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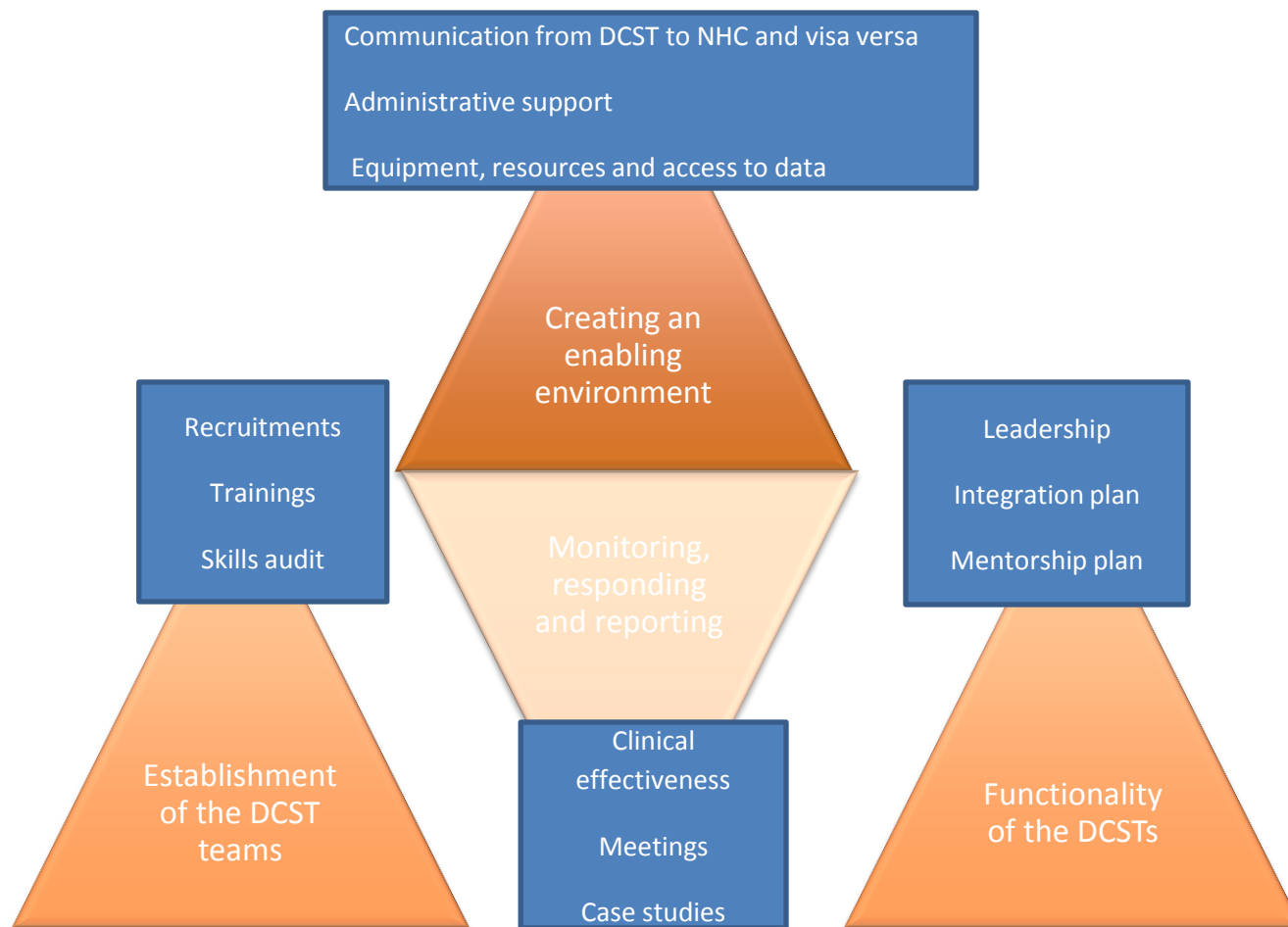
District Clinical Specialist Stream of PHC Reengineering: Progress to date

Mogalagadi Makua

04 December 2014



National DCST Coordination



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National DCST Recruitment Status

Province	Ad Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Total
EC	8		5	1	6	3	7	30
Free State	5		4	2	5		5	21
Gauteng	5	1	5	5	5	4	5	30
KZN	11		7	4	11	3	11	47
Limpopo	5		5	2	5	1	5	23
MP	2	1		2	3	2	3	13
NW	4		3	3	3	3	4	20
NC	5	1	5	1	1	1	1	15
WC	1	3	2	3	1	3	1	14
Total	46	6	36	23	40	20	42	213

Source: National DCST Database: 01 December 2014



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Eastern Cape

	Advanced Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Total
A Nzo	1		1		1		1	4
Amathole	1		1	1	1		1	5
Buffalo City	1					1		2
C Hani	1				1		1	3
Cacadu	1						1	2
Joe Gqabi	1		1		1		1	4
N Mandela Bay	1		1		1	1	1	5
O Tambo	1		1		1	1	1	5
Total	8		5	1	6	3	7	30



