

Health Sector reform in Central Africa: Moving towards the implementation of a nearest intermediate level. Findings in Health District office, Province of Equateur, DR Congo.

Dr Ngaima Kila Jean Serge

1. What was the complex issue/situation you were confronted with? What was the situation-background-setting?

DR Congo has decided to implement a health system strengthening reform in 2006 to improve the quality of its services to users. This reform was supposed to be linked with the country wide decentralization process moving from 11 to 26 Provinces.

The reform is needed among other to reduce the fragmentation of the Minister of Health(MOH), due to the high number of directions and vertical programs at central level, and the reproduction of these structures at the provincial level.

Different levels of the health sector are affected by the reform (central, provincial, health zones), with substantial structural changes, creating a situation of insecurity for staff currently in place and the resistance of some stakeholders .In addition, actors involved in the process of implementation of the reform (Central Level, level provincial, provincial Ministry of Health, partners ...) has sometimes different agendas. This makes the implementation of the reform complex.

The challenge was to move from a bureaucratic and crowded organization to a slight and performing one in order to develop health Zones.

2. What did you do to deal with it?

In south Ubangi the implementation of the intermediate level reform started in April 2010.

It was made in three steps:

(i)Planning and supervision teams: supervision of Health Zones by the staff of the Health District office (actual Health Division of Health) with the technical support of ASSSNIP 4/CTB and some partners(ASF,ESP and Memisa Belgique/BDOM Budjala) working in the region.

The major elements of complexity which emerged during this step were the pooling of resources (human, material and financial) and the harmonization of agendas of different stakeholders involved.

The management of these elements were provided through coordination meetings and especially the workshop related the district strategic planning in April 2011.

Resistances encountered came from confessional institutions(congregations). They perceived the participation in the process as a waste of their autonomy because some of them considers health zones or structures as their properties.

The tentative of definition of Relationships between health sector and local authorities, public and private sector through conventions or operational orientations was helpful for the management of interest conflicts, despite the fact that the district didn't organize a formal meeting for the aim.

(ii)Recruitment of medical staff on may 2011: Selection of six (6) Encadreurs Provinciaux Polyvalents(EPP), profile master in public health.

How we proceeded?

1. A Call for application gave the opportunity to the right skill to apply. The joint involvement in the selection process of the central level of the Ministry of Health , the provincial health department , some partners (ASSNIP4, Memisa Belgique, Kinshasa school of Public Health and WHO) and district authorities of South Ubangi was helpful for reaching the objectives.

In addition, it has helped to reduce potential resistance to the establishment of a dynamic that preceded the creation of the new division of health for future provinces.

Finally, the broad representation at the selection committee has ensured a degree of objectivity of the selection of the technical staff.

2 .Strengthening the capacity of the selected technical staff : selected executives had overall a good background for technical support of health zones. Despite this profile , they have a process to agree on the distribution of vertical and horizontal responsibilities of each one . This process was actively supervised by the Technical Assistant(TA)/ ASSNIP4 . In addition, training on team building , organizational management , supervision and study tours were conducted . This training program has contributed to strength the convergence of view of the staff in their new profession and harmonize approaches and working methods . Without harmonization , it was difficult to expect t a collective dynamic for supporting health zones .

3- "EPP", once active, have received continuous support of TA/ASSNIP 4 .The follow up by officials from the Ministry of Health and short-term missions were also organized. In addition, a focus group analysis was conducted in 2012 to assess the perceptions by teams of health zones of EPP support . These three actions have contributed substantially to make adjustments to the accompanying health zones by the EPP process.

In short, this device of selection and implementation of EPP competencies was " a good start " for the gradual establishment of the embryo of the future Provincial team for South Ubangi (Kahindo et al.) .

Resistances?

We noticed a lack of understanding of the selection process .Some local partners (congregations and some Health Zone staff) considered the process as ASSNIP 4 project own initiative, while it is part of standards of recruitment of the Congolese state .

Some officials hesitated to start the process because they could lose the control of staff nomination within their jurisdiction.

Different workshops and advocacy was organized. These helped to lift the barrier.

