OVERVIEW OF THE PRIMARY HEALTH CARE SYSTEM IN SOUTH AFRICA AND THE NATURE OF COMMUNITY PARTICIPATION WITH SPECIAL REFERENCE TO KHAYELITSHA

Sello Tsoabisi
Department of Public Management

Dr. Mohamed Sayeed Bayat
Director Management College of Southern Africa (MANCOSA)
& Adjunct Professor: Faculty of Commerce & Management
University of Fort Hare
Alice

ABSTRACT

The evolution of the South African health system has been characterised by inequities, imbalances as well as fragmentation. The unification of South Africa in 1910 did not consolidate public health administration, which, at the time, was characterised by increasing institutionalisation, professionalism and organisation. This was the status quo up until after 1990, after which there were marked efforts and endeavours to effect de-fragmentation of these essential services.

This article has investigated the extent to which community participation is enhanced and expanded in primary health care in South Africa, with the area of focus the township of Khayelitsha near Cape Town, South Africa.

Community participation in health care matters should be seen as the organised effort to increase control over resources and regulative institutions in given social situations. This is in line with the Batho Pele principles enshrined in the Constitution of the Republic of South Africa Act 108 of 1996.

INTRODUCTION

The slogan "the people shall govern" is an articulation of the attitude of the public towards its government and administration. Hence, defining the scope of community participation and contributions has been an elusive goal, and one should look at key requirements for effective community participation by recognising and advocating what comprises a professional local
government manager.

Prescribing increased community participation in projects at the local community level has its roots in the decentralisation movement. Development experts believed that a solution to the dysfunctions associated with planned development through a highly centralised administrative system was to decentralise the functions of bureaucracy. The problem of implementing plans through a centralised development approach led to calls for a more decentralised administrative approach (Gonzales:1998).

Participation as an institutionalised behaviour is assumed to raise the level of commitment by the beneficiaries, thus encouraging them to seek ways and means to sustain the project. Based on the activities and techniques applied, sustainable development essentially becomes human development (Gonzales:1998). Excellence in local government means involving citizens in government affairs to help define and plan the services that are critical to the community. It implies reaching out to all citizens and ensuring that services are equitable and affordable (Gonzales:1998).

Achieving effective communication in public involvement requires that managers be good listeners, that is, facilitators who help others to communicate their ideas. This calls for a balanced act that may, in turn, require a long adjustment process and close the gap that has existed in provision of services by the government. By creating alternative means of decision-making, decentralisation might offset the influence or control over development activities by entrenched local elites, who are often unsympathetic to national development policies and insensitive to the needs of the poorer and disadvantaged groups (Gonzales:1998).
Traditionally, public officials and public institutions have been accused of narrow-mindedness, rigidity, lack of initiative, self-interest, disregard for societal values, secrecy, facelessness and failure to communicate with the public at large (Rainey:1991).

Government institutions have been created to implement the decisions of the legislators; hence, the appointed public officials should be responsible for the implementation of the legislation. Public opinion, the public interest and public participation are interrelated phenomena. Therefore, members of the public participate in matters that affect them directly, and find a way of expressing their opinions, attitudes and views on specific issues (Rainey:1991).

Attention has been focused on the knowledge, skills and abilities that present-day officials need to be effective. It is envisaged that practising and prospective officials will be made aware of the need to provide professional leadership in the public sector and that they will be challenged to maximise the effectiveness of their own performances (Newell:1993).

Community participation is intended to enhance community relations for local government affairs. This role involves participating in local organisations and civic affairs generally. It includes explaining what the local government is doing and what it is proposing as new policies, and also being instrumental in helping to forge partnerships between the government and the community (Newell:1993).

Newell (1993) proposes that to be effective as a community leader, one needs a constituency, that is, people in the community who are interested in what is to be accomplished and willing to provide assistance. Once again, the role of traditional leaders in the community is explored to ensure that communicate is enhanced and all inclusive (Newell:1998).
“Health is a basic human right and essential for social and economic development.” (Jakarta declaration on Health Promotion into the 21st Century 1997). In this context, this article explains the processes and principles of service delivery embedded in health care services.