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Free State

	Advanced Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Total
Fezile Dabi	1			1	1		1	4
Lejweleputswa	1		1		1		1	4
Mangaung	1		1		1		1	4
T. Mofutsanyane	1		1		1		1	4
Xhariep	1		1	1	1		1	5
Total	5		4	2	5		5	21



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Gauteng

	Advanced Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Total
Ekurhuleni	1		1	1	1	1	1	6
Johannesburg	1		1	1	1	1	1	6
Sedibeng	1		1	1	1		1	5
Tshwane	1	1	1	1	1	1	1	7
West Rand	1		1	1	1	1	1	6
Total	5	1	5	5	5	4	5	30



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KZN

	Advanced Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Total
Amajuba	1				1		1	3
eThekweni	1			1	1	1	1	5
iLembe	1		1	1	1	1	1	6
Sisonke	1		1		1	1	1	5
UGu	1		1		1		1	4
uMgungundlovu	1		1		1		1	4
UMkhanyakude	1		1		1		1	4
UMzinyathi	1				1		1	3
UThukela	1			1	1		1	4
UThungulu	1		1	1	1		1	5
Zululand	1		1		1		1	4
Total	11		7	4	11	3	11	47



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Limpopo

	Advanced Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Total
Capricorn	1		1		1		1	4
Sekhukhune	1		1		1		1	4
Mopani	1		1	1	1		1	5
Vhembe	1		1		1		1	4
Waterberg	1		1	1	1	1	1	6
Total	5		5	2	5	1	5	23



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Mpumalanga

	Advanced Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Total
Ehlanzeni	1	1		1	1	1	1	6
G Sibande				1	1		1	3
Nkangala	1				1	1	1	4
Total	2	1		2	3	2	3	13



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North West

	Advanced Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Total
Bojanala	1		1	1			1	4
Dr K Kaunda	1		1	1	1	1	1	6
Ngaka Modire Molema	1			1	1	1	1	5
Ruth Segomotsi Mompoti	1		1		1	1	1	5
Total	4		3	3	3	3	4	20



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Northern Cape

	Advanced Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Total
Frances Baard	1		1		1			3
J T Gaetsewe	1		1				1	3
Namakwa	1		1					2
Pixley ka Seme	1	1	1			1		4
Siyanda (ZFM)	1		1	1				3
Total	5	1	5	1	1	1	1	15



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Western Cape

	Advanced Midwife	Anaesthetist	Family Physician	Obstetrician	Paediatric Nurse	Paediatrician	PHC Nurse	Grand Total
Cape Town		1		1		1		3
Cape Winelands		1	1	1		1		4
Eden	1	1	1	1	1	1	1	7
Total	1	3	2	3	1	3	1	14

