

A Critical Evaluation of The
Impact of Transformation on the Staff
at Primary Health Care Clinics:

A Case Study of eThekweni Health Department

2003

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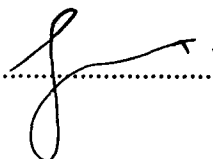
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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

The White Paper on the Transformation of the Health System in South Africa tabled by the Department of Health to Parliament in April 1997 reaffirms the Government's commitment to Primary Health Care as a foundation for the new unified National Health System (Health Systems Trust, Issue No. 26, 1997 : 1).

Health care, water and social security of the people of South Africa have been acknowledged as a priority by the government. Section 27 of the Constitution of South Africa, 1996 states that "everyone has a right to have access to health care services, including reproductive health care" and that "the state must take reasonable legislative and other measures, within its available resources to achieve the progressive realization of each of these rights". At Municipal level, all primary health care services are provided freely to children and adults. This transformation process happening at local government will have impact on the staff working in the Primary Health Care clinics because these are constitutional requirements, and communities have a right to demand them.

In terms of equitable service delivery, rural and informal areas need health care services. The study therefore critically evaluates the impact of transformation process on the staff at Primary Health Care clinics, at eThekweni Municipality Area. Service delivery is an important goal of the new democratic government.

1.2 RATIONALE FOR THE STUDY

It is an undeniable fact that transformation happening in the South Africa health care system has come with many challenges. The rationale for undertaking this study is to identify the implications of transformation in the eThekweni Health department.

1.3 MOTIVATION OF THE STUDY

The study intends explore the implications of transformation process for the health service, using the eThekwini Health Department. In particular, the study intends to determine how the staff at Primary Health Care clinics are coping with the challenges brought about by changes and transformation. Finally, this study intends to determine the key issues to be considered as the process of transformation unfolds. This will inform managers in the health field regarding methods of managing change, and implications thereof.

1.4 OBJECTIVES OF THE STUDY

1.4.1 Aim of the study

- ▶ To evaluate the impact of transformation to the staff at Primary Health Care clinics within eThekwini Health.

1.4.2 Specific objectives

- ▶ To examine the application of concepts and theories relative to transformation within the public service;
- ▶ To examine the relevant legislation and policies applied in the transformation of Primary Health Care service;
- ▶ To examine the implementation of transformation process within the Primary Health Care sector, using a case study of eThekwini Health Department; and
- ▶ To draw conclusions and make recommendations on how to effectively implement transformation within Primary Health Care.

1.5 RESEARCH METHODOLOGY

A literature review will be undertaken by using international and local books, journals, articles and policy documents for the purpose of understanding the theory and the research area more comprehensively.

The main method to be used in this research is qualitative data analysis, because the data to be collected is non-numerical. The interviews will be used to obtain data from a sample of both staff and management of eThekweni Health. The information gathered from these data collection tools will be used to generate data that will aid in the research findings.

Data interpretation will be inferential and descriptive statistical methods. Data will be presented using graphs and tables with the aid of computer programmes.

1.6 SAMPLING

The sampling method selected for this study is purposive sampling. The purposive sampling is a deliberately non-probability method of sampling which aim to sample a group of people with particular characteristics. The reason for selecting this method is because a specific group of people with certain characteristics was required for this study.

The eThekweni Health Department is going to be the sampling frame. The specific target groups include senior management like Directors and Deputy Directors, middle management such as Senior Nursing Service Managers and Chief Professional Nurses, Senior Professional Nurses and Professional Nurses.

1.7 LIMITATIONS

The focus of this study is Primary Health Care service within the eThekweni Health. It did not include clinics that fall under Kwa Zulu Natal provincial department. The respondents were drawn from a professional category of nurses because they are

hands on. Other categories that were excluded include doctors, enrolled nurses, enrolled nursing assistants, clerks, cleaners and security guards. As a result this will make it difficult to generalize the findings of the study to other Primary Health Care services in the province.

1.8. STRUCTURE OF THE STUDY

This study consists of six chapters. They are organized as follows :

Chapter One : Introduction

This chapter provides the background and objectives of the study. It also explains the research methodology of the study.

Chapter Two : A Conceptual And Theoretical Understanding of Transformation in South Africa

The transformation and change in the health sector is discussed in this chapter, the different models that can be used by organizations to implement transformation have been scrutinized. It introduces the approaches that can be employed in order to manage the process of change.

Chapter Three : The Constitutional and Legislative Framework for Transformation of Health Care Service.

Chapter three introduces the background of the situation during apartheid era, as to how service delivery was used to perpetuate inequality. It includes the legislative framework which impact heavily and directly to the delivery of Primary Health Care service. The Constitution of the country is one of the critical policies discussed in this chapter.

Chapter Four : A Case Study Profile of eThekweni Health Department

In this chapter, the history of City Health Department, changes that were brought about by transformation of the public service and the situation after 1994, that lead to the formation of eThekweni Municipality, with one eThekweni Health for the city of Durban, are discussed in detail.

Chapter Five : Data Collection, Findings and Analysis

The different methods used during data collection are described in this chapter. The analysis of data collected and interpretation thereof is also covered in this chapter.

Chapter Six : General Conclusion and Recommendation

This chapter contains the conclusions and recommendations that arose from the research.

CHAPTER 2

A CONCEPTUAL AND THEORETICAL UNDERSTANDING OF TRANSFORMATION IN SOUTH AFRICA

No matter how much communication there is during a transformation process it is not enough, people hear what they want to hear and what they think that they have heard from perspectives prejudiced by their personal comfort with the perceived vision (South African Health Review, 2000 : 269).

2.1 **INTRODUCTION**

The public service transformation is in response to the changing South Africa, which started to happen actively and formally at all levels including social, economic and political, in 1994. Municipalities at the local government spheres are part of the public service, hence they are undergoing and have started to implement transformation programmes in various organizational units.

This chapter focuses on the conceptual understanding of change and transformation and other related concepts. Furthermore, it will look at the reason for change and transformation. The reasons for change is based on understanding that transformed and democratized administration or public service will contribute towards a transformed and democratized society. The models of change and transformation will also be discussed in this chapter.

The Reconstruction and Development Programme and many other policies require a new public sector and specifically local government organisations to meet different needs in new ways and shift towards delivery of basic services to previously marginalised communities (Fitz Gerald et al, 1995 : 328).

The changes at municipal level need to be controlled and managed properly , so that all the role-players can feel safe knowing that the unfolding transformation is for the benefit of everybody including themselves.

2.2 **TRANSFORMATION AND CHANGE**

In most instances transformation is essentially a political function driven by political pressures and agendas, and this is also true for South Africa. Accordingly, transformation and change in South Africa is grounded on important objective, that of making public service more representative and comparable to the demographic composition of the country (Albert, 2001 : 116).

Many changes have happened in our country, many more are still going to happen and South Africans seem to have realized that life must go on. The undeniable fact is that change creates stress and strain both for those who support change and for those who are either indifferent, opposed or fearful of change. So this makes it crucial that the meaning of change and transformation must be put in context (Carnal, 1999:13).

Change is defined in a broad sense as a planned or unplanned response to pressures and forces. At organizational level, change refers to a complex educational strategy intended to change beliefs, attitudes, values and structures of the organization so that they can better adapt to the new situation of technology, economy and political environment (Swanepoel, 2000 : 753).

Though change has occurred to municipalities, but essential elements remain intact, in that they still possess legislative and executive powers, retain its political and administrative wing (David, 1999 : 165).

On the other hand , **transformation** entails the moves which an organization makes to start virtually from scratch. It involves an enquiry into underlying

paradigm of the organization and how it is managed, and a systematic attack on the strategy and operations of the existing elements.

Successful transformation is said to have occurred only when the majority of individuals in an organization have changed their mind sets and organizational climate (Swanepoel, 2000 : 752). This is not going to be an easy task in that according to Makgoro and Cloete (1995 : 195) "the face of the public service need to change dramatically overtime from a virtually all-white face at management level to a darker hue".

The most important condition for transformation of the public service is obviously the advancement of black people. Transformation is necessary in order to change the image of certain government departments that have become symbols of oppression and humiliation to black people (Adams, 1993 : 17).

There are many different methods used in transformation , the following are going to be discussed briefly in this study, namely, re-engineering and learning organization.

Re-engineering is a transformation activity that involves radically re-designing the organization's core business by starting from scratch and ignoring the ways things have been done in the past. It works by starting from the future and work backwards as if unconstrained by existing methods, people or departments (Swanepoel, 2000: 768).

The learning organization refers to an organization that has successfully developed the capacity to adapt and change. It means that change and transformation are seen as challenges rather than problems, hence it is seen as an ongoing process of acquiring, cultivating and applying new knowledge (Swanepoel, 2000: 769).

2.3 MODELS OF CHANGES

In the next discussion the focus will be on exploring as to what happens in a changing environment. The different models are discussed below.

2.3.1. The Burke - Litwin Model of Change

This model refers to **first-order** and **second-order** change, is also known as transactional change and transformational change.

The **first-order change** is referred to as transactional, evolutionary, adaptive, incremental or continuous change. It means that certain features of the organization undergo changes, but its fundamental nature remains intact. For example, Figure 1 below shows that organizational climate is easy to change and thus results in first-order changes. It shows that any changes directed at organizational structure, management practices, and systems (policies and procedures) cause changes in work unit climate, which changes motivation and, in turn individual and organizational performance thus resulting in first-order change.

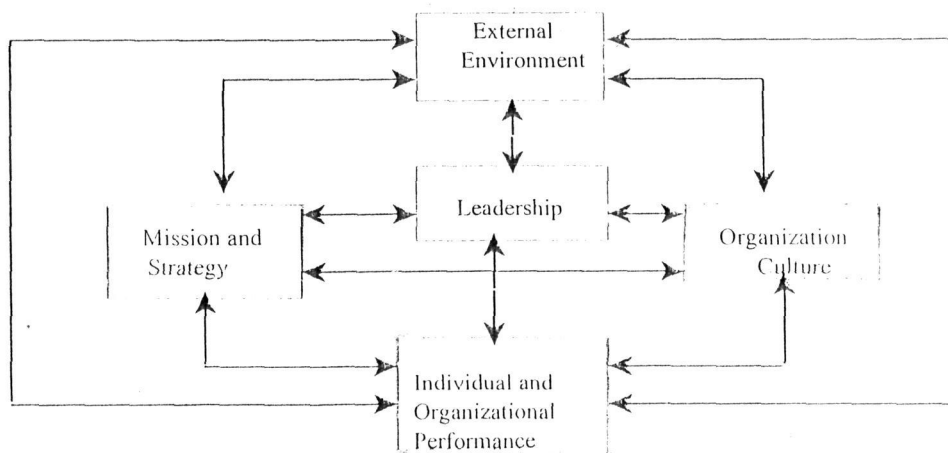


Figure 1: The Transactional Factors Involved in First-Order Change

The **second-order change** goes by many different labels , like transformational, revolutionary , radical and discontinuous change. In these changes the organization is transformed.

