Rural Health Advocacy Project

Case study: exploring systems thinking to advance rural health equity in South Africa

Global Health Webinar Series

11 November 2021

Karessa Govender (she/her)

2004: SA Govt implemented rural allowance to “attract and retain health professionals to rural, under-served and inhospitable areas”

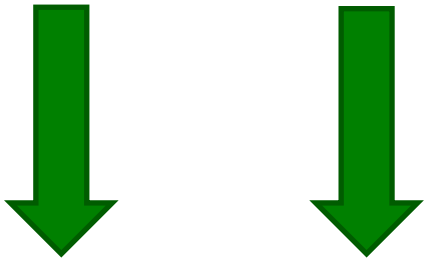
2011: ??Partial effectiveness – no review done

- Poor communication with implementers – inconsistency with policy implementation
- Not all health professionals received rural allowance
- Divisiveness and staff dissatisfaction
- Effects of rural allowance were short lived. Financial incentives alone are not enough.

Analyzing the Implementation of the Rural Allowance in Hospitals in North West Province, South Africa, 2011.

Rural Health in South Africa

59.3mill



Rural
38-42%

Urban
62%

Homelands (aka reservations) **systematically underfunded.**

In 86/87, health spending in homelands was **R55/person** VS **R172/person** in the rest of country.

Economic recession
Austerity measures applied → health, education and social services

Funding based on population and not need.

Rural provinces have **++lower** densities of skilled health professionals.

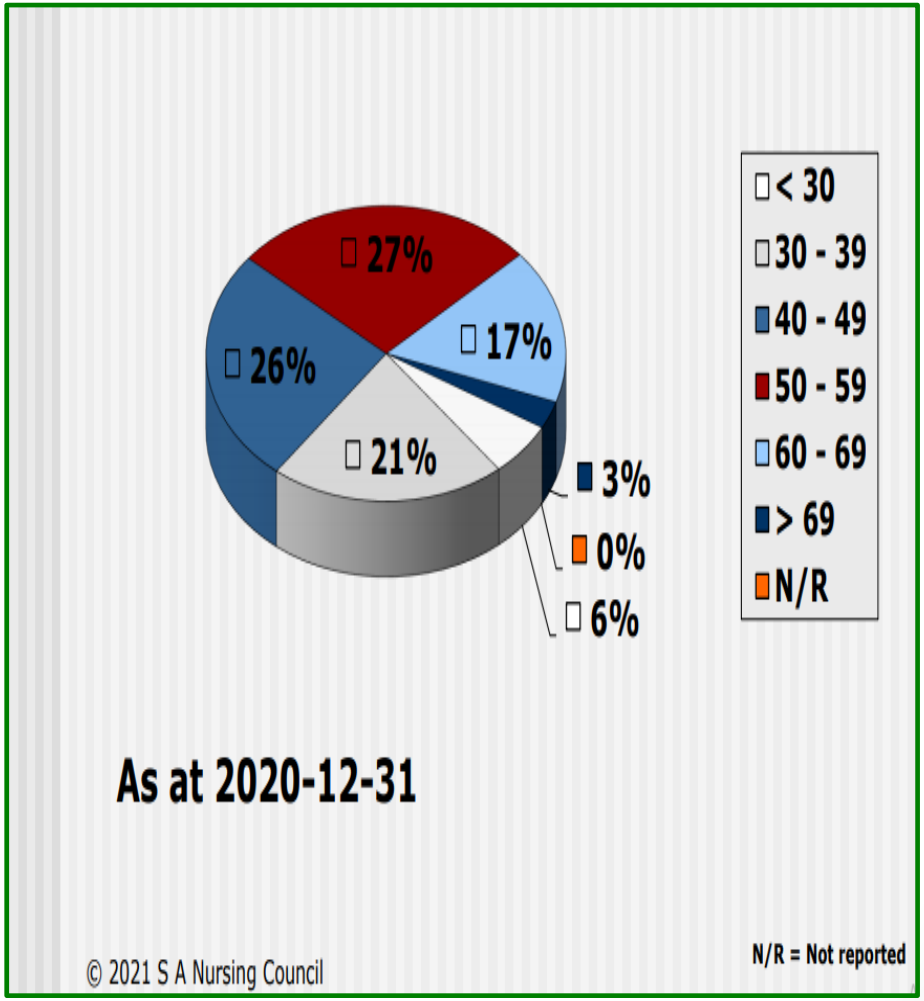
<u>Rural Health outcomes:</u>
Majority of 10 worst performing districts in maternal and child health are rural