In this article, inter alia, an overview on the existing state of affairs in the South African health care system is provided, including reference to a number of basic principles of community participation in health care matters. A brief background on the nature and realities of the Primary Health Care (PHC) system in Khayelitsha is included, while the article is concluded with a number of recommendations, followed by a conclusion.

OVERVIEW OF THE HEALTH CARE SYSTEM IN SOUTH AFRICA

According to the National Health Plan for South Africa prepared by the African National Congress (ANC), the democratic national health service demands that it be sensitive to the needs of the community. It would appear that whatever approach is adopted, most community practitioners emphasise that where possible primary prevention be given more priority than treatment. The net result has been a system that is highly fragmented, biased towards curative and the private sector, inefficient and inequitable. Teamwork has not been emphasized, and the doctor has played a dominant role within the hierarchy. There has been a little of no emphasis on health and its achievement and maintenance, but there has been a great emphasis on medical care (ANC National Health Plan: 1994).

According to the ANC National Health Plan (1994), the challenge facing South Africans is to design a comprehensive programme to redress social and economic injustices, to eradicate poverty, reduce waste, increase efficiency and promote greater control by communities and individuals over all aspects of their lives. In the health sector this will involve the complete
transformation of the national health care delivery system and all relevant institutions. All legislation, organisations and institutions related to health to be reviewed with the view to attaining the following:

- Ensuring that the emphasis is on health and not only on medical care.

- Encouraging and developing comprehensive health care practices that are in line with international norms, ethics and standards.

- Emphasising that all health workers have an equally important role to play in the health system, and ensuring that team work is a central component of the health system.

- Recognising that the most important component of the health system is the community, and ensuring that mechanisms are created for effective community participation, involvement and control.

- Introducing management practices that are aimed at efficient and compassionate health care delivery.

- Ensuring respect for human rights, and accountability to the users of health facilities and the public at large (ANC National Health Plan:1994).

The ANC National Health Plan (1994) propounds initiatives such as that the health of all South Africans must be secured through the achievements of equitable social and economic development. The legacy of apartheid policies in South Africa has created large disparities between racial groups in terms of socio-economic status, occupation, education, housing and
health. These policies have created a fragmented health system, which has resulted in inequitable access to health care. The inequities in health are reflected in the health status of the most vulnerable groups (ANC National Health Plan 1994).

The ANC National Health Plan (1994) forms the integral part, both of the country’s health system, and of the overall social and economic development of the community. Central to the Primary Health Care (PHC) approach is full community participation in the planning, provision, control and monitoring of services. Democratically elected representatives must play a major role in the structure of the health services. These may include the community-based organisations, a member from the youth forum, pensioners, educators and religious leaders (ANC National Health Plan:1994).

Health problems may have many and complex causes, the solution of which demands an intersectoral approach. Other sectors such as those providing clean water, sanitation and housing, will have a greater impact on health, than health services alone. The health sector has an important advocacy role to play and therefore mechanisms have to be developed to ensure that intersectoral activity takes place. The health sector must increase awareness that a health population is necessary for social and economic development. International population trends recognise development strategies which improve the quality of life of the population. Population programmes must maximise the capacity for individuals to fully develop their potential for social stability and economic growth. It is also a major provider of services, however, a single government structure must coordinate all aspects of both public and private health care delivery and all existing departments can be integrated. This calls for the provision of health care to be coordinated among local, district, provincial and national authorities. Authority over, responsibility for, and control over funds should be decentralised to the lowest level possible that is compatible with rational planning, administration, and the
maintenance of good quality care. Furthermore, resources must be rationally and effectively used, and priority be given to the most vulnerable groups, and to the eradication, prevention and control of major diseases (ANC National Health Plan:1994).

A VISION FOR HEALTH IN SOUTH AFRICA: GUIDING PRINCIPLES

The ANC National Health Plan for South Africa (1994) propounds the following components as the guiding principles for the vision for health in South Africa:

Equity

The health of all South Africans can be secured and improved mainly through the achievement of equitable social and economic development such as the level of employment, the standards of education and the provision of housing, clean water, sanitation and electricity. In addition, reductions in the levels of violence and malnutrition, and promotion of healthy lifestyles should be addressed, as well as the provision of accessible health care service (ANC National Health Plan:1994).