Figure 2 below indicates that changes that are directed toward mission and strategy, leadership, and organization culture result in second-order change, which is a fundamental change in the organization’s culture (French and Bell, 1999: 76-77).

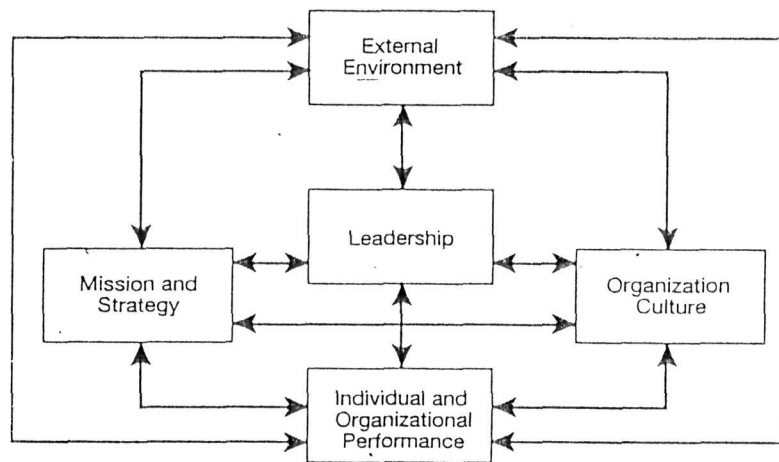


Figure 2 : The Transformational Factors Involved in Second-Order Change

Interventions directed toward these factors transform the organization and cause permanent change in the organization’s culture, which produces changes in individual and organizational performance.

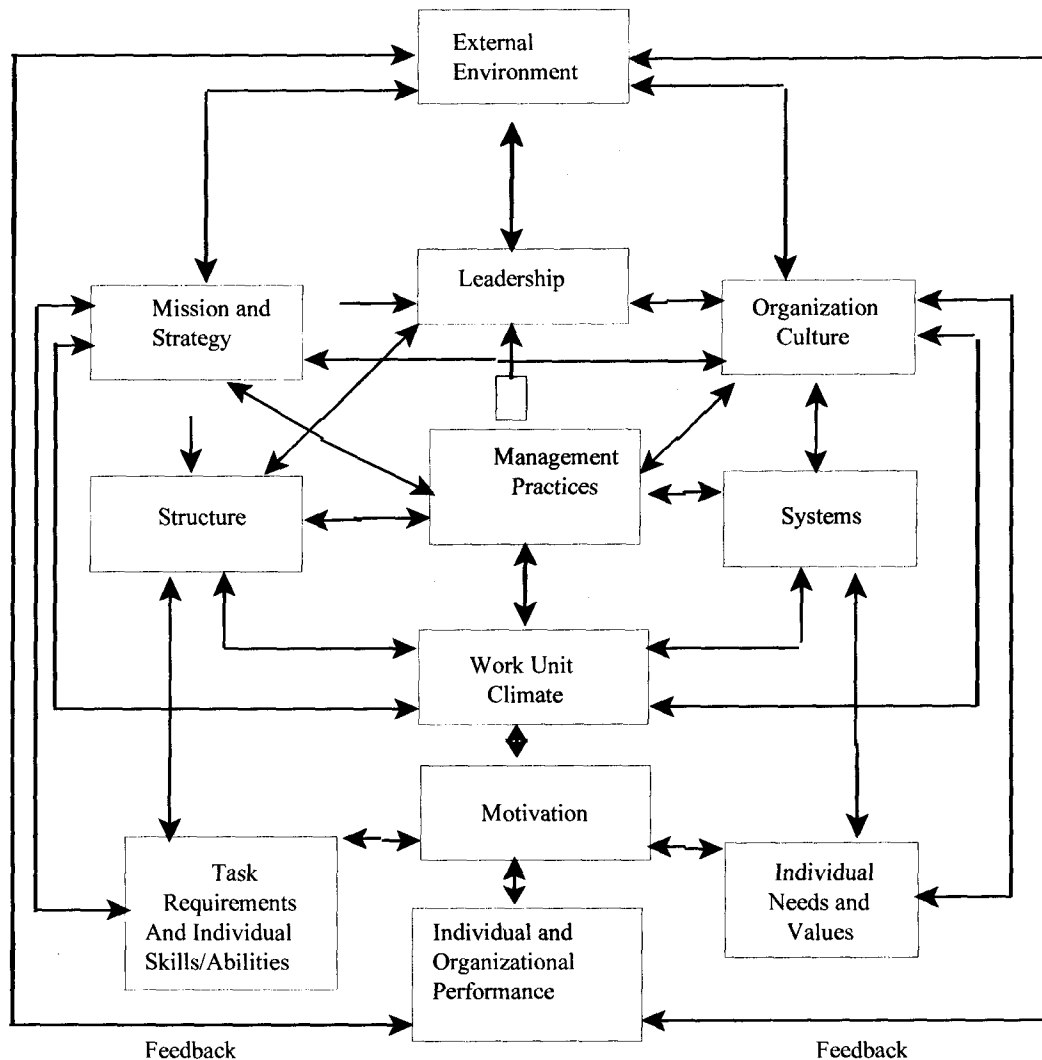


Figure 3 : The Burke-Litwin Model of Organizational Performance and Change

Figure 3 above shows Figures 1 and 2 put together yielding the full Burke-Litwin model. The top half of figure 3 displays the factors involved in transformational change. They are powerful in such a way that they fundamentally change the culture of the organization.

The bottom half of figure 3 shows factors involved in transactional change. These factors are good in changing the climate of the organization. In this model it is indicated that there are two distinct sets of organizational dynamics. One set primarily is associated with the transactional level of human behaviour and the other concerned with process of human transformation that is required for genuine change in the culture of an organization (French and Bell, 1999 : 78).

The bottom half of figure 3 shows factors involved in transactional change. These factors are good in changing the climate of the organization. In this model it is indicated that there are two distinct sets of organizational dynamics. One set primarily is associated with the transactional level of human behaviour and the other concerned with process of human transformation that is required for genuine change in the culture of an organization (French and Bell, 1999 : 78).

2.3.2. **Lewin's Model**

According to Swanepoel, this is a model for analyzing what things must occur for permanent change and transformation to occur. This model uses stage process, unfreezing the old behaviour, changing to a new level of behaviour, and freezing the behaviour to a new level:

- Unfreezing involves making the need for change to be clear such that individuals easily understand and accept new reality.
The change requires a trained change agent to engender new value-system, attitudes and behaviors. Organizational members identify with new value system and behaviour and adopt it to be theirs.
- Refreezing means locking the new behaviour pattern into place by means of supporting mechanism, so that change is stabilized and becomes a new norm for all role players in the organization (Swanepoel, 2000: 762).

2.3.3 **Beyond the Quick Fix**

This is a comprehensive change model developed by Ralph Kilmann. It discusses critical dimensions of organizational change. This model comprises of five stages, as follows:

(1) **Initiating the program.**

This involves developing programmes that will bring about full participation of all workers at different levels and secure commitment from senior management. This is the most effective way of overcoming resistance by involving organizational members directly in the planning stages.

(2) **Diagnosing the problem**

This entails thorough investigation and critical analysis of the problems, by conducting a swot analysis where you assess the strengths, weaknesses, opportunities and threats facing the organization.

Strengths could be things like strong financial condition, skills and expertise available, superior intellectual capital and access to valuable technology.

Weaknesses would be lack of transformation , no clear strategic direction, missing key skills , short on financial resources and internal problems.

Opportunities could be issues like provision of free service, active community participation, favourable legislation and equitable service delivery.

Threats are those things that hinder effective transformation. They include bureaucratic organizations, issues of racism and poor communication.

(3) **Scheduling and Implementation of Tracks**

This involves coming up with specific interventions that target leverage points also known as tracks, that are critical in terms of organizational success. The following covers the 5 Kilmann tracks:

- Culture tracks deal with those issues that enhance and maintain trust, communication, information sharing, and willingness to change among all members of the organizations. If this is agreed upon, change and transformation process will be smooth.
- Management skills tracks provide the management team with necessary skills to deal and manage change, thus creating a conducive environment for coping with complex problem and hidden assumptions.
- Team building track helps integrating the new culture and updated management skills into one working unit. This brings about organization - wide co-operation and willingness to address complex problems.
- Strategy structure track provides for the development of a new strategy and help aligns divisions, departments, work groups, jobs and all resources with the new strategic plan direction.
- Reward system track ensures that there is establishment of performance based reward system that will sustain all improvements by officially sanctioning the new culture, using of updated management skills and co-operative team effort, within and among all work groups (French and Bell, 1999 : 76).

The Beyond Quick Fix Model is a preferred model because it seems more comprehensive and looks at all facets of the organization, especially the process of active participation of all role-players and provision of incentives based on performance.

2.4 **TRANSFORMATION IN THE ETHEKWINI HEALTH DEPARTMENT**

It was not until after 1996 local government that the process of transformation started in earnest in the Health Department. There is no specific model that was used instead a mixture of most mentioned above were adopted. The process of changed in the City Health Department started in 1997, this involved training of senior management on the process of change.

The training was critical so that managers could buy-in the process of change , and to reduce resistance to change from staff. The next step was the involvement of all staff members in a series of organized workshops , each section or unit had to come up with a group of democratically elected individuals to represent their unit in the transformation and change workshops that were planned and conducted by a outside change consultant.

The issues raised as needing transformation were agreed by the majority as follows:

- Management style
- Restructuring
- Skills training and development
- Attitude of management
- People issues like promotion, affirmative action and racism
- Working conditions
- Communication
- Quality of service
- General issues like marketing strategy, political accountability, council policy, community participation and free health services.

The Department seemed to have committed itself to change. The representatives from various units were divided into six working groups. They were allocated issues listed above to work on, and were to report frequently their progress. Most

of the recommendation made by these groups were adopted and used as the foundation for the changing City Health Department..

These workshops were facilitated by an outsider, this made people to be more freer and expressive. The fear that had been the order of the day during apartheid kept coming up, in that initially, some participants were very skeptical to openly criticize management, fearing that they may be victimized , and this was a genuine concern. The management had to work hard to allay those fears and anxieties (Transformation and Change Workshop Documents, 1997 : 5)

Though transformation has been revolutionary in the local government as whole in South Africa , but at departmental levels it took longer for the effects of change to be felt , it was evolutionary in nature, the reason being that transformation depend heavily on and is guided by the availability and accessibility of financial, human and technological resources. Transformation is costly and requires committed managers, thought-out plans to utilize scarce resources (Wessels JS and Pauw JC ,1999:89).

