

District Health Services Management (DHSM) Project

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**The DHSM is a joint research project between
Medicus Mundi Belgium
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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

The possible contributions of DHSM to national health policy

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1. The possible contributions of DHSM

The potential contributions of DHSM to national health policy can be situated in three areas:

- * provision of a constructive critique on the design and contents of specific health problem control programmes;
- * enrichment of the conceptual and organisational model of District Health Systems in Zimbabwe;
- * demonstration of a "rational" management methodology of a District Health System by a District Health Team.

1.1. A constructive critique on specific health problem control programmes

The design of vertical programmes is very often planned from top (provincial and/or national level) to bottom (the district level). However, many of the activities of a vertical programme will need to be implemented at district level. Feed-back from the district on the feasibility and organisational outlook of the operationalization of these activities really is crucial.

The following questions illustrate the contents such a feed-back from the basis can take:

- * How to operationalize the implementation of the different control activities at the level of the district? Through multipurpose (or horizontal) services or through unipurpose (or vertical) structures?

In other words, the question is: should we *'integrate'* the control activities? If yes, which ones? and which ones not? and why? or why not?

- * Are the technical contents of the various control activities appropriate? are they applicable at district level?

For instance, are proposed guidelines realistic? are they applicable? at what cost? under what conditions?

- * What are relevant research questions to be tackled by the specialists of the health problem programme?

Indeed, the operationalization of the programme (the *'test-run'*) will allow district managers to identify gaps in knowledge which may become subject to research.

- * How can specific control programmes become a means to strengthen district health services ? Under what conditions can an *optimum* between "impact" on the problem and "strengthening of the general health services" be achieved ?

Different logics need indeed to be married (see table underneath).

Manager of a specific health problem control programme	Manager of a district health system
* a health problem approach: a vertical logic	* a health services approach: a horizontal logic
* a rational top-down approach	* an answer to people's felt needs
* the problem has an absolute priority character	* the problem has a relative priority character
* an epidemiological objective	* a social objective
* the evaluation focuses on the reduction of the problem's frequency	* the evaluation focuses on the reduction of human and social suffering due to the problem
* tendency towards maximalization	* tendency towards optimalization

1.2. An enrichment of the conceptual and organisational model of District Health System in Zimbabwe

The different presentations made provide already some examples in that respect:

- * The concept of an *urban health centre*.
- * The conceptual clarification and explication of the different *roles* and *functions* of health centre hospital.
- * The concept of *responsibility* for a well-defined population.
- * The concept of *window function* of the hospital's referral consultation.

1.3. Illustration of a rational management methodology of a District Health System

Some of the important features of the management / research methodology used in the Murewa and Tsholotsho districts are:

- * The utilisation of "models" to guide decision-making.

For instance, the model of the integrated district health system.

- * A single intervention on the system is put in a larger perspective.

In a complex system, like a District Health System, most of the problems are multicausal and interrelated. Problems will thus need to be tackled through a comprehensive set of interventions.

- * A concern to systematically evaluate decisions taken: i.e. a '*scientific*' management.

Decisions are considered as research hypotheses to be tested by action.

- * An optimal utilisation and promotion of existing human resources at both Health Centre and hospital level; and within the District Health Executive itself.

For instance, the inclusion of General Medical Officers (GMO's), Clinical Officer, Matron, Community Sister and other cadres in the overall management process of the district system.

2. The channels of dissemination of the findings of DHSM

- * Interaction of the operational researchers (i.e. the local District Health Executive's) with their respective Provincial Health Executives and with other districts in the province.
- * Via the Provincial Health Executives, an interaction with the managers of specific health problem programmes.
- * Via seminars, workshops, papers, progress reports etc.
- * Via attachments and/or orientation programmes for district executive staff in the research settings.