The right to health

Every person has the right to achieve optimal health, and it is the responsibility of the state to provide the conditions to achieve the set goals. Health and health care, as other social services, and particularly where they serve women and children, should not be allowed to suffer as a result of foreign debt of structural adjustment programmes (ANC National Health Plan:1994).
Co-ordination and decentralisation

The provision of health care must be coordinated among local, district, provincial and national authorities. These can as far as possible coincide with provincial and local boundaries. Authority over, responsibility for, and control over funds must be decentralised to the lowest level possible that is compatible with rational planning and the maintenance of good quality care. Clinics, health centres and independent practitioners should the main points of first contact with the health system (ANC National Health Plan:1994).

Priorities

Health services must be planned and regulated to ensure that resources are rationally and effectively used, and to make basic health care available to all South Africans, hence, giving priority to the most vulnerable groups. Individual respect must be afforded to members of the society and be treated with dignity and respect. Furthermore, individuals, interest groups and communities must be given the right to participate in the process of formulating and implementing health policy (ANC National Health Plan:1994).

Accountability and community participation

An important principle in the primary health care approach is accountability to community structures at local, district, provincial and national levels. Democratically elected representatives must be involved in the appointment of staff and the control of budgets. This is seen as an important mechanism for increasing local control and responsibility over health
matters. However, control over the executive functions in the health care system is not the same as community participation. Effective community participation as envisaged in the PHC approach means that democratically elected community structures, integrated with representatives of the different sectors and stakeholders involved in health and community development, have the power to decide on the health issues. Community participation is an essential element of openness, transparency, accountability and general welfare of the society (ANC National Health Plan:1994).

The following section will address the essence of efficient community participation in greater detail.

THE NATURE OF COMMUNITY PARTICIPATION

Public officials have always been leaders in their communities. They may be more or less visible, but by virtue of their position they are at the forefront of efforts to identify and address the needs of the community (Newell:1993).

Defining the nature of community participation

Community participation is the organised effort to increase control over resources and regulative institutions in given social situations, on the part of groups and movements of those hitherto excluded from such control including their sharing in the benefits of development programmes, and their involvement in decision-making (Gonzales:1998). In addition, it is considered a voluntary contribution by the people to one or another of the public programmes supposed to contribute to national development but the people are not expected to take part in shaping the programme or criticising its content. A key requirement for efficient community
participation is recognising what it entails for a professional local government manager. Because it involves issues of politics and policy, defining the scope of community participation has been an elusive goal (Newell:1993).

It is generally understood that a professional approach to community relations has to involve a distinct objective, a method, and standard of conduct. Firstly, the manager’s objective will be to increase the capability of government to respond to public needs with a professional commitment to advance the public interest.

Secondly, professional expertise is applied to the tasks of community leadership with methods and systematic techniques to promote citizen participation and community goal setting. Thirdly, an official in government is bound by the standards of the profession to promote the participation of all the citizens in community affairs, to ensure impartiality in assessing demands and seeking resolution of conflicts, and to advance equity in the distribution of resources (Newell:1993).

Communities need to be made aware that local participation would effect capacity building which is geared towards allowing such communities to represent their own interests, hence, the stronger the extent of involvement in participation, the better the outcome of the process (Newell:1993).

Viewpoints on participation

As is the case with community and development, participation is an elusive concept, since participation is mostly connected to the actions of communities, groups or individuals related
to the development, improvement or change of an existing situation (de Beer and Swanepoel:1998). Opinions are divided with regard to the origin and initiation of participation. According to de Beer and Swanepoel (1998), this depends on whether participation is intended as a system-maintaining or a system-transforming process. Participation efforts are often undertaken in a top-down fashion, while there are few examples of participatory experiences from self-reliant grassroots organisations (de Beer and Swanepoel:1998).

During the early days of community development the term self-help was used. In this context participation was viewed to some extent as a matter of cheap labour, though not necessary spelt out in such terms. The following section will explore participation as cheap labour, followed by an exposition of viewpoints on participation as involvement and, finally a look at empowerment and participation.