The local government elections held in December 2000 engendered what is considered as a final phase of transformation process in South Africa. This was uniquely characterized by the establishment of new municipal structures and outcome of the demarcation process (Govender, 2000 : 7). The Demarcation Act brought new changes in the boundaries of eThekweni Municipality . This increased the boundary of the previous Durban Metropolitan by 68 %. The incorporated area is mostly rural and does not have access to health facilities. This effectively transformed the 6 municipal structures, North Central, South Central, North Council, South Council, Inner West and Outer West Councils into eThekweni Municipality with one executive mayor.

This is a challenge to the eThekweni Health in that constitutionally they need to ensure equity in terms of health service delivery in these newly incorporated areas (eThekweni Municipality IDP, 2003-2007 : 1).

2.5 MANAGEMENT OF CHANGE

According to French & Bell (1999 : 122), there are five sets of activities required for effective change management, namely, motivation change, creating a vision, developing political support, managing the transition and sustaining the momentum.

Motivation involves getting people to want to change, to buy-in and commit themselves to change and the new future. Conditions that promote readiness to change include pressures for change, positive communication, and painful situation like drop in share market and survival doubt.

Creating a vision is a critical element in that it provides a picture of the future and shows how individuals and groups will fit into the future. It also reduces uncertainty, energize behaviour and demonstrate that the future is attainable.

Developing political support entails identifying key role players whose support is required , communicate to them that change is good and they will benefit

Overcoming Resistance to change is a critical element in managing change. There needs to be full participation of organizational members from the early stages of planning, this will make the workers feel like being part of the organization.

Managing Transition involves the following three stages:

- Activity planning deals with clearly specifying what activities, events and milestones that must occur in this period of transition.
- Commitment planning is about support and commitment of all role players especially those that are key in terms of providing resources and leadership.

- Management structures involves coming up with structures and strategies in order to initiate, lead, monitor and promote change process (French & Bell , 1999 : 122).

Accordingly, Carnall (1999 : 14) believes that successful implementation of change requires the following:

- that we build an awareness of the need to change;
- that the case for changes is made convincingly and credibly;
- that the process of change is a learning process , in that you don't get everything right initially;
- that dramatic changes can feel chaotic and uncertain as people seek to come to terms with new skills etc;
- that attention must be given to broadening and mobilizing supporting for the change, whether through task forces and project teams, through the use of incentive system and training, through pilot scheme and so on;
- crystallizing the vision and focus for the organization but not necessarily - at the outset, indeed initially, the vision may be broad, and much has to be learned before an emerging strategic vision can be articulated.
- that the focus is on people and on the process of change.

According to Swanepoel, one of the important ways of managing change is through the **comprehensive process approach**, that is defined as a, a multistage process for successful transformation , it proposes the following:

- The establishment of a sense of urgency in order to shake up status quo so that transformation can be initiated and executed.
- Formation of a powerful guiding coalition to lead the change effort.
- Creating a shared vision and strategy and communicate to all stake holders thus building stability into the change process.
- Empowering broad-based action whereby the organization is getting rid of obstacles and encouraging a culture of creative thinking.
- The generation of short-term wins and consolidation of gains. This is supported by creating performance opportunities and reward them.
- The anchoring of the new approaches in the culture of the organization" (Swanepoel, 2000: 767 - 768).

Managers involved in driving change and transformation need to appreciate that there are various ways in which change can be introduced and implemented in most organizations.

The following represent **four strategic options that managers can adopt** for the management of change:

- the amount of **time** required
- the degree of **planning**
- the type of **involvement**
- the use of **power**

The four variables shown on table 1 below indicate the whole range of extremes that can be adopted to manage change. Managers that adopt those variables on the

left hand side of the table are revolutionary. This means that changes are usually planned by few individuals and implemented rapidly by those in favour and those coerced. The effects of revolutionary change are initially exciting particularly to those in favour . However, there is a possibility that those who resist will suffer.

The right hand side of the table indicates a change that is controlled, well planned and is called evolutionary. Naturally many people will be involved in planning and implementing the change programme, making sure that they are patient , getting as many people as possible involved, and thus minimizing resistance. Education, problem- solving training , organizational development, supervisory retraining and team building would be employed to achieve this goal (Gilgeous, 1997:11) .

Revolutionary change	Evolutionary change
<i>Pace</i>	
Rapid change	Slow changes
<i>Structure</i>	
Clearly Planned	No clearly planned initially
<i>Involvement</i>	
Little Involvement of others	Lots of involvement of others
<i>Approach to resistance</i>	
Overcome resistance	Minimize resistance

Table 1 : Showing four variables used to manage change

2.5 **CONCLUSION**

Change is a slow and painful process, this is true for public service and local government alike. Transformation in the Durban Local Authority has culminated in the formation of a Unicity, that brought together small municipalities like Pinetown and Valley of The Hills in the west, Amanzimtoti and Umkomaas in the South and Tongaat - Verulam areas and their surroundings in the North.

This change went through different phases, until a new municipality was formed or born, the eThekweni Municipality. The whole process was actively driven by the political processes and agendas, with an aim of replacing apartheid policies and focusing on service delivery in an equitable manner.

This chapter focused on understanding the process of change in the local government, the different strategies that can be employed by organizations going through transformation. For the fact that change is difficult, it is important that management of change is understood by the role players so that they can deal with all challenges that go with change and be able to ensure that all those affected by it are involved and their concerns are addressed sincerely and sensitively.

CHAPTER 3

THE CONSTITUTIONAL AND LEGISLATIVE FRAMEWORK FOR TRANSFORMATION OF HEALTH CARE SERVICE

“The time for the healing of the wound is come. The moment to bridge the chasms that divide us has come. The time to build is upon us (Mandela 1994 as quoted in Dennill 1999 : 169).

3.1 INTRODUCTION

South Africa’s social and political transition, and the process of democratization for both the state and the society have provided opportunities for change and transformation in the health sector specifically and other public sectors in general, which have rarely been possible to any country.

The peaceful transition has provided the government with a rare opportunity to finally restructure and change the ethos of service delivery. This is particularly evident in the fragmentation of services inherited from the apartheid regime. Fragmentation of health services provision has turned out to be a big challenge for the transformation of health services, more so in the local government, as it is the delivery arm of the government.

During apartheid era, the health system was one of the most unequal, fragmented, and wasteful in the world. There were 14 (fourteen) different health departments that administered health and duplicated services on a racial basis. There were 10 (ten) bantustan health departments, 3 (three) ‘own affairs’ health departments for the white, coloured and Indian population and one general affairs department for black people (Dennill et al, 1999 : 41).

There were also provincial health departments as well as three hundred and eighty two local authorities that were responsible for the provision of some health services, but only provided those services to municipal apartheid that divided cities and towns on racial lines. The health sector had to undergo tremendous reform and restructuring (Nicholson, 2001 :24).

Legislators have made far reaching decisions about local government that has very critical implication for health delivery, hence the following laws and policies have been promulgated and impact heavily on the health service delivery by local government (Nicholson, 2001 : 1-2)

3.2 LEGISLATION IMPACTING ON LOCAL GOVERNMENT

“The policy of a country reflects the political will of the government in power” (Dennill,1999 : 174). This is true for the South African government. The National Action Plan for the Promotion of Human Rights outlines that “the State has introduced the Presidential Lead Project to provide free health care services in the public health care facilities”, and also“ to provide clinics in areas, which previously did not enjoy easy access to health care services” (RSA, 1998 : 103). The following laws and policies that have been enacted since the new government came to power attest to that. They include the following:

3.2.1 The Constitution of South Africa Act No 108 of 1996

The Constitution is the supreme law of country. It entrenches the democratic rights of all people in South Africa. All people in this country are now equal before the law. Chapter two provides for the Bill of Rights, which is a cornerstone of democracy. The following rights apply to health as well:

- right to life
- right to have access to adequate housing
- right to have access to health care, food, water and social security (RSA, 1996 : 13).

Since 1993, when an Interim Constitution was adopted for South Africa, local government has been going through a process of transformation. The new local government system is in line with national government policies, which emphasize that local government will be responsible for delivering municipal health services, that changes in local government directly affect the proper functioning of the District Health System.

In 1996 the role and function of local government was formally laid out in the 1996 Constitution. Accordingly, local government is no longer subordinate to the provincial and national government, but has legislative and fiscal capacity (South African Health Review, 2000 : 222).

The Constitution states that local government must be developmental, in that it must work with their local communities to improve their socio-economic conditions, their quality of life and to address all forms of inequalities.

Section 152(1) of the constitution outlines the main objectives of the local government which include:

- provision of democratic and accountable;
- government for local communities;
- provision of services to communities in a sustainable way;
- promotion of safe and healthy environment;
- encouraging the involvement of communities and community organizations in the local government matters.

This is a big step of transformation from the past, where municipal health services were provided to white communities and black townships like Chesterville and Lamontville that were under General Government (GG) (Nicholson, 2001 : 7).

The primary health care at eThekweni Municipality is currently feeling the effects of transformation. The positive effects are those that relate to acquisition of clerical staff and cleaners transferred to local government from the province. The challenging one

is that of limiting patients attending hospital out-patient departments, and forced to go to their local clinics, where they are seen by overstretched and overworked clinic nurses.

Currently the health care system is in crisis in South Africa because of impact of HIV/AIDS and high levels of poverty. Most Primary Health Care facilities are not coping well in terms of numbers of patient needing service compared to available health care workers. Constitutionally everyone in any corner of South Africa who is a citizen has a right to:

“access health care service, including reproductive health care” (Section 27)

and that children have a right to:

“Basic nutrition, shelter, basic health care services and social service” (Section 28)

In addition all communities and everyone else has the right to an environment which is:

“Not harmful to health or well-being” (Section 24).

Schedule 4 B of the Constitution identifies Municipal Health Services as a local government competence. The following are four options identified to define this basket of services:

- Minimalistic Approach is comprised of environmental health services and related preventive and promotive services. This one is favoured by the Department of Finance.
- Flexible Approach could be negotiated individually for each municipality. This one has Municipal Health Services being defined as services currently provided by particular municipality.

- Core Primary Health Care Package comprises the full basket of primary health services, but excludes District Hospitals.
- District Health System Package include the core Primary Health Care Package and District Hospitals.

