

Joan Littlefield  
Steven Solter  
Sylvia Vriesendorp

Strengthening Management Capacity  
of the Provincial Department Of Health and Welfare  
Eastern Cape, South Africa  
November 1995 - June 1996

Family Planning Management Development (FPMD)  
Project Number: 936-3055  
Agreement Number: CCP-A-00-95-00000-02

Office of Population, USAID

Management Sciences for Health  
165 Allandale Road  
Boston, MA 02130

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**STRENGTHENING  
MANAGEMENT CAPACITY  
OF THE  
PROVINCIAL DEPARTMENT  
OF HEALTH AND WELFARE**

**EASTERN CAPE  
SOUTH AFRICA**

**NOVEMBER 1995 - JUNE 1996**

Family Planning Management Development (FPMD)  
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400 Center Street  
Newton, MA 02158

**MANAGEMENT DEVELOPMENT PLAN FOR FPMD TECHNICAL  
ASSISTANCE IN SOUTH AFRICA WITHIN THE CONTEXT OF SOUTH  
AFRICA BRIDGING ACTIVITIES  
NOVEMBER 1995 - JUNE 1996**

**I. BACKGROUND**

The government of South Africa, through the Department of Health (DOH), has requested support from USAID to address apartheid's legacy of inequitable health service delivery. A project document, for the "Equity Project," has been signed with the government of South Africa and an RFP for a US contractor is expected to be released in early 1996. The Equity Project team is expected to arrive in Eastern Cape Province, the geographic focus of the Equity Project, sometime in the latter part of 1996. In the meantime USAID has requested the assistance of several CAs to bridge this period of time by beginning to develop the necessary capacities that will help Eastern Cape Province provide primary health care and help ensure that the Equity Project can take off quickly and from a strong foundation.

A multi-disciplinary team, consisting of consultants from BASICS, INTRAH, CDC, and MSH (FPMD), visited South Africa in May 1995 and focused on developing strategies to strengthen clinical and managerial skills for PHC workers. BASICS, CDC, and INTRAH returned in October and continued the development of a plan for the training of trainers over the next 6 to 12 months. A temporary coordinator has been hired by BASICS to keep the process moving and to recruit a local coordinator to manage the activities over the next year or so.

FPMD II was requested by USAID/Pretoria to send a team of consultants to look specifically into the managerial strengths and weaknesses at the provincial level (Eastern Cape Province) and to help USAID integrate the Equity Project into the broader health plans of the Provincial Department of Health and Welfare (PDOHW). The team, made up of Sylvia Vriesendorp and Joan Littlefield, spent two weeks in November 1995 helping the PDOHW to assess needs, provide initial interventions as appropriate, and plan follow-on technical assistance activities for Eastern Cape Province.

## II. INTERVENTION LOGFRAME OF FPMD'S TECHNICAL ASSISTANCE<sup>1</sup>

### A. GOAL (for USAID's Bridging activities)

PDOHW management<sup>2</sup> demonstrates the capacity to implement and manage an equitable, comprehensive, and integrated PHC program.

### B. PURPOSE (of FPMD's assistance)

To strengthen PDOHW leadership's capacity to direct a decentralized, equitable, comprehensive and integrated PHC program.

### C. OUTPUTS (of FPMD's assistance)

- Identification of issues which are hindering implementation of the PHC program in Eastern Cape Province (all levels)
- A plan with activities and actions to address these issues
- A vision for PHC in the Eastern Cape that is aligned with the new PDOHW vision
- A set of long, intermediate and short-term objectives for PHC in Eastern Cape
- Roles, responsibilities, and relationships of the various structures and mechanisms involved in the implementation of the PHC program will be clarified and defined
- Dissemination of management materials (including the *Family Planning Manager's Handbook* and issues of *The Family Planning Manager*) to health managers at provincial, regional and district level. These are resources for training and self study, as well as reference material for district and clinic level managers
- Selected Health Officials and PDOHW staff trained in:
  - ▶ Leadership Skills for Health officials
  - ▶ Proposal Writing and Budgeting
  - ▶ Planning of integrated PHC program activities
  - ▶ Monitoring of progress made toward program implementation
  - ▶ Facilitating skills for events, workshops, design and planning meetings

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<sup>1</sup>Annotated with results of needs assessment visit by Sylvia Vriesendorp and Joan Littlefield (November 1995)

<sup>2</sup> Refers to all management levels of the Eastern Cape Province

- Operationalize integration of program elements

#### **D. INPUTS**

- Assistance to PDOHW leadership in identifying the strengths and weaknesses of the management capacity of the provincial health program, including an assessment of skills, capacity and needs
- Offer sponsorship to the MSH training course *Program Management: The Latest Skills and Technology for Effective Leadership for Southern Africa* for 4-5 participants; this course is scheduled for June 3-21, 1996 in Pretoria
- Provide short workshops to develop skills of selected PDOHW staff in:
  - ▶ Proposal writing and budgeting
  - ▶ Event (meeting, workshop, retreat) design, implementation and facilitation
  - ▶ Monitoring progress towards objectives
  - ▶ Participatory planning
  - ▶ Provide other workshops to address implementation issues (e.g. RH program coordination; PHC element operational coordination)