**Participation as cheap labour**

According to de Beer and Swanepoel(1998), people were mobilised to participate and provide labour input in line with self-help projects. This mobilization took place primarily to involve individuals and communities in programmes predetermined by government. The example applies here of a top-down, co-opted involvement of people which left little room for their initiatives and empowerment, hence many forced contributions or the well-known self-help labour as part of a project cannot be labelled as participation (de Beer and Swanepoel:1998).

**Participation as involvement**

Involvement seems to refer to co-option or, at best the mobilization of communities to participate or be involved in the execution of top-down determined development plans and projects. Once the correct climate is created, people should realise the benefit involvement
holds for them. Involvement in all the above cases revolves around making communities or groups comprehend the benefits of becoming part of a development project or programme predetermined by an outside agency. This relates to the mobilisation or co-opting of people to support an action which they do not fully understand and which they have not initiated (de Beer and Swanepoel:1998).

In principle, the above exposition does not rule out the need for education, meetings, agency planning or getting to know community leaders. Where participation means empowerment, all these factors also come into play, but in a different milieu and with a different ultimate objective. According to de Beer and Swanepoel (1998), in the participation as involvement it may be argued that the emphasis may be on initiatives, whereby government identifies the needs, plan the action, manage the projects and mobilise the communities or groups.

**Popular participation or empowerment**

Deciding on who controls development is an open question even though the beneficiaries are to be the main players and decision makers. Government has been and will always be responsible for providing material and other support to developing communities. Aid agencies have a role to play, as has the private sector including multinational corporations. Empowerment also requires assistance from the outside in terms of skills and organisational training, credit, income-generating schemes, appropriate technology, education and access to basic services (de Beer and Swanepoel:1998).

De Beer and Swanepoel (1998), espouse the fact that decision-making must be returned to the people, who have the capacity to inject into the process the richness of the their values and needs. Decision-making processes should be informed through whatever analysis/es
is/are available to participants.

INSTITUTIONAL-CONTEXTUAL FRAMEWORK

In order for community participation to become an instrument of empowerment, it needs an infrastructure from where it can be initiated. This implies understanding of institution building and representation. Institution building denotes the creation of procedures for democratic decision-making at the local level and the involvement of people in these procedures to the extent that they regard them as the normal way of conducting affairs (McLaverty:2002). Decision-making bodies should be fully representative, democratically elected and accountable, implying that representation forms a fundamental building block in the success of participation. The people who participate, should represent the grouping they belong to and be accountable to them. The success of institution building depends on the assurance that all people in the community are represented through participation (McLaverty:2002).

In the next section, the basic principles of community participation will be explained.

THE BASIC PRINCIPLES OF COMMUNITY PARTICIPATION

It is suggested that the principles mentioned below should address concerns and frustrations around community participation processes. These principles can be used as a point of departure for better management and co-ordination of decision-making and implementation, related to public services and general development objectives within area of responsibility. The guidelines and principles are therefore drafted in accordance with the following criteria (de Beer and Swanepoel:1998):

Principles of Abstract Human Needs
According to de Beer and Swanepoel (1998) human beings have basic needs such as food, water, clothing and shelter. Human beings also have abstract needs such as self-reliance, happiness and human dignity. Hence, the most abstract need is human dignity, since dignity is enhanced by giving people recognition, by recognising them as being capable of making their own decisions and assuming responsibility for the decisions that they have made. Dignity is also enhanced by becoming self-reliant and self-sufficient and by becoming able to organise oneself (de Beer and Swanepoel:1998).

**Principle of Learning**

While people are striving to fulfil their needs they become better at doing so. Hence, most individuals participating in development programmes become knowledgeable through realities. This means that an individual must not participate in such programmes with preconceived plans or agendas. Information must be disseminated to all participants so that they can make enlightened decisions. It also means guarding against the elite whose actions may water down the participation of the poor to something like co-option (de Beer and Swanepoel:1998)

**Principles of Empowerment**

The people must assume power in the sense that they must take responsibility for their own development. They have the right to do this, but having the right without the ability means little. The people’s empowerment is a process fed by information, knowledge and experience, that cultivates in them confidence in their own abilities (de Beer and Swanepoel:1998).
Principle of Ownership

De Beer and Swanepoel (1998), propounds that the most important outcome of participation and empowerment is the establishment of ownership where it belongs and that is with the community. Furthermore, community development projects are not the property of government departments but of the people so that the humanistic nature of development is not in jeopardy. This will also enhance self-reliance, poverty relief and adaptability (de Beer and Swanepoel:1998).