Threats and challenges to rural health

Nursing crisis: The demographic transition in nursing

Our nursing workforce will be halved by 2030.

- Retiring nurses
- Emigration
- Slow accreditation of nursing programs → delays with admitting students



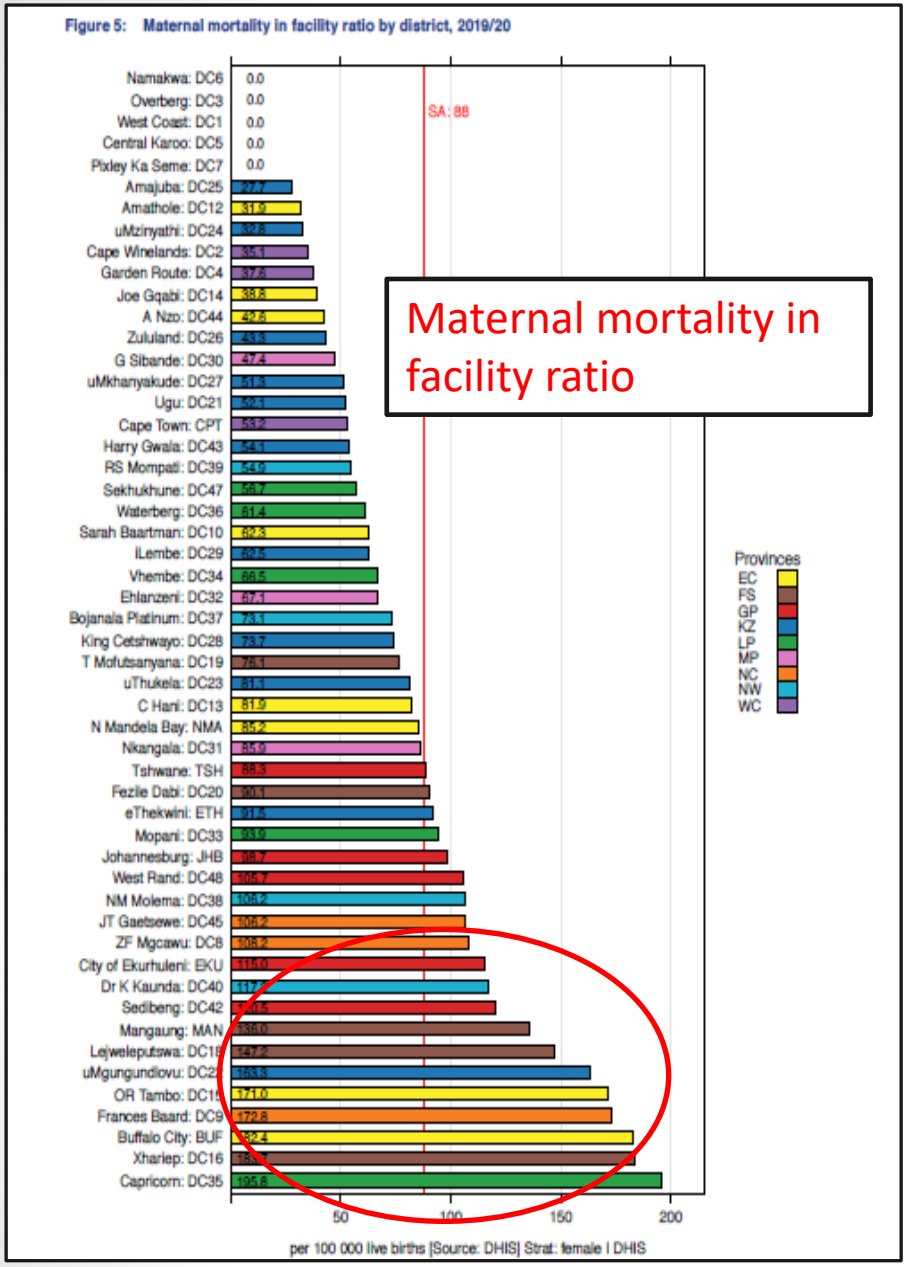


Figure 5: Maternal mortality in facility ratio by district, 2019/20
SA: 88
Namakwa: DC6 0.0
Overberg: DC3 0.0
West Coast: DC1 0.0
Central Karoo: DC5 0.0
Pixley Ka Seme: DC7 0.0
Amajuba: DC25 27.7
Amathole: DC12 31.0
uMzinyathi: DC24 32.3
Cape Winelands: DC2 35.1
Garden Route: DC4 37.6
Joe Gqabi: DC14 38.8
A Nzo: DC44 42.6
Zululand: DC26 43.3
G Sibande: DC30 47.4
uMkhanyakude: DC27 51.3
Ugu: DC21 52.1
Cape Town: CPT 53.2
Harry Gwala: DC43 54.1
RS Mompati: DC39 54.9
Sekhukhune: DC47 58.7
Waterberg: DC36 61.4
Sarah Baartman: DC10 62.3