#### **E. EVALUATION INDICATORS**

- Vision statement and objectives are in place and used to guide ongoing activities
- Activity plan developed, used and periodically reviewed to guide PDOHW's response to issues identified
- Management materials distributed and used by managers at all levels
- Selected staff trained in (list the training topics from sections C and D - outputs and inputs) and regularly using skills learned in their ongoing workshops
- The various PHC units will collaborate more effectively with each other and with DOH units outside of PHC through establishing routine communication and joint activity planning.

Illustrative indicators of what one would see in Eastern Cape if FPMD collaboration is successful might include the following:

- ▶ The PHC Director regularly informs/consults with her colleagues on implementing the PHC agenda
- ▶ Information flows are systematic
- ▶ The entire health branch staff sees the Equity Project as a resource to all activities related to PHC implementation

- ▶ An action plan on dealing with systemic issues hampering PHC implementation is periodically reviewed, and the exercise led by a team of PDOHW facilitators
- ▶ PHC leadership knows how to integrate various, formerly vertical, PHC elements into a comprehensive PHC program
- ▶ Provincial staff involved in PHC knows how to write proposals for donor support, create a budget, and monitor these budgets
- ▶ The Equity Project coordinators are housed close to the PHC Director and integrated in PHC work/routines
- ▶ The PHC leadership has identified strengths and weaknesses related to managerial capabilities and is taking action to address the weaknesses (including seeking TA from FPMD)

## **F. ACTIVITIES**

The following activities have been developed at the request of the USAID/Pretoria Mission and the PDOHW and will be accomplished in three visits (TDYs) of FPMD Boston-based staff.

### **FIRST TDY - NOVEMBER 1995 (MADE AT THE REQUEST OF USAID/PRETORIA)**

#### **•Needs Assessment**

During this visit the Inputs and Outputs of FPMD's TA were developed and agreed upon with the PHC Director\Eastern Cape

#### **•Planning Workshop, bringing together regional<sup>3</sup> perspectives and several of the PHC components, formerly located in separate, vertical programs.**

Desired and actual outcomes of the workshop:

- ▶ A shared vision for PHC in Eastern Cape in line with the PDOHW vision
- ▶ A set of long, intermediate, and short-term objectives
- ▶ A list of policy issues and strategies to address them
- ▶ A list of obstacles in the way of implementation
- ▶ Specific actions to address selected obstacles
- ▶ Align various vertical PHC components towards an integrated program

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<sup>3</sup> Eastern Cape Province has 5 regions

- Shipment of Printed Resources**

Shipment of a dozen each of the *Family Planning Manager's Handbook* and complete sets of *The Family Planning Manager*; selected volumes of the MEDEX health management series; AVSC's COPE manual and selected reference books related to PHC management and planning.

- Various management issues facing PDOHW were discussed and where possible, solutions were worked through together**

**SECOND TDY - FEBRUARY 1996**

- Workshop on proposal writing and budgeting - 3-4 days**

The purpose of the Proposal Writing and Budgeting Workshop is to equip the PDOHW staff with the necessary skills to identify and write project proposals with budgets in order to take advantage of the considerable interest of the donor community in South Africa. This will allow the PDOHW to expand their resource base towards fulfilling its health goals

- Planning meeting with the reproductive Health Task Team and others (*yet to be identified by Director of PHC*) - 2 days**

The purpose of the Reproductive Health Planning Meeting is to integrate the various PHC elements into comprehensive reproductive health services and to develop a rational approach to the expansion of these services. At the same time, this planning meeting can serve as a model for operationalizing the integration to other traditionally vertical programs into the new comprehensive PHC program.

- Shipment of Printed Resources**

As requested

**THIRD TDY - JUNE/JULY 1996**

- Progress Review and Monitoring Workshop - 2 days**

The purpose of the monitoring workshop is to review progress in implementing the plan and to plan the next 6 months. This exercise will maintain the momentum of the Nov. 1995 planning workshop, model how these plans need to be revisited periodically, and will continue to foster collaboration across PHC disciplines and geographic areas. The scheduling of this follow-up meeting should allow sufficient time to implement the 6-month action plan, and is therefore tentatively planned for May 1996. A slightly larger group (more representative) is proposed.

#### •Facilitation Skills Workshop - 3 days

The purpose of the Facilitation Skills Workshop is to prepare selected staff for a role as planning meeting facilitator. The workshop will focus on event design, management and facilitation. The planning follow-up (above) will be used as a learning laboratory: we will prepare for that meeting in this workshop and practice facilitation skills. The FPMD team will act as coaches. This workshop should immediately precede the planning meeting described above.