(iii) Recruitment of medical staff (2 "EPP"), technical and administrative staff on march 2012, to fulfill the needs of implementation of department i) logistics; ii) data manager, human resources and finances and medications ,

This second phase of selection occurred after the restitution of the phase 1 of selection at the central level in July 2013. It was motivated by the fact that actors need to think about the configuration of the future Health division. Then, a second recruitment was necessary to facilitate the animation of structures until the publication of texts related the organization of the new look of health division.

Difficulty encountered at this stage was the lack of resources. Only ASSNIP4 planned funding the selection process in South Ubangi. Although , other partners were present ,their procedures and regularity of funding were not adjusted to support the establishment of the new look of health division (Kahindo et al.) .

This difficulty was bypassed firstly by the technical support of DEP(Direction d'Etudes et planification) of MOH and TA/ ASSNIP 4. Flexibility in the allocation of resources of ASSNIP 4 project was a major factor of success. The DEP staff support was focused on the use of directive of the implementation of reform. We noticed also that , the commitment of Kinshasa's School of Public Health (KSPH) through the coordinator of his research project based in South Ubangi was perceived by the team as an unexpected factor of success. He was affectionately nicknamed "TA Deputy . "

3. What were the expected and unexpected results?

Expected results :

The Provincial team of South Ubangi Health Division is functional according to the new look of health division:

The project supported a selection process for provincial division workers. In South Ubangi the number of staff has decreased from 45 to 16 after these selections.

This staff has facilitated the reorganization of the structure as a Provincial Health Division (Organic restructuration) around 3 departments: Technical management, Resource management and Health Information. The tasks of the staff were defined according to technical supporting (horizontal responsibilities for EPP and management (vertical Responsibilities).

The Health Zone team of 4 development Health Zones(HZ) ((Bwamanda Budjala, Gemena and Tandala) are functional and high quality care is offered by the health center and hospitals.

The Management skills of the HZ team has been strengthened. Practical skills on planning and monitoring of the staff have been strengthened after EPP supervision. Action of HZ team focused on clinical and demonstration matters during supervision and the implementation of interventions of Primary health care in Health centers with high development potential(e.g. Mother and children care in Bwamanda HZ).

Unexpected result:

However, the process encountered some institutional and individual resistance. The selection process of the staff (EPP and others) was delayed for one year because the ministerial order was not promulgated in time.

Therefore, the reform was perceived by the Health Zone staff as a decision of partners, especially the BTC Project.

In addition, only the selected staff (16 out of 45) receives additional remuneration. This situation has occasioned a discomfort within the team. The non selected staff, appears like abandoned. Officially they are still at their post (for the administration) according pre-reform scheme. But the majority stays at home. It seems that there is two teams working in the same office.

The aim of the reform process was not understood by others partners working in the region(CECU and congregations). The rationalization process staff and medicines management are seen as a threats against the survival of their organization.

4. Which new problems emerged? Which opportunities did you create/use to tackle these new issues?**Problems:**

Management of non selected staff;

The performance of the team related financial and Resource management has been negatively affected because the reform process was perceived as a threats against some partners(CECU and congregations);

Opportunities:

Despite the problem encountered, the result was achieved because the staff involved in the process used consensus as a mechanism to legitimize their decisions. The support of the Provincial ministry of Health and the staff of DEP and DLM (central level of MoH) was important because they resolved the problem related the selection process by promulgating the order for the selection of the staff and published directives related the whole process.

The participation of the Technical Assistant (TA/ASSNIP 4) in the team facilitated sharing of experiences and vision of the desired change. His support has been a success because the ownership of the reform process was performed by the intermediate level staff and the majority of Health Zone team.

The central level of the MoH (through DEP and DLM) and the TA/ASSNIP 4 did an advocacy of implementation of intermediate level process in the province during formal meetings(CPP/SRSS) and informal meetings(field visits). .

Involvement/implication of Provincial ministry of Health and some Partners (ASF-PSI , ESP, Memisa Belgique ...) in the process was also a big opportunity. Their commitment for the implementation of the reform derived from their main program : development of Health Zone and/or research supported the process. They participated in planning, monitoring and the supervision team of the intermediate

level.

Trainings in Team building (MDF); research on health systems, Participatory of the staff to study tours (experiences exchange and capitalization process) planned in the project had also helped to obtain the desired change.