3.2.2 **White Paper On The Transformation of the Health System in South Africa, No. 667 of 1997.**

The White Paper on the Transformation of Health System in South Africa was tabled by the Department of Health to Parliament in April 1997. This White Paper reaffirmed the government's commitment to Primary Health Care (PHC) as a foundation for the new unified National Health System (Health Systems Trust, Issue No.26, 1997 : 1).

It presents various implementation strategies designed to meet the basic needs of all our people, given the limited resources available. The proposed health sector strategies are based on a common vision which reflects the principles of Reconstruction and Development Plan such as the following:

- ◆ The health system will focus on district system as the major locus of implementation, and emphasize the Primary Health Care approach.
- ◆ An integrated package of essential Primary health Care services will be available to the entire population at the first point of contact.
- ◆ The three levels of government, the NGOs and the private sector will unite in the promotion of common goals.

The goals and objectives of the White Paper include inter alia unification of fragmented health services at all levels into a comprehensive and integrated National Health System, to promote equity, accessibility and utilization of services, to foster community participation across the health sector.

3.2.3 **White Paper On The Transformation of Public Service Delivery, 1997.**

The purpose of this policy is to provide policy framework and practical implementation strategy for the transformation of public service delivery. It applies to all government sectors including the local government level. The act provides that all public servant must put the community (their clients, patients or customers) first when delivering services. The act outlines the following eight principles of service delivery, known as Batho Pele:

- **Consultation** relates to the fact as service providers, we need to consult with communities to determine their needs rather than deciding for them.
- **Service standards** means that people must know what to expect when attending government facilities.
- **Access** is very important for the community. It does not only mean that services be there, but also refers to the fact that they need to be user-friendly, the attitude of the service providers should be an open, respectful and caring.
- **Courtesy**, clients should be treated with consideration and respect their dignity at all times. This includes even colleagues.
- **Information** is power, clients and communities that we serve need to be always provided with useful information about all services that are available.
- **Openness and transparency** is important, in that communities need to know everything that is done in their facilities. As service providers there is a need to be honest and open about what we do.
- **Redress** means that service providers need to respond urgently to complaints, rectify any mistakes that might have happened and apologize to those affected.

- **Value for money** refers to how service should be delivered, always do your best and make sure that services are provided effectively, efficiently and economically.

These principles need to be respected by all public servants. The eThekweni Health adopted them as the blue print for code of conduct for the staff. Each year since 1998, staff members who performed their duties with excellence are awarded with certificate of being a city star. This event is held at the end of each year, and it serves as a motivation for all staff to adopt Batho Pele principles as part of service delivery to the community.

3.2.4 Municipal Structures Act No. 117 of 1998

This Act set the scene for the beginning of real restructuring and transformation of the local government. It is a framework for addressing apartheid system of local government which was characterized by unequal provision of municipal services. It is intended to address problems of water, electricity, refuse removal, sanitation and housing delivery. The main objectives of this act include:

- to provide for establishment of municipalities;
- to establish criteria for determining the category of municipality to be established;
- to define the types of municipalities that may be established in each area; and
- to provide for appropriate division of functions and power between categories of municipalities.

The act also provides as to how municipality must attempt to achieve its objective of Section 152 of the Constitution. It is proposes that the following be reviewed annually:

- the needs of the community;
- its priorities to meet these needs through Integrated Development Plan;
- its process for community participation;
- organizational and delivery mechanisms for meeting these needs; and
- its performance in meeting and achieving its objectives.

This is a step forward for local government, in that during apartheid communities were not basically encouraged to participate, but to day it has become a legal requirement for the eThekweni Health. This consultation and community participation became a reality especially when the new clinics like Inanda, Kwa-Mashu and Umlazi were built, the local communities were involved from the planning stages.

According to the Municipal Structures Act, municipal health services are the responsibility of metropolitan and the district municipalities, not local municipalities. The eThekweni Municipality is therefore expected to provide health care service because it is a metropolitan.

The outstanding issue still to be clarified is that of health services versus municipal health services, because it is not clear what health services local government and provinces will be responsible for. Some local governments think that health services should mean all primary health care services (Nicholson, 2001 : 15). However, “constitutionally, primary health care services are a local government function, so a provincial route is temporary” (Health Systems Trust, Issue No. 26, 1997 : 11).

3.2.5 Municipal Systems Act No. 32 of 2000

This Act defines the power and functions of municipalities as well as its responsibilities of promoting community participation. This act caters for the creation of systems to enable success of developmental local government. The objectives are:

- (a) give priority to the basic needs of local community;
- (b) promote the development of the local community; and
- (c) ensure that members of the lane access to minimum level of basic municipal services.

Municipal Services must:-

- i) be equitable and accessible;
- ii) be provided in a manner that is conducive to-
- iii) the prudent, economic, efficient and effective use of available resources;
and
- iv) the improvement of quality over time;
- v) be financially sustainable;
- vi) be environmentally sustainable; and
- vii) be regularly reviewed with a view to upgrading, extension and improvement
(Municipal Systems Act 2000 chapter 8 Section 73).

According to this act, basic municipal service means a municipal service that is necessary to ensure an acceptable and reasonable quality of life and, if not provided, would endanger public health or safety or environment. The issue of community participation and inter-sectoral collaboration will facilitate the envisaged development. These two important issues form two significant pillars on which Primary Health Care Approach is built (South African Health Review, 2000 : 226).

3.2.6 **Municipal Demarcation Act; No 7 of 2000**

The main object of this act was to ensure establishment of Municipal Demarcation Board, whose responsibilities was to divide the country into new municipal boundaries and new types of municipalities, with new powers and duties.

In order to make sure that each municipality could be in a position to provide developmental local government, areas that had been previously separate were combined into one municipality.

The Demarcation board considered many factors before it came up with new boundaries. Some of those factors include the following:

- size of the population;
- employment and employment opportunities;
- the income of people;
- water supply to the area;
- existing health boundaries;
- way that health services were co-ordinated; and
- whether it would be financially possible for the area to provide service that a local government has to provide.

Today South Africa has what is called a “wall to wall municipality”. This means that every bit of land is now part of the municipality including all farming areas and all areas that fall under aMakhosi and traditional leaders. This has effectively reduced the number of municipalities substantially, from a whopping (834) eight hundred and thirty four apartheid municipalities, to (285)two hundred and eighty five new municipalities. Some of the municipalities are small, poor, cannot generate income from rates, they have insufficient budget. As a result, they are unable to provide health services. The Metropolitan areas like Cape Town, Johannesburg, Durban, Pretoria, East Rand and Port Elizabeth-Uitenhage are the only municipalities able to generate funds for municipal health services provision (Nicholson, 2001:9-10).

The new demarcated boundaries for the eThekwini Municipality increased the boundary of the previous Durban Metropolitan area by 68 % (sixty eight percent) while simultaneously increasing the population by 9 % (nine percent).

Currently the eThekwini Municipality has an estimated population of about three million or more. The middle HIV/AIDS scenario suggests that the projected population by the year 2020 will remain at about 3 (three) million.

What makes this scary is the fact that there is sizeable number of people who live in informal settlement, and rural areas where there is absolutely no or there is lowest access to health care services and lowest socio-economic status (eThekwini Municipality, IDP 2003 - 2007 : 1-3).

This and other challenges (are further discussed in chapter 4, page 42) put a tremendous pressure on the eThekweni Health Department to make sure that primary health care service delivery is accessible, available and equitable throughout the eThekweni Municipality Areas.

3.2.7 **Kwa-Zulu Natal Health Act No 4 of 2000**

This is a provincial policy that was promulgated in Kwa- Zulu Natal, and as such it applies in Kwa-Zulu Natal province only. It was passed on the 3rd of August 2000.

The main objectives especially those that impact on the Primary Health Care include the following:

- Giving effect to and regulate the right to progressive realization of access to health services conferred by section 27 of the Constitution and the right to environment that is not harmful to the health or well being of the people in the province in terms of section 24 of the Constitution.
- Structure and provide for the implementation of the district health system, including but limited to supervision, monitoring, evaluation and review of the district health system and district health authorities, in accordance with national and provincial health policy.
- Provides for the establishment of various structures like Provincial Health Authority, Provincial Advisory Committee, Provincial Health Forum, District Health Authorities and District Health Forum. District Health Forum is a voluntary body established in terms of section 55 of this act, that is responsible for exchanging information through community participation especially with matters concerning health service delivery (Hall et al,2000 : 46 - 49).

3.3 CONCLUSION

There are many new policies and various legislation that have been promulgated that impact in the Health Care System in South Africa. This was made possible by the fact that transformation had to happen in order to address the inequalities in the health care service delivery , brought by apartheid system.

For the purposes of this study not all legislation was mentioned, but only those that directly influence the delivery of Primary Health Care at eThekweni Health. They include the Constitution of South Africa, The White Paper on the Transformation of Health System in South Africa, Demarcation Act, Municipal Structures Act , Municipal Systems Act and Kwa- Zulu Natal Health Act.

These policies are the backbone of the local government in that they outline what programmes the local government should undertake, how it should provide services especially health, which needs to be accessible, equitable and improve the quality of life of communities who live in the eThekweni Municipality.

CHAPTER 4

A CASE STUDY PROFILE OF ETHEKWINI HEALTH DEPARTMENT

*The opening address by President Nelson Mandela to the fourth session of Parliament , Cape Town, on the 7th of February 1997, he said “ no where else is the fact of democratic transformation felt more keenly than in the area of **universal access to health facilities** ” (The government 's mid-term report to the nation, 1997:5).*

4.1 INTRODUCTION

The Durban City Health Department was established in 1874 and Dr Julius Schultz was appointed as the first Medical Officer of Health. The role of the City Health Department at the time was to ensure effective preventive and promotive health functions in the Durban region. The general layout of the foreshore area at the time extended from La Lucia / Umhlanga boundary in the north to Umlazi River mouth in the South (Annual Report of the City Medical Officer Health, 1983:3).

In 1935 Durban was accorded city status. The population had risen to close on a quarter of a million (Annual Report 1988:2). Of note here is that City Health Department was organized along racial lines, like most or all organizations during apartheid era. This means that services were provided with racial bias, for example clinic service was only provided to Black people at Lamontville, Chesterville townships and mobile clinic to the Bottlebrush and Bester's Camp.

4.2 PRIMARY HEALTH CARE SERVICE

According to the Annual Report; (1990) : ix) City Health Department started to provide primary health care in Durban Functional Region following a Cabinet decision in September 1990. This led to all other local authorities having to start providing the primary health care service in their respective Boroughs as they

were known. Lancers Road clinic had specific days for whites, Indians and coloured patients who were seen together, but separate from black patients. White health care workers attended white patients and black health care workers attended to their own. Indian nurses were allocated to clinics in Indian townships.