#### •Shipment of Printed Resources

As requested

### III. TIME FRAME

November 1995 - June 1996

### IV. PROPOSED FPMD STAFF

#### A. TECHNICAL ASSISTANCE

##### **Senior Program Associate, Technical Unit: Joan Littlefield, M.P.H., M.B.A.**

Joan Littlefield is currently the Senior Family Planning Management Advisor in the FPMD Technical Unit. Her responsibilities include providing technical assistance to family planning associations in service delivery management, including productivity and efficiency issues, and training; and managing an FPMD study of reproductive health care costs. Prior to joining MSH, Ms. Littlefield spent four years as the Deputy Director of the Margaret Sanger Center International. She has 13 years experience in MCH/FP training, technical assistance and clinical care in Africa, Asia, Latin America and in the U.S. Her long-term overseas experience includes over a year in Indonesia developing and implementing a continuing education child health nursing program at the national hospital; and over a year in Mexico at the Dispensario Médico Ch'ol in Chiapas at a Consultant/Educator providing technical assistance in clinical MCH and community health. She has worked with community based groups, teaching hospitals, nongovernmental organizations and ministries of health on rural and urban reproductive, child and family health. She has provided technical assistance for needs assessment, program design/implementation and evaluation around management, training, curriculum design, documentation and infection control. Ms. Littlefield has a B.S. in Nursing from Alfred University, an M.B.A. in Public/Non-Profit Management from Columbia Business School and an M.P.H. in International Health and Maternal and Child Health and Family Planning from the Columbia School of Public Health. She is proficient in Spanish and Bahasa Indonesia.

**Senior Program Officer, Africa Unit: Steven Solter, M.D., M.P.H.**

Steven Solter is a Senior Program Officer with MSH's Family Planning Management Development Project. Primarily involved with FPMD/Kenya on the development of the national implementation plan (NIP) for family planning, he collaborates with senior officials in Ministry of Health and Ministry of Planning and National Development, donor agencies, and implementing agencies to identify and address key issues. From 1990 to 1994, he served as both Chief of Party for the Philippine Child Survival Project and Advisor to the Philippine Department of Public Health. In his role as Chief of Party he was responsible for assisting the Philippine DOH in efforts to decentralize health planning and implementation. As Advisor, Dr. Solter assisted in developing Women's Health/Safe Motherhood initiatives, and worked closely with the Local Government Unit Performance Program in its efforts to strengthen the capacity of provinces and cities to plan and manage integrated family planning/Child Survival interventions.

Prior to heading the Philippines team, Dr. Solter spent four years as a consultant to the Indonesian MOH with the CHIPPS Project in Banda Aceh, Sumatra and two years as a Research Advisor to the Indonesian National Institute of Health Research and Development. During his previous seven years with MSH, he designed and managed numerous training programs for providers at every level of the health care system. In his earliest MSH assignment in Afghanistan from 1975-79, he established a training system and developed PHC curricula for village health workers and trainers of trainers. He has also taught medical students in Iran. He has numerous publications, including published studies and articles in the American Journal of Public Health, The Lancet, and Health Policy and Planning, on the subjects of family planning services and rural health development, among others.

Dr. Solter received his MPH from John Hopkins University, his MD from Stanford University, and his BA from the University of California. He has a working knowledge of Indonesian.

**Senior Program Associate, Technical Unit: Sylvia Vriesendorp, Dr.S.**

Sylvia Vriesendorp is Senior Trainer and Organizational Development Specialist for the FPMD Project. She provides technical assistance and training in organizational development, operational and strategic planning, and human resource management to family planning program managers in Francophone and Anglophone Africa and the Near East. Ms. Vriesendorp has designed many innovative training interventions and materials that help trainees explore the constraints to organizational effectiveness. She is also involved in a series of interventions with the Center for Applied Demographic Research (CERPOD) in Mali, aimed at helping CERPOD to take charge of its own destiny. She is also responsible for the Francophone Regional Advisory Committee (FRAC), which brings together top-level family planning and health program managers from Francophone countries in annual meetings to explore topics of mutual interest. Her long-term overseas positions include Associate Expert in Population Education at the UNESCO Regional

Office in Senegal for two and a half year, including organization of seminars, evaluation of UNESCO's regional population program and design of educational materials for primary schools; and 18 months in Lebanon, working at the Contact and Resource Center (Youth Career Counseling Division), the Institute for Palestine Studies, and the International Committee of the Red Cross. Before coming to MSH at the beginning of the FPMT project, Ms. Vriesendorp served as a Program Officer at the Association for Voluntary Surgical Contraception in New York City. She has carried out consultancies for the Pathfinder Fund and the U.N. Fund for Population Activities. Ms. Vriesendorp holds a doctorate in psychology from the University of Leiden, the Netherlands. She is a native speaker of Dutch, is fluent in English and French, speaks fair Spanish, speaks conversational German and knows limited Arabic.

## **B. PROJECT MANAGEMENT**

### **FPMD Africa Unit**