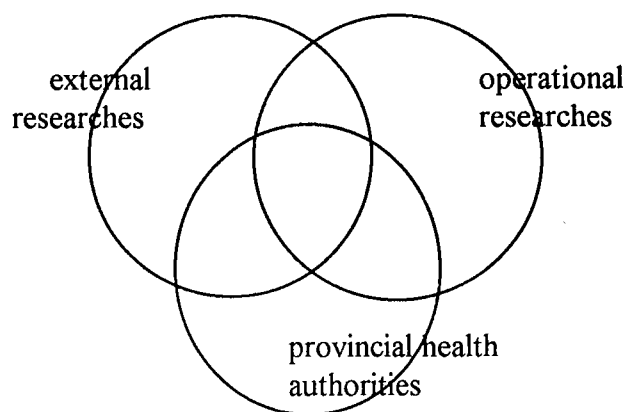


Figure 4.

Each of these partners, when interacting, provides a specific *input* in the research and each of them gains a specific *output* from it. The following table attempts to summarize these in- and outputs.

	<b>operational researchers</b>	<b>external researchers</b>	<b>provincial health authorities</b>
<b>inputs</b>	<ul style="list-style-type: none"> <li>* thorough knowledge of the community, the environment, the problems, the local constraints etc.</li> </ul>	<ul style="list-style-type: none"> <li>* guidance in the various steps of the management process</li> <li>* expertise in similar research activities in different environments</li> </ul>	<ul style="list-style-type: none"> <li>* general frame and features of national health policies</li> <li>* creation of an environment conducive for research to take place</li> </ul>
<b>outputs</b>	<ul style="list-style-type: none"> <li>* optimal service delivery to the community</li> <li>* opportunity for in-service training</li> </ul>	<ul style="list-style-type: none"> <li>* increased experience in research in district health systems</li> <li>* acquirement of relevant experiences for teaching and training purposes</li> </ul>	<ul style="list-style-type: none"> <li>* acquirement of lessons and experiences useful beyond the mere research settings</li> </ul>