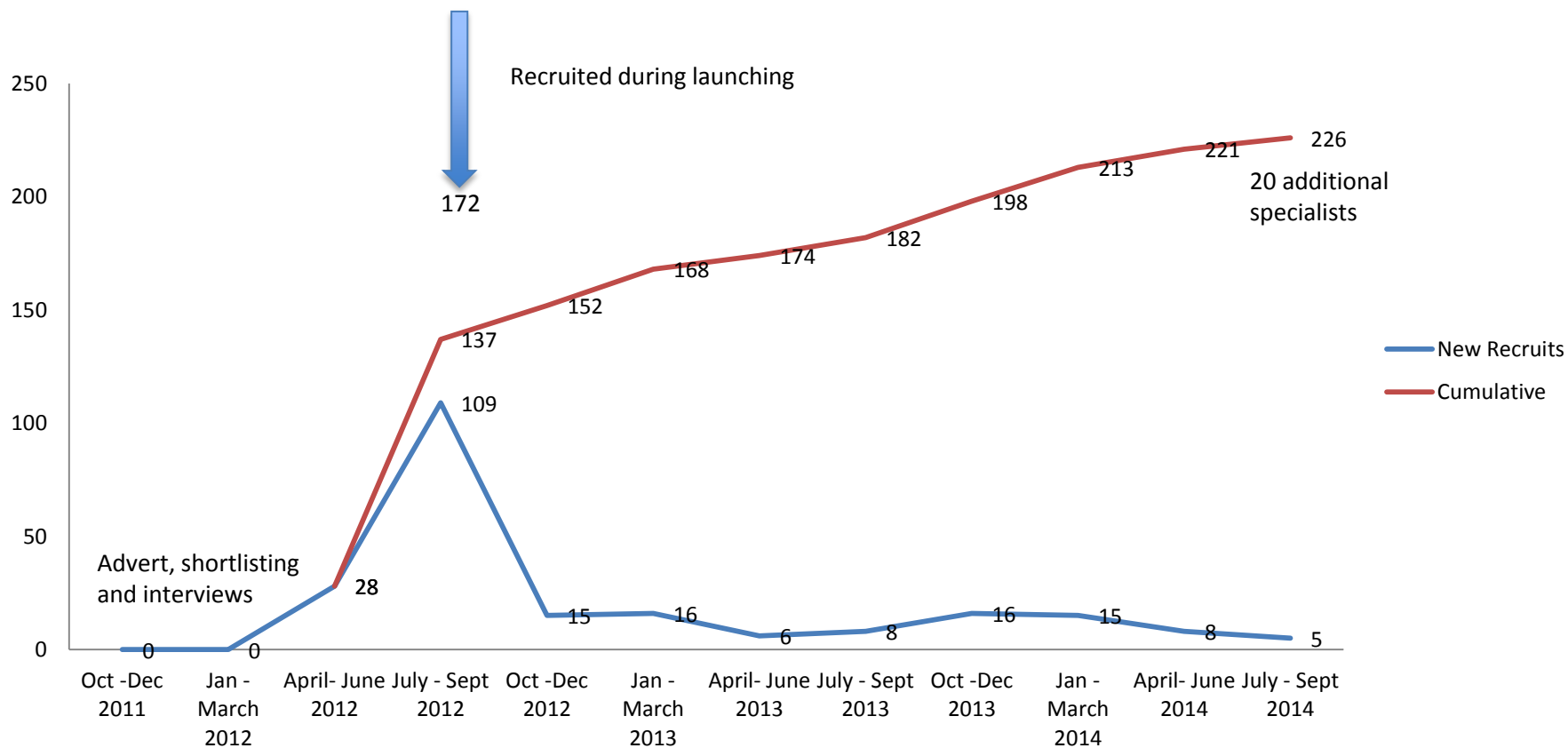


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District Clinical Specialists



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Establishment of the DCST teams

Activities/ Processes	Output	Outcome	Source document
Recruitments	Up to date DCST database	Database is a resource for national department for effective communication on maternal and child health clinical issues	DCST database, DCST recruitment status booklet
Trainings	Completed 5 modules induction and training	Efficient DCSTs within the districts	Training modules(facilitator and participator's manual
Skills audit	Identified the key training needs for the DCSTs	Further training needs planned are: <ul style="list-style-type: none"> • Mentorship program • Operational research implementation 	Skills audit report from DCST training



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DCST FUNCTIONALITY(nationally)

- Leadership – provincial and district level
- Team work - dyads
- Enabling environment – Ideal clinic initiative
- Integration :
 - MCWH program
 - Other two streams of PHC reengineering
 - District health system structure and priorities



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REDUCING MATERNAL AND CHILD MORTALITY
THROUGH STRENGTHENING PRIMARY HEALTH CARE



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Functionality of the DCSTs

Activities/ Processes	Output	Outcome	Source document
Leadership	DCST provincial coordination structure	Number of provincial specialists	Recruitment map
	Role clarification between MCWH managers and DCSTs	Clinical governance work plan	DCST work plans
Integration plan	Independent and interdependent functioning of the DCSTs	Quarterly reports signed by district manager and provincial specialist	DCST quarterly reports
	Integration of the provincial MCWH directorate and DCST	MCWH accelerated plan/ minutes of meetings	Provincial MCWH accelerated plans
Mentorship	Mentoring between DCST and provincial specialists	Signed performance agreement	Performance agreements
	Mentoring between DCST and facility clinicians	Onsite trainings, clinical audits done, MMR meetings	DCST reports



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Creating an enabling environment

Activities/ Processes	Output	Outcome	Source document
Communication with national Strategic planning council	Representations in <ul style="list-style-type: none"> • NHC • NapeMMCo • NCCEMD • NDHSC • NTTT 	Policy review on recruitment and functionality of DCST effected	Minutes, presentations
Administrative support	Coordinated DCST recruitments for financially challenges provinces	Increased DCST from 202 from April 2014 to 206 in September 2014	DCST Contracts and SLAs



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DCST STREAM ACHIEVEMENTS

- DCST handbook
- MCWH dashboards booklet (data utilization)
- Strengthened clinical accountability(M&M)
- Clinical skills development of frontline workers
- Focus on key effective intervention – QIP (case study booklet)
- Some structured level of communication between the hospital and PHC facilities (feedback loop)



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DCST STREAM CHALLENGES

- Re organising service delivery platforms within the current DHS.
- Developing a comprehensive clinical governance structures
- Strengthening link between academic institutions and DCSTs at the strategic planning level
- Too dynamic implementation of initiatives within the provinces and districts(dilute accountability)
- DCST often pulled into the managerial routine activities(another layer of management)
- Clinical skills level of the newly qualified graduates



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DCST review

Service provider : Health Info Matrix

Methodology:

- **Desktop review**, report due for presentation on the 18th December 2014
- **Interviews**: provincial coordinators/specialists/ MCWH managers (8-9 December 2014)
- **Survey**: DCSTs, District managers, district MCWH managers (January 2014)
- **Site visits**: Nine districts(names not yet finalised)



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Thank you



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