iLembe: DC29 62.5
Vhembe: DC34 66.5
Ehlanzeni: DC32 67.1
Bojanala Platinum: DC37 73.1
King Cetshwayo: DC28 73.7
T Mofutsanyana: DC19 76.1
uThukela: DC23 81.1
C Hani: DC13 81.9
N Mandela Bay: NMA 85.2
Nkangala: DC31 85.9
Tshwane: TSH 88.3
Fezile Dabi: DC20 90.1
eThekwini: ETH 91.5
Mopani: DC33 93.9
Johannesburg: JHB 98.7
West Rand: DC48 105.7
NM Molema: DC38 106.2
JT Gaetsewe: DC45 106.2
ZF Mgcawu: DC8 108.2
City of Ekurhuleni: EKU 115.0
Dr K Kaunda: DC40 117.7
Sedibeng: DC42 120.5
Mangaung: MAN 136.0
Lejweleputswa: DC18 147.2
uMgungundlovu: DC22 163.5
OR Tambo: DC15 171.0
Frances Baard: DC9 172.8
Buffalo City: BUF 182.4
Xhariep: DC16 188.3
Capricorn: DC35 195.6
50
100
150
200
per 100 000 live births [Source: DHIS] Strat: female | DHIS
Provinces
EC
FS
GP
KZ
LP
MP
NC
NW
WC
Maternal mortality in facility ratio