4.2.1 **Employment Policy**

The employment policy at the time was that of separateness. The health care services in the African townships were provided by African nurses. This had a negative impact in terms of service delivery in that few clinics in the African townships had adequate resources. There were few nurses allocated, clinics were congested and there was a huge demand made on them. On the other hand, clinics for white patients were not congested, had good resources and nurses working there had superb working conditions compared with other race groups.

The then Durban City was not the only municipality, there were other 48 small to medium size municipalities that were on the outskirts of Durban.

The medium sized municipalities included Pinetown, Amanzimtoti and Umhlanga Rocks. The smallest municipalities were Queensburgh, Westville, Verulam and Hambanathi (David, 1999:14).

These different municipalities were running their own health services. They were not regarded as part of the City Health Department at that time, in that they had their own administration and they were governed by different set of policies. All of them had equal status of a Borough. In the 1980s, a tricameral parliament was adopted. This was a provision for a limited power-sharing for coloureds and Indians. According to Giliomee, 1984, as quoted by Cameron (1997 : 78), "this was premised on the need to incorporate significant elements of the coloured population (and to a lesser extent the Indians) into the ruling white camp and to wean them away from future alliances with black people."

To compensate black people for their exclusion from tricameral system, Black Local Authorities were established. They were given fairly extensive powers but

had no source of revenue until they were given bridging finance by provincial administrations. The common thread among all these entities was that they were only providing health services to the citizens who were based in the areas under White Local Authorities like Chesterville, St Wendolines etc.

4.2.2 The Type Of Health Services Provided By City Health Department

It must be remembered that until 1994 health system in South Africa was perverse in terms of service delivery, largely determined by the political and economic constructs of apartheid. The health service delivery was characterized by the following:

- inequality;
- fragmentation, bureaucracy and inefficiency;
- authoritarian and undemocratic and;
- inappropriate for health needs of the majority of the population of South Africa (Khoza, 2000 : 141).

The following health services were provided by the City Health Department clinics during the apartheid era :

- family planning
- home visits
- visit to factories
- well baby clinics and immunization
- creches visits
- geriatric services

From the above discussion it is obvious that most local authority clinics only provided a limited set of preventive health services. For example, a child receiving immunization would have to go to another facility under different administration if s/he required antibiotics for a co - existing respiratory tract infection (Khoza. 2000 : 143).

4.2.3 Provision of Primary Health Care by eThekweni Health Department

The health care system in South Africa is in a state of flux as it is continuously changing, with emphasis from hospital- centred care to primary health care, a community centred- care and establishment of the district health system. These factors affect the way in which health care service is delivered (South African Health Review, 2000 : 272). Now the health care facilities are easily accessible to most communities.

4.2.3.1 Definition of Primary Health Care

The World Health Organization defines primary health care as an essential care that is based on practical, scientifically sound and socially acceptable methods and technology. It must be made universally accessible to individuals and families in the community through their full participation, at a cost that the community and the country can afford to maintain at every stage of their development. It forms an integral part of both the country's health care system and of the overall social and economic development of the community. Primary health care is the first level contact of individuals, families and the community with the national health system (Dennill et al, 1999 : 2).

The concept of primary health care encompasses a political philosophy that calls for radical changes in both the design and content of traditional health care services. The implementation of Primary Health Care by eThekweni Health Department has brought health care to the local communities where they live and work.

4.2.4 Components Of Primary Health Care

The critical or essential aspect of primary health care comprises of eight basic components. They are the cornerstone of Primary Health Care that must be catered for in terms of community development. The following include those that were adopted in this country :

- education about prevailing health problems and methods of preventing and controlling them;
- the promotion of food supply and proper nutrition;
- an adequate supply of safe water and basic sanitation;
- maternal and child health care, including family planning and care of high risks groups;
- immunization against the major infectious diseases;
- prevention and control of locally endemic diseases;
- appropriate treatment of common diseases and injuries;
- the provision of essential drugs (Dennill et al, 1999 : 3).

At the beginning of the 1980s, a slight change in the health care system was introduced through the formulation of a National Health Plan. The main aim of this plan was to meet the health needs of all the inhabitants of South Africa. The important thing about this plan was that it was based on Alma-Ata principles of comprehensive primary health care.

Alma- Ata is a declaration made by countries that attended a conference hosted by the government of USSR at Alma- Ata. This was an International Conference on Primary Health Care. It was attended by 134 nations. It started from the 6th to the 12th of September 1978. It was in response to the international sense of despair at inadequate health care. This conference introduced the philosophy of primary health care. All participating nations made a declaration that their governments were going to make health care universally available to all of their citizens. The slogan was “ health for all by the year 2000 ”. “ One of the important principles of primary health care is the shift of care to communities ” (Health Systems Trust, 1997 : 5). The shift in the health care system was facilitated by the National Policy for Health Act, No 116 of 1990, which regulated that the state and local authorities should provide a comprehensive health service that takes into account all available resources (Dennill et al, 1999:35).

Accordingly, Dennill states that the mission of primary health care plan was to effectively ensure that primary health care service provided to all inhabitants of

South Africa was cost effective, accessible and importantly equitable. But the thorny issue remains, a big question of resources and accessibility, in that how was this going to be provided when the local authority did not provide health service to the majority of African people residing in the townships and informal settlements of Durban that were run by Black Local Authorities, because the Health Department did not have clinics in those areas?

This meant that areas that were not regarded as part of South Africa did not benefit. Services in the area under Black Local Authorities were largely provided by the KwaZulu-Natal Provincial Health Department (Annual report 1997 : 25).

4.2.5 Upgrading Of Skills Of Staff

The success of provision of health care depends on the capacity of staff in the clinics. The provision of Primary Health Care service hinges on how well the providers are skilled, and requires multi-skilled workers who are prepared and need to be given time to upgrade their competencies regularly. The Primary Health Care Package for South Africa is a policy guideline of norms and standards that clearly articulate the necessary competencies that Primary Health Care staff should possess (South African Health Review, 2002 : 183).

When it comes to upgrading of skills of staff in fixed clinics, Kwa-Zulu Natal consistently fares worse than the other provinces. Eastern Cape, Gauteng and Western Cape are relatively more active in updating skills of staff than other provinces. This is a challenge to Kwa-Zulu Natal Health Care management if they want to provide a service that is void of malpractices that can place the life of the community and patients at risk (Centre For Health Systems Research and Development, 2000 : 47).

4.3 TRANSFORMATION OF CITY HEALTH DEPARTMENT AFTER 1994

The Primary Health Care programme within local government is facing a growing demand for individual health care provided by the district. The community is now aware that in terms of the constitution and the demands of health policy, the primary health care service needs to be provided equitably across the eThekweni Municipality.

According to the Municipal Demarcation Act, No. 7 of 2000, the Demarcation Board were responsible for demarcation of municipalities. As a result of this the following has happened:

- ▶ eThekweni Municipality has increased its demarcated boundary.
- ▶ The population has increased by 9 % .
- ▶ The size has increased and has mostly incorporated rural areas that had no facilities before.
- ▶ These new areas have pockets of informal housing, they have no infrastructure, there are limited or there are no facilities at all.
- ▶ This has huge health implications for the eThekweni Health Department when it comes to service delivery.

The demarcation of boundaries came as a result of ongoing transformation that was and is still happening in South Africa since April 1994. Two years later, South Africa's first non-racial local government elections took place. In November 1995 all nine provinces had local government elections with the exception of most of Western Cape and Kwa Zulu Natal. These two provinces had their local government elections only in June 1996.

In December 2000, a new Council for the Durban Metropolitan Unicity Area was established, it brought together the seven councils that were administering the old Durban Metropolitan Area, the Umkomaas Transitional Local Council and portions of Ilembe and Ndlovu Regional Councils. For the very first time, there was going to be one local government body responsible for the overall strategic

management of the eThekweni Municipality (Towards a Long Term Development Framework for Durban Unicity, 2001 : 1). This effectively brought down the curtain on the municipal apartheid which had played a major role in dividing cities and towns since the Urban Areas Act of 1923. This act prohibited black people from entering the so called white local government areas except for labour purposes (Cameron, 1999:1).

The eThekweni Municipality as is now known, comprises mostly black people. They live on its fringes and comprise close to 70 % of Metropolitan Durban's total population of 3,2 million, Indians make up 18 % of this total, followed by whites at 10 % and coloureds at 2.5 % (Cameron, 1999 : 203).

The fragmented health services of the previous government, with its fourteen departments of health, has been disbanded and realigned. However, the process has proven to be difficult, because it tends to be complicated and delay the implementation of transformation and restructuring (Dennill et al, 1999 : 41).

In order to meet the challenge of equitable Primary Health Care, health services had to be rationalized and resources redirected to historically disadvantaged areas previously under Kwa-Zulu Government and Black Local Authorities. The philosophy of health care has shifted from a narrowly focused medical model of care and treatment, to a more holistic, comprehensive primary health care. "Every year, since 1994 has seen a progressive increase in the demand for curative care at all clinics. With the re-organization of health service, patients traditionally seen at hospital out-patients departments are being redirected to primary level clinics" (Health Department Annual Report ,2000-2001 : 46). This has resulted in most clinics being full all the time. The patients have to wait for hours before they are attended to. There is staff shortage. This results in clients complaining about the service they are provided with.

The department is slowly improving in terms of transformation especially in the health care services. To this end old facilities are being upgraded and new ones are being built to ensure that 75 % of the population has access to primary level

care within 5 years. At the present moment there are 16 new clinics that have been built in previously disadvantaged areas of eThekweni Municipality since 1994. Inanda Glebe, Kwa-Mashu B, Umlazi AA and Umlazi N are some of those new health facilities.

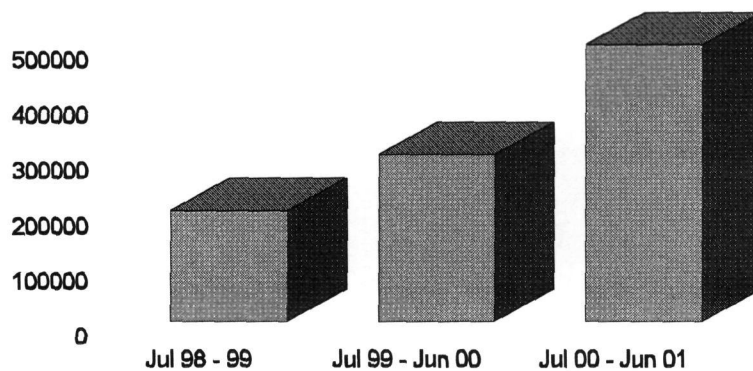
Since 1994, South Africa has made remarkable strides in building Primary Health Care facilities. The number of clinics in the province has increased considerably. The last five years has seen more than 500 (five hundred) new clinics built in South Africa, especially in the previously under- resourced areas (South African Health Review, 2002 : 194).