5. What are in your opinion the competences or mindsets you need(ed) to deal with this complex issue?

In my opinion: skills in the 'coaching team' and respect for human values (ethics) are important.

Renard L. defines 'coaching' as a technic to achieve concrete and measurable results in professional and / or personal life. The coaching process helps the staff to deepen their knowledge and skills for improving its performance.

The study on the perception of stakeholders on the technical supervision of Health Zone in the South Ubangi (Kahindo and Palama, October 2013) has applied this concept for the evaluation of EPP work. Results have shown that the technic of coaching the team has strengthened responsibility and collective action through the Health Zone team.

The coach (EPPs) were trained in advance for their professional development . The support given to the team coached (ECZ) was adapted to the development needs (Kahindo, 2013).

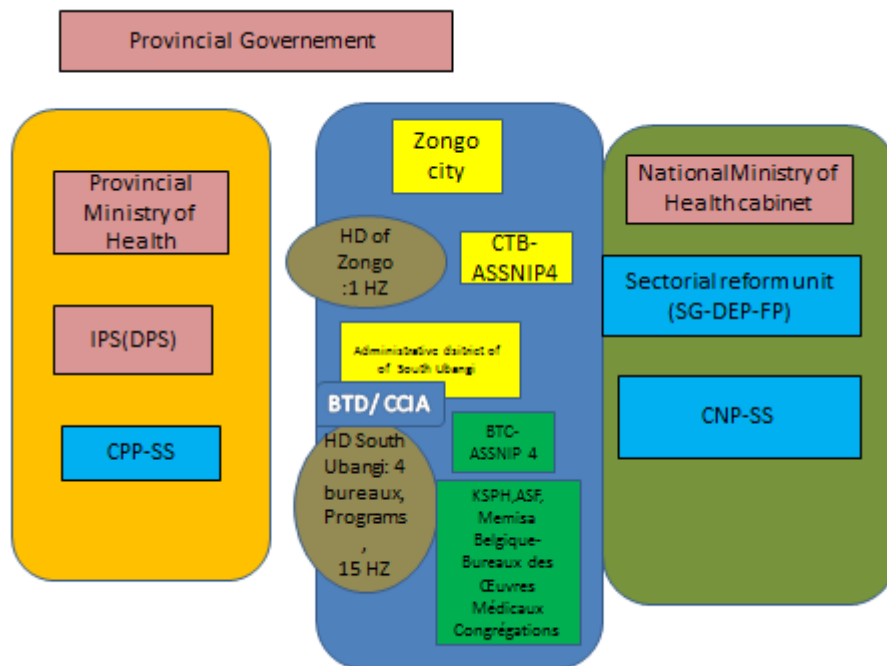
Finally this support has contributed to the empowerment of the whole team and improved professional practice (Kahindo et al., 2013).

Unfortunately, the position of coach (EPP) vis-à-vis the team coached (ECZ) was more hierarchical .

In addition, intermediate level technical staff should have Practical skills on planning and communication. These competencies has helped for building the team and implementing new look structure. Actions of intermediate level technical staff must be also focused on clinical and demonstration matters during implementation of interventions and supervision.

Necessity of nearest Technical assistance focused on the capitalization process and a reflexive approach and use of consensus as mechanism to legitimize decisions in the beginning of the process, are helpful for the management of internal and external interest conflicts. We notice also that the flexibility of the allocation of resources depending on the problems encountered during the process which can be exactly planned is also a important factor of success.

COMPLEXITY DIAGRAM SOUTH UBANGI



Legend:

- ASF: Association de Santé Familial
- ASSNIP4:Appui au système de santé périphérique et intermédiaire
- BTD: Bureau technique de District
- CCIA: Comité de coordination Inter agence
- CTB: Belgian technical cooperation
- CPP/SS: Comité Provincial de Pilotage/Système de santé
- CNP/SS: Comité national de Pilotage /système de santé
- DEP: Direction d'Etudes et Planification
- FP: Fonction Publique(Public admnistration)
- HD: Health District(Intermediate level)
- HZ: Health Zone(Peripheric level)
- KSPH: Kinshasa School of Public Health
- SG: Secrétariat Général

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