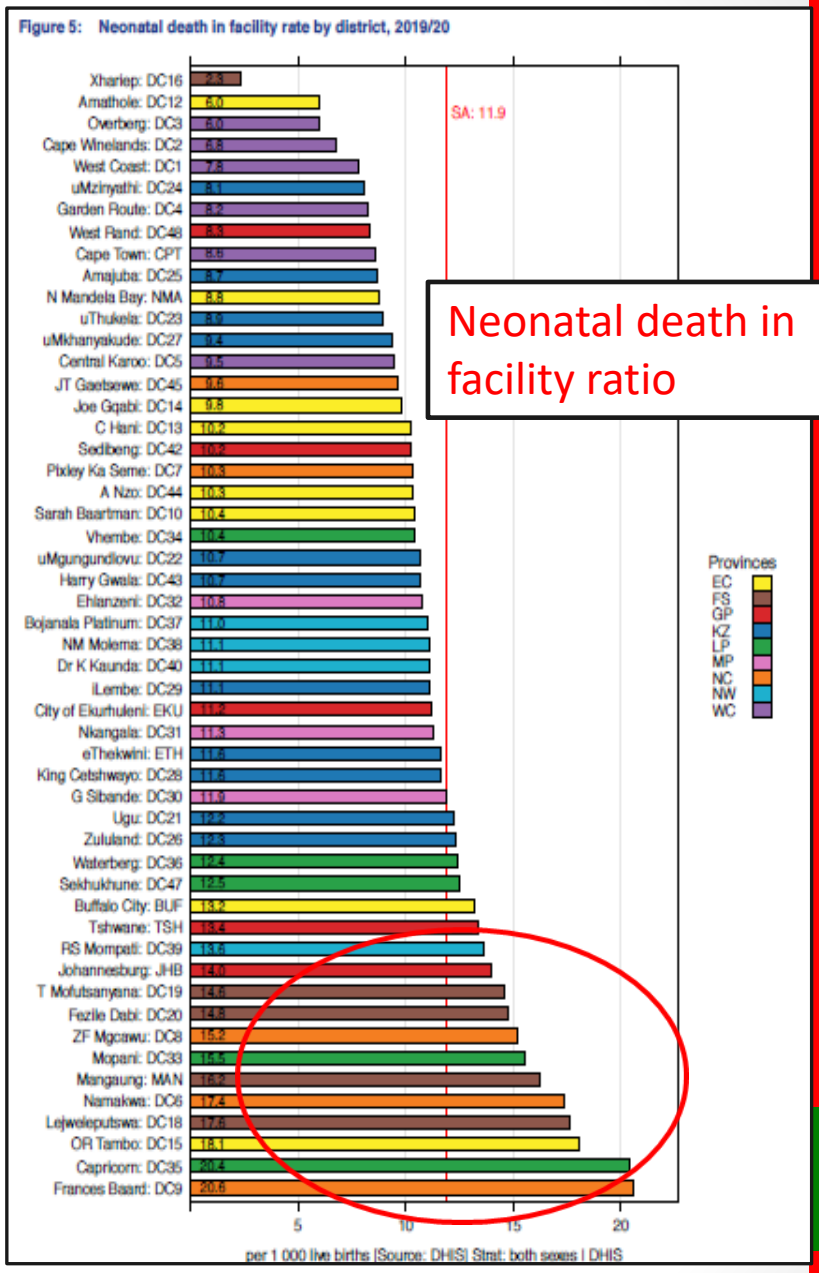


Figure 5: Neonatal death in facility rate by district, 2019/20
SA: 11.9
Xhariep: DC16 5.8
Amathole: DC12 6.0
Overberg: DC3 6.0
Cape Winelands: DC2 6.8
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10
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Provinces
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Neonatal death in facility ratio

Our question: Can the community service nursing program become more **responsive** in addressing rural health systems challenges?

1. Demographic transition in nursing
2. Strategic deployment of community service nurses to bolster health systems with poor health outcomes

Systems thinking/change

What is a system?