4.3.1 Challenges of Transformation Facing eThekweni Health

The primary health care service is a nurse- driven programme. Nurses are frequently viewed as the backbone of health system. As a result, nurses are both affected by and required to participate in effecting change and transformation of service delivery. For example, when the programme of decentralizing services started, it meant that even the curative services had to be offered at primary health care level (South African Health Review, 2000: 72). This was a challenge that City Health Department was expected to deal with. The attendance in most clinics increased dramatically, see Table 2 below.

Curative Services Attendance from July 1998- June 2001

Table 2



The classical challenge relates to the additional workload brought about by the introduction of Prevention of Mother To Child Transmission and Voluntary Counselling and Testing programmes. The implementation and rolling - out of Prevention of Mother To Child Transmission (PMTCT) to all municipal clinics as part of phase three roll-out programme started in March 2003. This additional work has not been compensated for by any additional staff in the clinics, especially nursing personnel.

Another major challenge is that of having historically under - invested townships and rural areas with a great deal of informal dwellings, with communities having no or the very lowest access to services and lowest socio - economic status (eThekweni Municipality IDP, 2003 - 2007 : 3).

Workload is also a big challenge . In the Primary Health Care service workload is also controversial, in that views about what constitute appropriate workload continue to vary. Generally, health managers seem to agree that workload varies between 20 and 35 patients per day to be appropriate. But the situation is in fact remarkably different when considering that nurses in primary health care facilities are handling anything up to sixty patients on an 8 hour shift (South African Health Review, 2002 : 123). This variation indicates that health care service delivery in South Africa takes place in enormously complex and diverse socio-economic conditions. Different services are in different stages of transformation. As a result of this, workload is determined by many different factors. Some of the factors include the following:

- ▶ location;
- ▶ staffing levels;
- ▶ infrastructure ; and
- ▶ resources (South African Health Review, 2002 : 124).

In other settings nurses may be able to simply focus on their core tasks, while in others a nurse or two may be the only staff in the clinic with a vast catchment area. They may need to start by cleaning the clinic, do clerical work and dispense, yet workload and staff allocation are measured against number of patients seen at the

primary health care centre per day (South African Health Review, 2002 : 124).

The transformational context within which the department is functioning poses major challenges to the Health Department in terms of maintaining staff morale. One of the challenges is to transform the organization that has been previously inward - focused into a more dynamic, people - focused organization that uses developmental approach in addressing and improving the quality of life of all communities.

4.3.2 Impact of Free Primary Health Care Policy

On May 1994, the State President declared in his State of the Nation speech that all health care for children under the age of 6 years , and pregnant women would be free. This policy was in line with recognition that women and children are a vulnerable group. According to the World Health Organization, the following are strong reasons for providing free health care to women and children:

- ▶ children represent the future of the community an nation;
- ▶ women and children form the majority of the population;
- ▶ mothers and children are vulnerable to diseases; and
- ▶ women and children represent the least powerful members of society

In 1996, during parliamentary budget speech, the announcement about extending free health care to all groups of patients at primary level of care was made. The provinces were expected to implement the extension of free care from the 1st of April 1996. Patients seeking outpatient care at hospitals were excluded unless they had been referred from a lower level of care. Patients on medical aid were also going to be excluded (Health Systems Trust, 1996 : 9).

The implementation of free Primary Health Care policy to all South Africans has led to an improved access to health care. The majority of South Africans believe that free primary health care is one of the government's best health policies. This is not difficult to understand, it may be due to the fact that Primary Health Care facility is the only available and or readily accessible health care service for the majority of the population.

The free health care available at public health facilities is essential and it is in line with the commitment in the Bill of Rights to “ an expanding minimum floor of entitlements for all” (ANC, 1993 : 39).

Although this has had positive impact in service delivery, but there are numerous complaints about it. The South African Health Review (2002 : 185) points to the discussion some nurses had about impact of transformation to their work. Nurses were quoted complaining about the free health service, “that patients don’t have to pay, but if you look at patients coming every week, the same patient coming for nitty-gritty things, they should really (and you are not allowed to turn patient away) implement something where patients must pay - whether it’s R5 or a R10.”

4.3.3 **HIV/AIDS and Human Resources**

The HIV/AIDS pandemic poses the greatest challenge to human resources development in the health sector in general. The impact at local government level is going to be tremendously felt. The primary health care service is the first level contact with patients, because patients need to visit their local clinics before they are transferred to hospital. It is a fact that Kwa-Zulu Natal is one of the provinces that is largely inflicted and ravaged by the effects of HIV/AIDS epidemic. According to South African Survey (2001, 2002 : 53), it is pointed out that as from 2004 onwards there will be increase in demand for health services largely as a consequence of HIV/AIDS, that would exceed 5 % per year, rising to 11 % a year from 2010 onwards.

Health is faced with a double burden, one is that of having to cope with increased morbidity and mortality in its own ranks, and secondly , also having to shoulder the impact of rapidly increasing epidemic burden in the general population (South African Health Review, 2002 : 127).

At the time of this study, almost 50 % of eThekweni Municipality Primary Health Care facilities have now rolled-out Prevention Of Mother To Child Transmission with only two HIV/AIDS counsellors added per site, but with regard to nursing personnel, staffing levels have been mostly unchanged, except on the negative or

worst side where few nurses have either resigned or passed on. When this happens there is usually no replacement or posts are frozen due to financial constraints.

The administration of rapid test increases challenges to the nursing personnel. This entails the pricking of the patient and the reading of the first and second test. On average the whole procedure takes about thirty minutes. This means that one professional nurse must stop doing other duties for that period of time, and every time an HIV test needs to administered.

4.4 TRANSFERRING PRIMARY HEALTH CARE TO PROVINCIAL GOVERNMENT.

The debate about who is going to be responsible for primary health care between local authorities and the provincial government seems to be coming to an end. As part of the phase of transformation, the government has committed itself to having a single public service. At the State of the Nation Address, in February 2003, President Thabo Mbeki, reiterated that the government will finalize the proposal for the harmonization of systems, conditions of service and norms between the public service in the national and provincial levels on one hand, and the municipalities on the other. According to the work plan submitted to the July 2003 Cabinet Lekgotla, the mechanisms for transferring Human Resources between provincial and local governments must be developed by January 2004. This will pave the way for the primary health care to be transferred to the provincial government.

4.5 CONCLUSION

The eThekweni Municipality is facing many challenges today that emanated from the many years of apartheid local government that provided services along the racial lines. This effectively marginalized all other race groups who were living, working and contributing to the economy of the city. The local government was more concerned with how much it could save each year instead of providing services that were critically needed by so many communities.

The transformation and change process has impacted positively to the millions of people who live in the eThekweni Municipality. There is a visible change in the provision of services. Duplication and fragmentation of services provision has been addressed, there is one eThekweni Health Department serving the entire population. There is a clear policy of integration of services.

Issues of capacity building, workload, equity and accessibility of primary health care services are dealt with on ongoing basis, because changes in the health care system are gradually implemented. With regard to a single public service, the progress is moving towards transferring of primary health care to the province, aiming at a unified district health system.

CHAPTER 5

DATA COLLECTION, FINDINGS AND ANALYSIS

5.1 INTRODUCTION

This chapter is going to cover the methods used in data collection, the sampling method used and the reasons for choosing it. Coding and analysis of the data collected is going to be covered in this chapter. Lastly, there will be a discussion on the findings of the study and evaluation.

5.2 DATA COLLECTION

The method of data collection used was the qualitative research. The qualitative research method was chosen because the data is collected in the form of words, including quotes or descriptions of particular events. This research method also allows to study people in their natural environment. The questionnaires were used in data collection. The analysis of documents such as reports and minutes of meetings on transformation and change workshops held in the City Health Department was done.

Qualitative research allows respondents to freely express themselves and be able to share their experiences as much as possible. The employees of eThekweni Health have the experience of working in both apartheid and democratic situation. This is an essential element in the study of how transformation has impacted on their work.

5.2.1 Method of Sampling

The eThekweni Health comprises of health facilities that are based in different entities such as Central, North, South, Inner and Outer West. All these entities have been integrated into one, eThekweni Health Department. At the present moment, Primary Health Care Services provided by the eThekweni Health is under the

leadership and management of an Interim Co-ordinator. In terms of line function, each one of these entities have a Director of Nursing Services, who reports directly to the Interim Co-ordinator for eThekweni Health. The level below Directors of Nursing Services is occupied by the Senior Nursing Service Managers (SNSM). Below the level of SNSM there are Chief Professional Nurses (CPN). CPNs manage at regional level. They directly manage and supervisor all the staff based in the clinics. The next level below CPNs is Senior Professional Nurses and Professional Nurses.

The abovementioned structure was used as a sample framework. Some of the individuals occupying these posts were directly involved in the transformation and change workshops, either as participants or as implementors of change. Because of their involvement in transformation processes, they are an appropriate population to draw a sample from. The purposive sampling method was used because it selects cases with a specific purpose in mind. Purposive sampling is generally used to select unique and informative respondents and specialized population (Lawrence, 1997 : 206). 20 questionnaires were distributed to cover the whole organizational structure that control Primary Health Care at eThekweni Municipal Area, but only 18 questionnaires were returned.

PERSONAL HEALTH STRUCTURE	NO. OF RESPONSES
Interim Personal Health Co-ordinator	1
Directors Nursing Services	declined to respond
Senior Nursing Services Manager	1
Chief Professional Nurse	6
Senior Professional Nurse	9
Professional Nurse	1
TOTAL	18

Table 3 : Personal Health structure and number of respondents.

The table above indicates the organizational structure that provides administration management of Primary Health Care Services and the number of respondents. A

respondent in one of the levels in the organizational structure declined to respond for personal reasons.

5.3 DATA PRESENTATION

The data presentation is organized according to the broad research questions, namely general impression of transformation process, provision of services, impact of transformation on staff roles, outcome of transformation and beneficiaries of transformation.

5.3.1 General Impression of Transformation Process

In response to a question about employees' general impression of the transformation process, the majority of respondents (about 75 %) indicated that they were pleased with the transformation process. The major themes that emerged characterize transformation and change as being the best thing to happen in the Health Department. Respondents were very happy with this initiative. They see it as a welcome and laudable initiative. Although the majority is happy, but some of them voiced their concerns about the transformation process that it was slow, it has taken too long to be implemented, the political pressure had to be exerted, were unhappy with staff distribution across the entire eThekweni Municipality.