POLICY FRAMEWORK FOR COMMUNITY PARTICIPATION IN SOUTH AFRICA

The local government transformation process in South Africa followed three well-defined phases, starting with pre-interim phase that began in 1993 with the enactment of the Local Government Transition Act 209 of 1993, Second Amendment Act, 1995 (McLaverty, 2002). Representatives from the established local government bodies and those groups that had previously been excluded from the local government but represented local people were constituted as local forums that performed local government functions during this phase (McLaverty, 2002).

According to McLaverty (2002), the interim phase was ushered in by municipal elections in November 1995 and June 1996. The final phase followed an extensive process of research resulting in the White Paper on Local Government (1998) and it introduced the final form of local government. The final phase and local government structures are guided by principles provided for in the Constitution of the Republic of South Africa that is mandating local government, inter alia, to promote local social and economic development. In this context, the development at the local level is linked to the democratisation process and the inclusion of citizens and community groups in the design and delivery of development programmes.
(McLaverty, 2002).

The White Paper on Local Government (1998) describes building of local democracy as a key element of local government. Development agents should develop strategies and mechanisms to continuously engage with citizens, business and community groups. Active participation by citizens is also required in respect of citizens as voters, consumers and end-users, and as organised partners involved in the mobilisation of resources for development via business, non-governmental organisations and community-based institutions (McLaverty, 2002).

According to the Municipal Systems Act 32 of 2000, all municipalities must adopt an appropriate approach and also put in place appropriate structures to ensure effective participation. These principles include the following:

- The role of participatory democracy is to inform, negotiate and comment on those decisions, in the course of the planning and/or decision-making process

- Community participation has to be institutionalised in order to ensure that all residents of the country have an equal right to participate

- Community participation needs clear rules and procedures specifying who is to participate or to be consulted, on behalf of whom, on which issue, through which organisational mechanism and with what effect.

- The way community participation is institutionalised and structured has to provide adequate forms for diversity, for example make provision for varied participation styles
and cultures.

- Participation should take place with regard to disadvantaged or marginalised groups and gender equity in accordance with the conditions and capacities in a local municipality (Municipal Systems Act 32 of 2000).

In the above context it is expected that adherence to the above principles will enhance the ability of local government and the community to create an atmosphere where community participation can take place without constraints. A question that remains unanswered, is whether the representation and participation will work according to plan and whether the standard of governance will be adequate to take the process to its logical final conclusion.

**Existing Legal Framework for Community Participation**

The Constitution Act 108 of 1996 stipulates that the objective of municipalities is to encourage the involvement of communities and community organisations in matters of local government. The White Paper on Local Government (1998) emphasises the issue of public participation. It details how to achieve public participation and also the role local government has to play to ensure the involvement of citizens in policy formulation and designing of municipal programmes, as well as implementation and monitoring and evaluation of such programmes. Community participation is meant to promote local political democracy. While the White Paper emphasises that municipalities should develop appropriate strategies and mechanisms to ensure participation, advice is given on the matter, for example that forums of organised formations should be established (especially in the fields of visioning and on issue-specific policies, rather than on multiple choices).

**Structured stakeholder participation in council committees**
The following is mentioned in the White Paper on Local Government (1998):

- Participatory action research should take place, with specific focus groups for in-depth information on specific issues.

- Formation of associations, especially among people in marginalised areas such as the rural settings and informal houses

- Community participation should be a structured process rather than a process of public mass meetings. Public officials are not only expected to find their own ways of structuring participation, but is expected to become active in encouraging and promoting participation, especially when it comes to the participation of marginalised groups and women (White Paper on Local Government:1998).