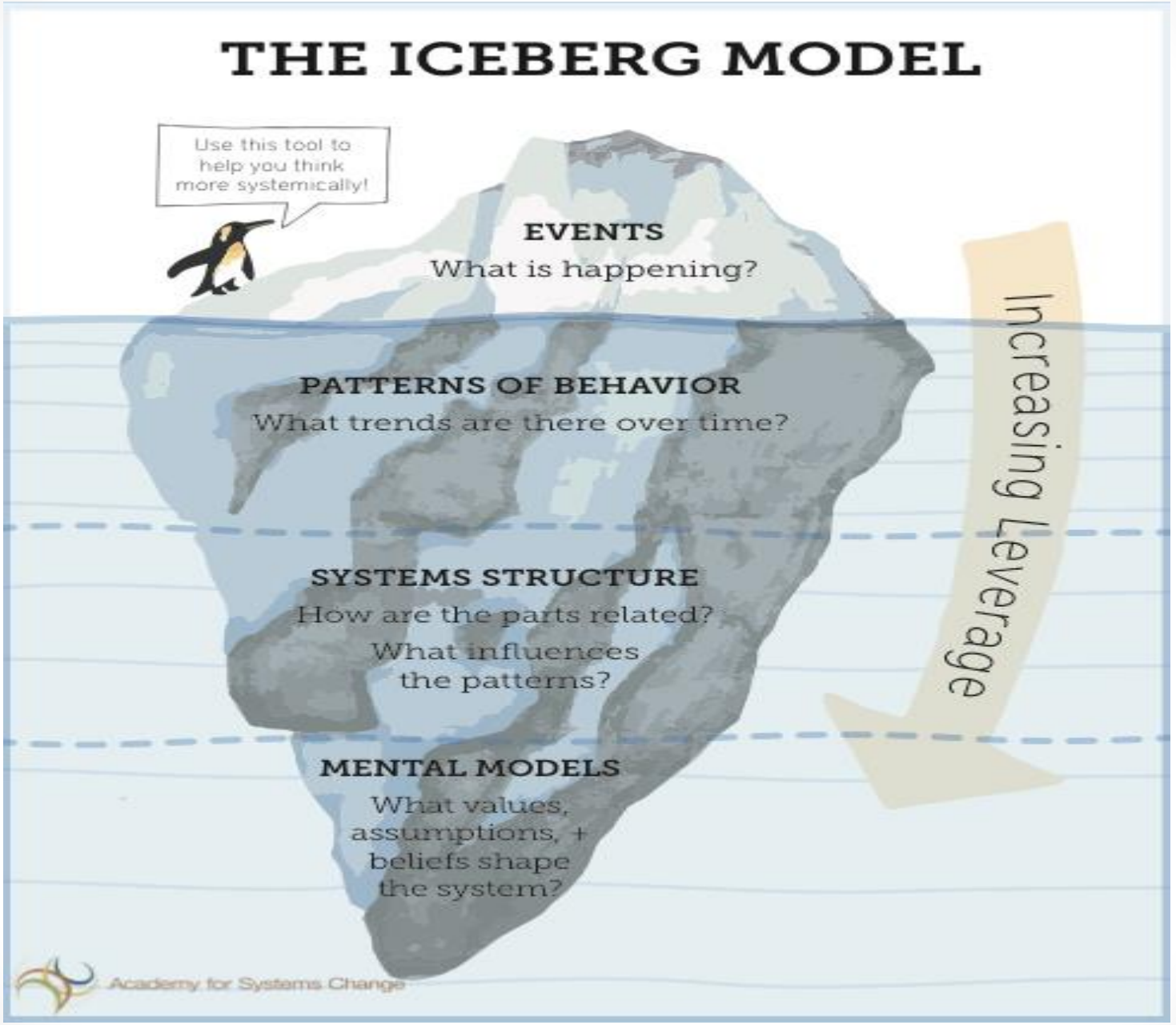
A group of interacting, interrelated, or interdependent parts that form a complex or unified whole that has a **specific purpose.**

Is your MDT a system?

What is Systems Thinking?

- Understanding how systems work.
- Problems are part of a broader, dynamic system.
- Helps us to design interventions that are a better fit for purpose

Key doc: Systems Thinking for Health Systems Strengthening.
Alliance for Health Policy and Systems Research and WHO. 2010


THE ICEBERG MODEL
Use this tool to help you think more systemically!
EVENTS
What is happening?
PATTERNS OF BEHAVIOR
What trends are there over time?
SYSTEMS STRUCTURE
How are the parts related?
What influences the patterns?
MENTAL MODELS
What values, assumptions, + beliefs shape the system?
Increasing Leverage
Academy for Systems Change

Systems thinking/change

"many interconnected + interdependent elements"

"they cannot be easily disentangled from other problems"

WICKED PROBLEMS

"operate in uncertain, dynamic environments"