5.3.2 Change in the Provision of Health Services

The question asked respondents if there was any change in provision of health services as a result of transformation. On this question, about 98 % of respondents felt that there has been visible and positive changes in the provision of health services. This is discussed further in figure 6 below as indicated.

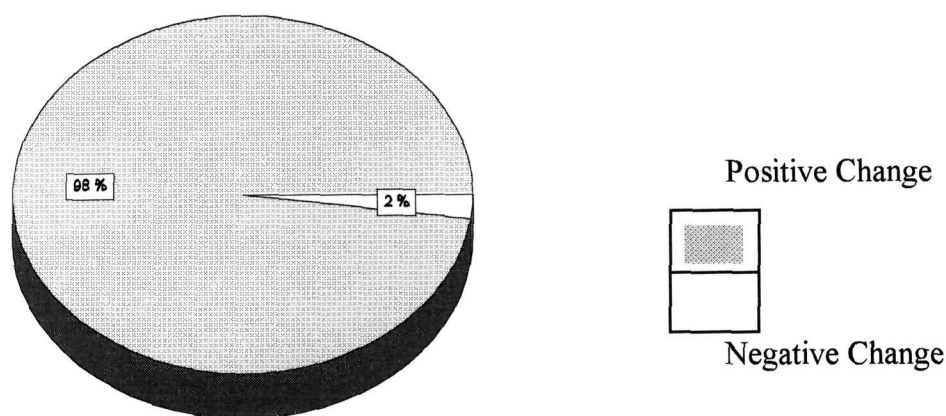


Figure : 4 Indicates respondents about change in the provision of services

The grey colour represents respondents who believe that there has been positive change in provision of health services. The white colour (2 %) represent those who believe that no change has happen.

The health services are now generally more accessible and there are about 14 new clinics that have been built. The services have been extended to rural areas and townships that were previously disadvantaged. There is now more equitable services especially after the elitist services that were provided with racial bias have been stopped. These include school health services, geriatric care and creche visits.

The other major improvement is in the area of integration of health services under eThekweni Health Department. This includes Voluntary Counselling and Testing, Prevention of Mother To Child Transmission and curative services that have been integrated into Primary Health Care. Curative services involves the management of chronic diseases in the clinics. In the past this has been the mandate of the hospitals to provide treatment for patients with chronic diseases.

5.3.3 Impact of Transformation on Staff Roles

This question asked respondents whether transformations has changed the way they work and impact on their work. In response to a question on impact of transformation on staff roles, the majority of respondents (about 78 %) indicated

that transformation has impacted on their work in a positive way. The common themes were that more basic health services are now provided to the entire eThekweni Municipality. Staff is no longer allocated to clinics along racial lines and that the issue of nurses from certain race group having to work in the clinics that serve their race groups have been stopped.

To emphasize this point, one of the supervisors stated that “I now can supervise all the clinics irrespective of their location and races served”. Clinics are for all communities irrespective of race and there is integration of health services in eThekweni Municipality.

However, 50 % of the respondents indicated that transformation has brought with it increased workload and severe staff shortage. They feel that the situation is aggravated by staff movement between the entities. This staff movement seems to have happened between Central and Inner West Entities.

It is important to indicate that issues of increased workload and acute staff shortage are in line with the results of transformation of the local government and health sector in general, which was characterized by :

- ▶ increased demarcated boundaries of eThekweni Municipality;
- ▶ population increasing by 9 %;
- ▶ introduction of Voluntary Counselling Testing and Prevention of Mother To Child Transmission programmes; and
- ▶ introduction of Free Primary Health Care Policy (Health Systems Trust, 1996 : 11-12)

The other critical factor not directly related to transformation is HIV/AIDS pandemic. HIV/ AIDS is only impacting directly because of transformation in the national health system, especially decentralization of health services to primary health care level. The decentralization of services ensures that, patients with chronic diseases are managed at the Primary Health Care services, before they are referred to the hospital if they need to be seen by a doctor.

5.3.4 Key Deliverables / Outcomes of Transformation

The respondents were asked about what they see as key deliverables of transformation in their organization. In response to this question, more than 90 % of respondents indicated that there is now one integrated eThekweni Health Department, with one budget and one Primary Health Care service. Respondents feel that this has resulted in equitable Primary Health Care service, across the board, and there is no more fragmentation of services.

The study found that Affirmative Action Policy has resulted in change in Senior Management. White faces in senior positions have been replaced by affirmative appointees. Interestingly, only one respondent responded that there were no deliverables or outcomes of transformation.

5.3.5 Beneficiaries of Transformation

The question here enquired as to who are the beneficiaries of transformation in the health department. On this question, the majority of respondents were clear about the benefits of transformation. About 98 % of the respondents felt that the previously disadvantaged groups, employees, and management benefitted from transformation.

Figure 5 : Responses on Beneficiaries of Transformation

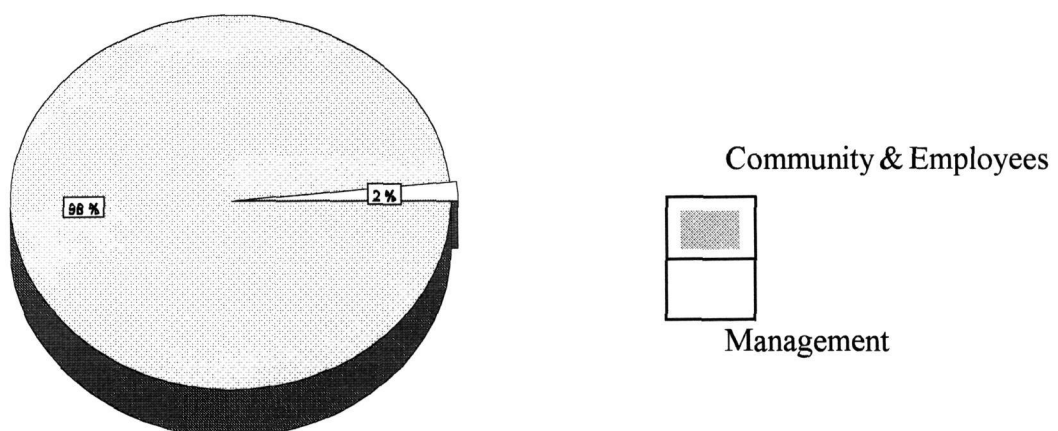


Figure : 5 above indicates that almost all respondents believe that the previously disadvantaged community and employees benefitted immensely from the transformation and change process, because the clinics are no longer provided on racial basis like in the past. The grey colour of the pie chart indicates respondents who felt that the previously disadvantaged community, employees and management benefitted from transformation. The white colour represents respondents who believe that management is the only beneficiary of transformation because they are getting promoted to senior positions. However, one respondent was not sure. The other respondent felt that management and councillors are the only ones who benefitted from transformation process.

5.4 EVALUATION

There is no doubt that transformation was largely influenced by legislation and political change in the country. This brought about change in local government level as well. There was a delay in this process of local government elections in KwaZulu Natal, it only took place in June 1996. The City Health Department started the programme of transformation in 1997. At that time most employees were not really convinced that the management was ready and willing to start the process of change. Employees did not trust one another, and some felt that if they participate they may be victimized. This shows that workers were not familiar with participation, because their experiences of management were that it was undemocratic, using top down approach.

The change at eThekweni Health seems to have progressed according to Burke-Letwin model, because it was evolutionary, adaptive and incremental. It began very slowly. The series of consultation meetings were conducted to make sure that all employees were aware of the process. Employees were familiarized with the vision of local government. This brought about motivation and buying - in to the process of change, hence political support became imperative as a guiding principle. The effective management of the period of transition and overcoming resistance were key requirements for change management that resulted in the complete organizational change to happen (French and Bell, 1999 : 76).

The majority of employees perceive the process of transformation as having been a success. The success of any change process depends on the role players involved. The management as a role player ensured that the process was guided sensitively and in an evolutionary manner. Though transformation and change has been slow, but the study found that it was managed appropriately. This was important because service delivery had to continue, so it was critical for management to ensure that there was sufficient consultation, open and honest communication.

Transformation has impacted positively to the organization. The organizational culture whereby different departments operated in isolation has been replaced by integration of services. Nurses from other race groups are now working in the clinics that are located in the townships as well as the informal settlement likes Bester's Camp and Inanda areas just to mention a few. This indicates a change in the attitudes of staff and management practices.

The majority of respondents are happy with transformation process despite the fact that there are also many challenges facing the eThekweni Health Department. 50 % of respondents identified the following as the crucial challenges. They are severe staff shortages and increased workload. What is interesting is that they do not see this as a problem, but as a challenge. This is in line with the elements of a learning organizations which has developed the capacity to adapt and change. According to Swanepoel, (2000 : 769) this happens when the change is woven into the fabric of organizational life as part of their culture that is continuously developing. The management needs to ensure that the gains that they have made, and the capacity to adapt are consolidated by improving staffing levels in order to impact on the challenges identified by this study.

5.5 CONCLUSION

The study indicated that transformation has been welcome in the Health Department. It has been slow and took long to be implemented. The important thing in transformation is that it is not an event, but a process that need to be managed as it progresses. This seems to be well understood by all role players. The study did not look at how much resistance to change contributed to the slow implementation.

However, the study indicates that some respondents felt that transformation took long. One can therefore conclude that City Health Department managed change appropriately, in the sense that there was sufficient consultation, there was full involvement of all role players that were going to be affected by the changes and there was open communication between management and staff. The general feeling is that the majority of respondents are positive about the changes and pleased with the progress thus far. It is now left with the management to ensure that resources are mobilized in order to address the issues identified in the study.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 GENERAL CONCLUSIONS

Transformation and change happen for different reasons in different organizations. Whatever reasons are for change, there is usually those that are going to be affected negatively by the change process. The eThekweni Health department embarked on the process of change in order to ensure that equity and demographical representation of all citizens of eThekweni Municipality are addressed. In other words transformation is a just process embarked on to redress inequities that were entrenched by apartheid system.

Some of the inequities included poor health service delivery, in other instances there was no service delivery at all especially to the majority of African people. There was severe fragmentation of services. The bureaucracy and inefficiency were the order of the day, services were provided along racial lines hence in appropriate for the health needs of the majority of the population. Transformation and change are therefore in line with with the Constitution of the country and other relevant policies such as Employment Equity Act, No. 55 of 1998, Municipal Systems Act, No. 32 of 2000 and White Paper on The Transformation of Health System in South Africa No. 667 of 1997. These and many other policies not listed are the driving force behind transformation process.