While the Municipal Systems Act 32 of 2000 defines municipality as a “corporate entity” which consists not only of its “structures, functionaries and administration”, but also of its “communities, residents and ratepayers”, it differentiates clearly between the roles and responsibilities of the “governing structures”, and the communities, residents and ratepayers. The community participation chapter of the Act is guided by the principle that formal representative government must be complemented by a system of participatory governance. Participation in the decision-making processes of the municipality is laid down as a right of communities, residents and ratepayers. The decision on appropriate mechanisms, processes and procedures for community participation is left to the municipality. The only prescribed participation procedures are the receipt, processing and consideration of petitions and complaints and the public notice of council meetings. Hence, no procedures are prescribed for
participation in the Primary Health Care forums (Municipal Systems Act 32 of 2000).

Municipalities are requested to create conditions for public participation and to encourage it. The only prescribed tool for promotion of community participation in this instance, is the dissemination of information on mechanisms and matters of community participation, on rights and duties residents and on municipal governance issues in general (Municipal Systems Act 32 of 2000).

Principles of Community Participation

The role of participatory democracy is to inform, negotiate and comment on decisions taken in and broader forum, in the course of planning and decision making process. The Municipal Systems Act 32 of 2000 advocates the following principles:

- Community participation has to be institutionalised in order to ensure that all residents of the country have an equal right to participate in Institutionalising means of participation.

- Setting clear minimum requirements for participation procedures which apply to all municipalities by mean of regulations (Municipal Systems Act 32 of 2000).

Providing a legally recognised organised framework

Structured participation proposes for clear rules and procedures specifying who is to participate or to be consulted, on behalf of whom, on which issue, through which organisational mechanism and with what effect (Municipal Systems Act 32 of 2000).
Diversity appeals for different participation styles and cultures. While there has to be a common regulatory frame for institutionalised participation in the country, this frame has to be wide enough for location-specific adjustments to be made by provinces and municipalities (Municipal Systems Act 32 of 2000).

Promotion of community participation by municipal government has to distinguish between the following functions which must always influence the choice of appropriate procedures and mechanisms for community participation (Municipal Systems Act 32 of 2000).

Creating conditions for community participation, and offering people choices between services (Municipal Systems Act 32 of 2000).

Encouraging community participation, which should done in particular with regard to disadvantaged or marginalised groups and gender equity in accordance with the conditions and capacities of municipalities (Municipal Systems Act 32 of 2000).

Citizen and client-oriented ways of service delivery and public administration, hence, giving the communities the right of petition and complaint desk.

Appropriateness of solutions using the knowledge and experience of local residents and communities in order to arrive at sustainable problem solution and measures (Municipal Systems Act 32 of 2000).

Community ownership in line with mobilising local residents and communities initiatives and resources, and encouraging co-operation and partnerships between municipal government and residents for implementation and maintenance (Municipal Systems Act 32 of 2000).

Empowerment of communities in order to establish a forum for negotiating conflicting
interests, finding compromise and common ground and, thereby, creating the basis for increased transparency and accountability of local government towards local residents (Municipal Systems Act 32 of 2000).

CONCLUDING REMARKS

A democratic national primary health care service demands that it be sensitive to the needs of the people. The professional ethos sometimes breeds a sense of superiority which inhibits the health officers from learning about the poverty issues and any underlying factors from the ordinary folk of a community. Most importantly, the establishment of community health projects requires joint participation, constant consultation and informed consent before implementing new policies. The latter practice is contrary to the prevailing work ethos in everyday private professional life which largely comprises individual decision-making. While joint participation may be more democratic it is lengthier process and this in itself can be exasperating for professional, who often place great emphasis on efficiency and centrality in decision-making process.

In order to rectify the situation where most South Africans do not have access to basic primary health care, a costly development and extension of community primary health care centres and staff is necessary. Finance for this expansion could be accrued through the dismantling of an expensive bureaucracy and duplicatory and fragmented primary health care services. It should be noted the dismantling of the Bantustan bureaucracies highlighted a number of problems. The first one being that bureaucrats in the various structures resistance to change since there was a fear of losing jobs. Secondly, the attempt to improve the primary health care service heightened expectations, thus increasing demands. The majority of people would have been dissatisfied with the second-rate services and demanded from the government service equal treatment.
In the light of the above, for the future, if promises are not kept, antagonism towards those who are attempting to reconstruct a more equitable health service will develop, exacerbating the problem of the process of transformation.

9. BIBLIOGRAPHY


