

THE MANAGER

CASE STUDY FOR TRAINING AND GROUP DISCUSSION

A District Health Management Team Responds to Challenges of Decentralization

Scenario MONTENEGRO DISTRICT lies in a forested area with small, scattered communities and a heavy rainy season. The district capital is a sprawling port city at the mouth of a wide river.

A year ago, the central government began implementing a decentralization effort for the Ministries of Health, Education, Public Works, and Agriculture. Under the new system, all four of these ministries assign their district-level staff to a Local Government Authority (LGA). Due to budget cuts imposed by the Ministry of Finance, LGAs have had to cut their staff by 10 percent across the board.

The District Medical Officer has called a meeting of his district health management team to discuss the cuts. "I know that the past few weeks have been difficult. We had to make tough choices to implement staff cuts. We had to deal with friends and colleagues who no longer had jobs. Now that the staff cuts are made, it is time to focus on a new challenge—how can we meet our clients' needs with fewer staff? When the threat of cuts first arose, we agreed that ensuring good TB services is one of our highest priorities. The question I would like to explore with you today is: How can we turn our new circumstances into an advantage for our TB patients?"

"An advantage?!" cried a team member. "I don't see how losing 10 percent of our staff could ever be considered an advantage!"

"That's right!" declared the Nursing Director, who had resisted the cuts and participated as little as possible in making decisions about them. "We are saving lives! Can't we get the people from the Ministry of Health to intervene on our behalf? They have more influence than we have."

The District Medical Officer noticed that some team members were leaning back in their chairs with their arms crossed. Others were looking down at the table. A few younger ones seemed to be listening and ready to take notes. "There is no point in complaining about staff cuts that we couldn't prevent," he said calmly. "It is time to stop thinking of ourselves as victims. Let's focus instead on our population's health needs and how to meet them with a leaner staff." He noticed people stirring in their seats.

"Our biggest challenge right now is getting clients to stick to their treatment regimens. Our nurses can't keep up with their caseloads, and some are threatening to retire because of exhaustion. It was catastrophic to have to make cuts in the TB program," said the TB Coordinator. The Nursing Director uncrossed her arms and nodded. "I read in the paper recently that the non-governmental organization Community Partnership in Health is going to receive funding to provide TB prevention, detection, and treatment services to some communities in our district. If Community Partnership could provide treatment follow-up for our clients, we

might get better results. This would reduce staff caseloads. Could we refer some patients to Community Partnership and reimburse them for services provided?"

"The suggestion is worth exploring," said the District Medical Officer, cautiously. "I want to know first whether Community Partnership is capable of providing high-quality follow-up services. Our Nursing Director should assess their capabilities." He turned to the Nursing Director and the TB Coordinator. "Let's meet later today to discuss this further." The Nursing Director looked pleased.

"I need more information before I can support referring our clients to Community Partnership for treatment follow-up," said the Financial Officer. "What would be an appropriate payment for follow-up services, and can we afford it? Are we legally allowed to contract with an NGO to provide services for our clients? I will check the regulations."

The District Medical Officer noticed that other members of the group seemed to be paying more attention to the discussion. No one was fidgeting, and they were all looking at him. "Thank you for your initiative in offering to research these information needs," he said to the team members who had been speaking up. "Please be ready to report your findings and ideas to us at our next meeting."

"TB is severely affecting businesses in the district," he continued. "Workers who are infected or caring for the sick aren't showing up. Some businesses have to employ more staff than needed just to make sure they have enough people at their worksites every day. How can we involve the business community in meeting our TB clients' needs? It would be in their best interest, I should think."

"Workers who are adhering to their TB treatments feel well enough to go back to work when they are no

longer infectious," volunteered the Nursing Director. "What about having treatment follow-up occur at worksites? Maybe businesses could recruit people to be treatment monitors, and we could train them. Or perhaps businesses could have our staff provide follow-up at worksites two or three days per week." Some team members looked startled at this suggestion, coming from someone who had been resistant to change. The Nursing Director looked a little startled herself.

"These are excellent ideas," said the District Medical Officer with a smile. "Please explore them with your staff, and we'll put them on the agenda to discuss at our next meeting."

The young Communications Officer chimed in. "It occurs to me that we may want to do some education and outreach with the business community first, so its leaders understand how investing in providing these services at worksites could improve their workforce productivity. I know an officer on the District Business Council. We will be attending the same function this weekend. I'll bring up our ideas and hear what she has to say about them."

