

COORDINATION ASPECTS OF ACCELERATED PLAN

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Definition and benefits

Definition COORDINATE – To organize, direct, manage, synchronize, harmonize, match up, bring together

BENEFITS

Strengthen programmes

Prevent duplication

Gives clarity

Synergy

Standardization

SWOT ANALYSIS

STRENGTHS

We have existing coordination
We have posts and budget available for coordination
We have policies in place for coordination
We have the political will to coordinate
We have existing structures for discussions and forum that can be used for coordination

WEAKNESSES

Serious power struggles
Vertical programme implementation
Inadequate support systems
.. Leadership
.. System (procurement, HR, information [multiple tools/inconsistent use])
Lack of collaboration between role players

OPPORTUNITIES

To integrate services to prevent vertical programmes and avoid duplication
To develop work plans so that goals that have already been set are reached e.g. NSP and other policy documents
To harness expertise in coordinated manner to reach desired health outcomes

THREATS

Power struggles
Corruption
Multiple and parallel data system
Lack of management of multiple partners
Dependency on partners
Health worker attitudes

Structures required to create enabling environment for coordination

National	Provincial
<p>A generic structure for coordination (organogram)</p> <p>Planning of services in a coordinated manner to provide a unitary health system</p> <p>Collapse of steering committee meetings after implementation</p> <p>Inter-cluster forum (integrated PHC, finance, HAST, PMTCT, etc)</p> <p>One forum to ensure total integration and coordination of all programmes</p>	<p>Generic coordination (organogram)</p> <p>Inter-cluster forum coordination at provincial level to feed into the DMT</p> <p>Coordination through monitoring and evaluation –</p> <p>Provincial AIDS council</p>

District

- **Generic** structure (common organogram)
- District management TEAM undertakes management / coordination
- **“Multiple programme structure/forum” to ensure effective integration / harmony / coordination and concentrates of goals rather than programmes**
- **Strengthening of district health system according to the legislation**
- **Chapter 5 of Health Act and White Paper of the health services**
- **Utilizing the PHC package and PHC supervisors manuals**
- **Planning - coordinated**, unpacking the roles of the different health workers e.g. PHC supervisors
- **Coordination** of all stakeholders including partners, NGO's, private sector, NHLS, transport, etc.
- Programmes developed and **coordinated in terms of MDG's**, goal driven rather than programme driven
- Coordination with **local government**
- **District AIDS council**
- **“Social needs structure”**
- **“Sub District level” decentralized management and strengthening**

Facility

- **Facility management**
- **Hospital boards/ Clinic committees / community participation**
- **Community based organizations** including **community health workers**
- use of the supermarket approach

Who should lead the coordination?

DOH

**Ministry of Health, NDOH, PDOH,
District management team**

TECHNICAL PARTNERS

The DMT to coordinate all partners in the district

Are there sufficient and adequate structure to intensify acceleration of MNCWH and PMTCT towards achieving MDGs and NSP goals?

Organograms not sufficient or adequate in both quantity and quality – especially at ground levels

Not coordinated

Accountability for programmes is DMT but needs to also devolve accountability to a facility level

..Need to develop generic structures and ensure there are enough people for these structures and people are properly trained

..Need to have staffing norms

All relevant programmes must working together to achieve the MDG's

Need to change from a funnel structure to a “pyramid” structure – inadequate numbers on the ground level for execution of activities – flat structure

Continued

Multiple plans

Planning process are not talking to each other – need to improve the planning process – in line with IDP vs DHP

Quality of meetings must be good

Better structure to reduce red tape in order to improve our programmes

DHP is the umbrella plan and others fall under them

Need improved coordination and monitoring of the implementation of the DHP and all other plans must talk to each other

Realign planning cycles

APP applicable at a provincial level – operational plan at a provincial level – not aligned to the DHP – DHP should feed the APP but does not happen - **NEEDS TO HAPPEN**

Wish list

Funding to develop generic structures to facilitate coordination

Funding that can be used to **strengthen the district health teams** especially those specifically involved with integration and coordination of PHC at facility level

PHC supervisors – drivers of quality improvement – quality mentors

- skills development and updating of supervisors – especially in QI
- increased number of PHC supervisors / fewer clinics / better quality of supportive supervision
- ring mark supervisors (protect them) so they can carry out supportive supervision
- resources for PHC supervisors to carry out their core functions including transport
- support for PHC supervisors – clear line function
- accountability structures for PHC supervisors