Resistant to change – previous attempts unsuccessful or success short-lived

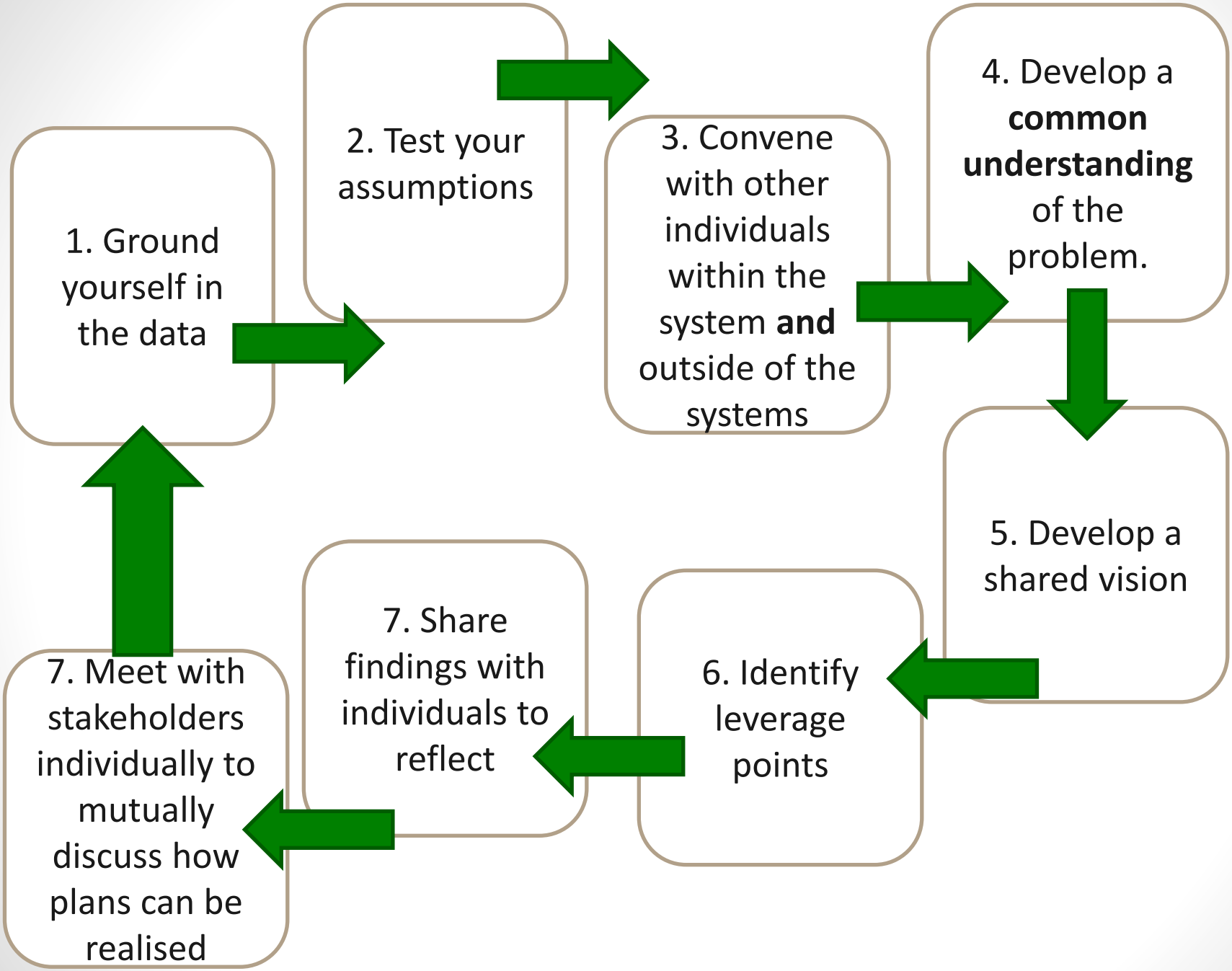
"differing values, experiences and worldviews"