The District Medical Officer felt pleased that his management team seemed to be taking up this new challenge. "This is a good start. Due to the staff cuts, the next few months are going to be difficult. Our workloads will be heavier, and we must make extra efforts to encourage and support those staff who are still with us. Some of us may find ourselves in new territory. This situation requires new skills and sensitivities, and in some ways we must become beginners again. This is not easy for experienced professionals like you. It certainly is not easy for me. We have some choices to make: We can sit back and blame and point fingers while our programs deteriorate. Or we can show people the way. I have chosen the latter. I hope you will follow me."

Discussion Questions

1. How is the District Medical Officer helping his team redefine their individual roles and management responsibilities in response to decentralization?
2. In scanning their environment, what partnerships do the members of the district health management team suggest exploring in order to meet TB client needs with fewer staff? What information needs do they see and volunteer to research?
3. What ideas has the team come up with to align and mobilize its partners and stakeholders? What advocacy strategies have the team members suggested?
4. What does the District Medical Officer do to inspire his staff?

QUESTION 1 How is the District Medical Officer helping his team redefine their individual roles and management responsibilities in response to decentralization?

The District Medical Officer starts by reminding his district health management team that they had agreed on the high priority of ensuring good TB services. He then encourages his staff to be creative in finding new ways to meet TB clients' needs under the changing circumstances. This will require his team members to rethink their current management roles and responsibilities. The District Medical Officer helps his team see that fulfilling their management responsibilities means providing TB services somewhat differently than they were provided in the past. Meeting the needs of TB patients now means connecting with others to develop new patterns of collaboration and cooperation in service delivery.

The District Medical Officer encourages team members to think about what they can do themselves, rather than relying only on central-level direction. He has defined his role as someone who will lead his team in responding to changes occurring due to decentralization. He works on turning the team's focus away from thinking of themselves as victims and toward actively participating in finding new ways to serve their clients' needs. As a result of his leadership, the members of his district health management team are taking on leadership responsibilities themselves.

QUESTION 2 In scanning their environment, what partnerships do the members of the district health management team suggest exploring in order to meet TB client needs with fewer staff? What information needs do they see and volunteer to research?

One potential partner that the team identifies is a local NGO that will be receiving funding to provide TB treatment and follow-up in the district. Another is the local business community, since businesses are suffering due to worker illness and absenteeism.

The team focuses on the information they need to explore possible partnerships with local nongovernmental organizations and the business sector. Questions they need to answer include:

- Will the NGO Community Partnership in Health be interested in providing TB treatment and follow-up services to District Health Office referral clients? Will their services be of sufficiently high quality?
- Is the District Health Office legally allowed to contract with an NGO to provide services for referral clients?
- What is appropriate payment for TB treatment follow-up and monitoring services? Can the District Health Office afford to pay someone to provide these services?

- Will the business community be receptive to education and advocacy efforts to increase their understanding of how investing in TB services at worksites could improve their workforce productivity?
- Will the business community be open to investing in recruiting people to monitor TB treatment adherence at worksites or having medical staff provide these services at their worksites two or three days per week?

Team members have volunteered to do the research.

QUESTION 3 What ideas has the team come up with to align and mobilize its partners and stakeholders? What advocacy strategies have the team members suggested?

In the case scenario, the members of the district health management team have not fully developed their ideas for aligning and mobilizing potential partners. Before a local NGO can be used to provide TB treatment follow-up and monitoring services, for example, the nursing staff will have to assess its capability in providing these services. Will this assessment process antagonize the NGO? The district nursing staff will need to keep this in mind and approach the assessment in a way that aligns and mobilizes Community Partnership rather than antagonizing it.

In order to provide treatment follow-up services at worksites, the district health management team will first need to discuss with business leaders what their experience has been with absenteeism and health problems in their workforce. Then the team can explore the advantages of worksite follow-up. Together, team members and business leaders can explore the challenges of TB treatment follow-up and determine whether to recruit and train people in the worksite or to bring in medical staff for regular weekly visits. These issues and potential advocacy strategies remain to be explored.

QUESTION 4 What does the District Medical Officer do to inspire his staff?

He acknowledges that they are in new territory and that some of the familiar ways of the past are no longer useful. He also acknowledges that his team members are developing some great ideas. He encourages them to explore these ideas further, gather needed information, and report back. He keeps the big picture in front of them—meeting client needs despite the loss of staff. He recognizes the turbulence ahead and reveals some of his own difficulty with learning new skills at this point in his career. He invites them to follow him and introduces the concept of choice—they can choose to be victims or they can choose to be leaders.

THE **MANAGER**

MSH Publications
 Management Sciences for Health
 165 Allandale Road
 Boston, Massachusetts 02130-3400
 USA

Phone: 617.524.7799
 Fax: 617.524.2825
 E-mail: bookstore@msh.org
 Web site: www.msh.org

printed on recycled paper