The strategic direction adopted by local government in general and specifically eThekweni Municipality, is based on a five year Integrated Development Plan (IDP) and Long Term Development Plans (LTDP). The Long Term Development Plan serves as a guiding principle for the Local government to use developmental approach in trying to improve the quality of life of all its citizens in its municipality area. The quality of life is the foundation through which the change and transformation happening within the local government and health sector is based. The Comprehensive Primary Health Care is one of the many programmes

that are working towards achieving this important goal.

The policies that had direct impact in terms of equitable health service delivery, are the Local Government Municipal Demarcation Act, No. 7 of 2000, policy on provision of Free Primary Health Care, policy on Voluntary Counselling and Testing and Prevention of Mother To Child Transmission. These policies have contributed positively in addressing imbalances of the past. However, there are many challenges facing the eThekweni Health as a result of transformation. They include increased workload due to HIV/AIDS issues, staff shortages, staff movements to other entities, provision of curative services and increased demarcated boundaries with resultant increased population. This has resulted in increased demand for health services in the newly incorporated areas, since most of them were marginalized and had no health services. The recommendations to the above challenges are discussed below.

6.2 RECOMMENDATIONS

The following recommendations were drawn from the study, and are as follows:

6.2.1 HIV/AIDS Issues

The integration of Voluntary Counselling & Testing and Prevention of Mother To Child Transmission to Primary Health Care is the positive step in the right direction. The efforts by the department in this regard are recommended and appreciated especially by the previously disadvantaged and generally poor communities that had no easy access to basic services in the past. However, for this to be successful, the eThekweni Health needs to ensure that it is supported by additional professional nurses not only Lay counsellors as is the case at the present moment. The eThekweni Health needs to ensure that nurses providing support to HIV/AIDS Counsellors are also trained as HIV/AIDS counsellors themselves. This is of critical importance in that nurses need to understand the issues that counsellors have to cope with. This will also eliminate the issue of a nurses having to send a client that needs counselling to a Lay counsellor, after the client had been

seen by a nurse and had already started to share his/her story with a nurse. This may seem like the nurse is not caring enough for the client.

One of the important dimensions of transformation has been the re-organization of health services. The shift towards primary health care services has meant that patients that would be traditionally seen at the hospitals are being redirected to primary level facilities. This includes patients who are sick because of HIV/AIDS related illnesses. The majority of patients who contracted HIV infection in the early 1990s have reached the terminal stage of their illnesses. This is contributing to the increase in demand for health services. eThekweni Health clinics are doing their best to deal with this relentless demand.

The other dimension is that of the staff members who are struggling to cope with their own mortality and morbidity due to HIV/AIDS. With this epidemic everybody is either infected or affected directly or indirectly by HIV/AIDS. Health care workers are no exception. The department needs to implement wellness programme. This entails HIV/AIDS awareness and education to staff, condom distribution, education on universal precautions, provision of voluntary counselling and testing, effective management of sexually transmitted infections and prophylactic treatment for those with opportunistic infections (AIDS Workplace Policy, 2000 : 10).

6.2.2 Integrated Development Plan

One of the objectives of Integrated Development Plans (IDP) is to improve the quality of life of the communities. Equitable health care delivery is an important aspect for achieving this goal. This is a challenge for the eThekweni Health managers and supervisors, in that they need to ensure that they find ways of strengthening the Primary Health Care team. This can be done through enlisting other health professionals such as Doctors, Social Workers and Pharmacy Assistants. This will mean that additional financial resources will have to be sought somewhere. If this could be achieved, problems like heavy workload, poor communication between staff and their managers, inadequate infrastructure would

be sorted out. The issue of under staffed facilities need to be attended urgently because it has negative impact in terms of service delivery, in that it tends to frustrate staff with resultant burnout and high stress levels among the staff members.

6.2.3 Staff Roles

The nurses are expected to perform many roles by management, supervisors and the community that they serve. Sometimes nurses find themselves having to play multiple roles of being Social Workers and Pharmacists. Sometimes they have to transport patients to hospitals in cases of emergency to save life. This is sometimes unavoidable, because the Primary Health Care package requires staff to integrate preventive and promotive care with curative services. Curative services would also comprise of care for chronic diseases such as Diabetes Mellitus, Hypertension, Tuberculosis, Sexually Transmitted Infections and HIV/AIDS counselling and care. The eThekweni Health needs to ensure that there is an effective and efficient ambulance service so that patients can be transferred to the hospital timeously.

The nurses need to attend an ongoing staff development programmes so that they are competent enough to deal with these chronic conditions especially in the absence of medical personnel. This warrants the speedy resolution and finalization of District Health System (DHS) which is depended on the enactment of the long awaited new National Health Act.

6.2.4 Community Participation

The Constitution, Kwa-Zulu Natal Health Act and Municipal Systems Act emphasize that communities must be actively involved in the processes of their development. This means that communities must be mobilized and provided with continuous information regarding the importance of proper utilization of their health facilities. They need to be involved in the activities happening in their clinics through clinic committee structures. This is aimed at improving levels of communication and building the relationship between the clinic staff and the

community. This calls for eThekweni Health Department to ensure that the issue of clinic committees is activated for the benefit of the communities served by the clinics.

6.2.5 Decentralization of Health Services

Transformation process in the local government happens concurrently with the transformation of health services towards a District Health care System. The eThekweni Health Department needs to do its utmost to push towards establishment of District Health System (DHS). District Health System means having one management team to be in charge of all public sector primary health care delivery for a given catchment population in a demarcated geographical area. This means the integration of community-based, mobile, fixed clinic and district hospital services within a district under a single management and authority. This is significant because most community development occurs at the district level (Local Government Transformation, 2003 : 7).

The National health policy for a District Health System was adopted in the early 1990s by the African National Congress (ANC) Health Plan. It has been expressed in a number of different documents such Reconstruction and Development Programme. The success of equitable and comprehensive Primary Health Care depends on the promotion, implementation and support of District Health System.

The local government, specifically eThekweni Municipality needs to ensure that the stumbling blocks on the way of District Health System are addressed as a matter of urgency. The department needs to ensure that the eThekweni Health and the provincial health departments work together in order to develop a comprehensive district health services, to develop a district health plan that is part of the Local Government district Integrated Development Plan, to develop a structure and processes to ensure co-operative governance, to have joint planning and seamless service provision, to develop a single health management structure with single health budget and all staff in the district being part of a single public service (South African Health Review, 2002 : 85).

It is an obvious fact that change and transformation have major implications for employees. It is therefore important to underscore the issue of managing change in the context of the human dimension complexity. It is also recommended that the eThekweni Health Department comes up with programmes of managing change and transformation process so as to retain stability while undergoing change.

6.3 LIMITATIONS

The eThekweni Health has an establishment of about 300 nurses. The focus of the study was on impact of transformation to the staff. The staff comprises of all race groups, namely Africans (Blacks), Indians, Whites and coloureds. The study did not differentiate as to how transformation impacted on the staff along racial lines. The limitations therefore emanate from the fact that eThekweni Health has about 20 white professional nurses. In this study only three white nurses participated. One wonders how the response was going to be like had there been big numbers of white nurses.

The other limitation relate to gender. Nursing is a profession dominated by women. The majority of respondents who participated in this study were women. The Department has in its establishment only 8 male nurses. There were only three that took part in the study.

Purposive sampling method was chosen for this study. The reason for selecting purposive sampling method was to address the issue of representativeness of the sample in terms of race and gender. Purposive sampling allows the researcher to use his/her own judgement about which respondents to choose, and pick only those who best meet the purpose of the study.

APPENDIX : A

INSTRUCTION FOR COMPLETION OF THIS QUESTIONNAIRE

- The questionnaire is designed for computer analysis and therefore requires you to place an “X” in the appropriate block.
- Should you wish to furnish additional information for the open - ended questions, please use the space provided.
- You are **NOT REQUIRED** to write your name on the questionnaire and anonymity of all data collected and confidentiality will be ensured. The information you provide will be treated in the strictest confidence.
- Please feel free to contact the following if you require any further information or clarification.
- Thank you for your participation in the completion of this questionnaire, it is highly appreciated.

Bheki Zuma
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& Development Management
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email:sngema@pixie.udw.ac.za

SECTION A : BIOGRAPHICAL DETAILS

(MARK THE APPROPRIATE BLOCK WITH AN “ X ”)

2. TITLE

- Mr** 01
- Mrs** 02
- Ms** 03
- Miss** 04
- Dr** 05

3. POSITION

- Director** 01
- Assistant Director** 02
- Manager** 03
- Chief Prof Nurse** 04
- Senior Prof Nurse** 05
- Professional Nurse** 06

4. GENDER

Female / Male

01

5. RACE

Coloured, African, Indian/Asian, White, Other

01

6. AGE (IN YEARS)

20 - 30

01

31 - 40

02

41 - 50

03

51 - 60

04

61 - 65

05

65 UPWARDS

06

7. HOME LANGUAGE

English, Zulu, Afrikaans, Other

01

8. TOTAL COMPLETED YEARS OF SERVICE

1 - 5	<input type="text"/>	01
6 - 10	<input type="text"/>	02
11 - 20	<input type="text"/>	03
21 - 30	<input type="text"/>	04
31 - 40	<input type="text"/>	05

9. HIGHEST EDUCATIONAL QUALIFICATION OBTAINED

Matric, Diploma, Degree 01

10. DISABILITIES

Yes / No 01

If yes, please specify-----

11. NATIONALITY-----

SECTION B :

12. What is your general impression of the transformation process in the Health Department ?

.....
.....

13. Has there been change(s) in the provision of health services in your organization as a result of transformation ?

Yes / No 01

Please elaborate.....
.....
.....
.....

14. Has transformation changed the way you work ?

Yes / No 01

If so , how has transformation impacted on your work ?
.....
.....

15. What is your contribution to the transformation in eThekweni Health Department ?

.....
.....

16. How effective was your contribution to the transformation of your organization?

.....

17. What are the key deliverables / outcomes of transformation in the eThekweni Health Department ?

.....
.....

18. Who are the beneficiaries of transformation in eThekweni Health Department?

.....

19. Were there any areas of conflict / hiccups in the implementation of transformation in the Health Department?

Yes / No

01

Please elaborate

.....
.....
.....

What were the dominant views in the areas of conflict?

.....
.....

What were the solutions, if at all ?

.....
.....

How did these areas of conflict affect service delivery?

.....
.....

20. What do you think about Affirmative Action / Employment Equity as the main tools for transformation in eThekweni Health Department?

.....
.....

21. Is / are there any significant result(s) of Affirmative Action / Employment Equity in the transformation of your organization?

Yes / No

01

Please explain.....

.....
.....
.....

22. In your opinion, what would be the appropriate method of implementing transformation in the eThekweni Health Department?

.....
.....

23. General comments

.....
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