"no universally accepted agreed upon explanation because people perceive or experience it differently"

"no universally agreed upon solutions"

"no universal template"

Systems thinking for campaigning and organizing. https://bit.ly/2YAI47s


1. Ground yourself in the data
2. Test your assumptions
3. Convene with other individuals within the system **and** outside of the systems
4. Develop a **common understanding** of the problem.
5. Develop a shared vision
6. Identify leverage points
7. Share findings with individuals to reflect
7. Meet with stakeholders individually to mutually discuss how plans can be realised

Our findings

- Many leverage points identified from convenings mirror those of the WHO Guideline on Health Workforce Development, Attraction, Recruitment and Retention in Rural and Remote Areas as well as the HRH 2030 Strategy
- Leverage points to improve rural recruitment and retention mirrored those to address the demographic transition within nursing.
- The focus on the structural issues within nursing demands that these issues be addressed
- Districts play an important role in determining where community service nursing officers are allocated – we need to engage with them.

Leverage point	System Value	Supporting Evidence	What do we want to achieve?	Who should lead on this?	Who is the decision maker?	Unintended consequences	DIFFICULTY	ALIGNMENT TO RHAP - Resources - Positionality Vision/mission
1. Rural background (WHO Recommendation 1) (medium-long term)	Rural retention (WHO)	WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas (2021). Evidence – Strong Aligns with HRH 2030 Strategy: Goal 3 A rural scholarship model addressing the shortage of HCWs in rural areas (2018)	Pro-rural admission criteria for all NEIs. Rural exposure during the program.	RHAP, Prof Rispel, FUNDISA (rural exposure during the program), Prof Reid, Mrs. Sanele Lukhele Prof Couper (research project)	Nursing education institutions		3	
Lobbying NDoH	Stakeholder collaboration	-2030 HRH Strategy (goal 1- Effective health workforce planning to ensure HRH aligned	mainstream/raise awareness/influe	RHAP – NDoH (costing paper involvement(ask about	NDoH	Seeing amendments in costing paper		

NDOH	
NDOH	○ Ringfencing of community service posts <u>Rural-proofed community service policy which must cover the following:</u> ○ Clear method of how CSOs allocated based on need ○ Mandatory rural-oriented orientation and induction. ○ All CSOs must be placed in rural ○ All comm servs must be supervised ○ Participatory approach with active involvement from rural provinces.

RURAL PROVINCIAL DEPARTMENTS OF HEALTH	The introduction of a pro-rural orientation and induction program for community service officers.
	Mentoring
	Learning platforms for nurses

REGULATORY BODY – SANC	**<u>Annual community service exit survey:</u>** **Accommodation.** **Placements.** **Supervision.**
	Community service scope of practice
	Mandatory rural training, rural blocks and PHC training for all nursing students
	Changing narrative of SANC

ACADEMIA	**Compliance to pro-rural recruitment admission criteria (WHO R+R)**
	Studies to identify the extent to which academic institutions comply with pro-rural admission criteria Our academic networks: Prof Rispel, Prof Reid, Prof Couper

A more responsive nursing community service program

1. Does it have the potential to alleviate the impending shortage of nurses?

- Yes. Community service officers to be retained post community service.
- However, must still include supporting factors (positive practice environment, mentoring, supervision, accommodation)

2. Can nurses be allocated based on need?

- Provincial departments identify facilities for community service placements.
- Will require further engagements with Districts to better understand how placements take place.

Final remarks

1. The report and identification of leverage points is not the end goal.
2. The relationships and connections between stakeholders is.
3. Focus on the *process* rather than the outcome.
4. Allow for sense making to check biases and assumptions, develop a shared understanding of the problem and to work towards a shared vision.
5. Systems convenings allows for a “reduction of hierarchy”
6. Next steps: Share our consolidated findings with the stakeholders.
7. Re-convene with stakeholders individually to discuss how plans can be realized