THE PROVINCE OF GAUTENG

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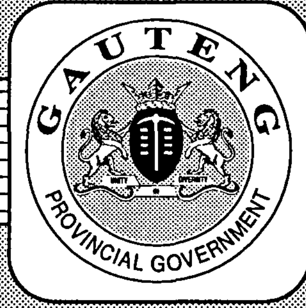

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GENERAL NOTICE

NOTICE 1146 OF 2000

WHITE PAPER: DISTRICT HEALTH SYSTEM IN GAUTENG PROVINCE

Comments on the document should be submitted on or before the 27th. March 2000 for the attention of **Dr.R.Bismilla** at the following address:

District Health Services
Gauteng Department of Health
22nd. Floor
Bank of Lisbon Building
37 Sauer Street

OR

District Health Services
Gauteng Department of Health
Private Bag X085
Marshalltown
2107

Tel: (011) 355 3853
Fax: (011) 355 3520

The White Paper

On

The Delivery of Primary Health Care Services through a District Health System

Gauteng Provincial Government

February 2000

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FOREWORD

The establishment of a formal District Health System in Gauteng provides a firm foundation for the realization of the primary health care goals in the Province. These goals are enshrined in our vision of 'Health for a better life' for all our people in particular our children, women, youth, the elderly and the disabled who are the most vulnerable to ill health and trauma.

Our Health Promotion Programmes, our plans to improve the quality of Health Care Services at clinic and hospital levels as well as our commitment to ensure value for public health resources through the improvement of organization efficiency will all contribute to the reduction of the socio-economic burden of illness and injuries in our communities.

As the District Health Services are a building block of our National Health System, our local government option for the delivery of these services will enhance the accessibility, quality and efficiency of these services.

This White Paper will guide the development of a legislative framework. The public comments we are calling for, we believe, will not only enrich the policy and legislation that will follow, but will ensure public ownership, support and effective participation in the transformation of our Health Services for a better life for all communities and our country.

I also take this opportunity to remind all of us that whilst there is still no cure, HIV/AIDS is preventable. The A,B,C, message (Abstain, Be faithful, Condomize) for the youth needs to be widely spread.

Being faithful to our spouses or partners and using condoms as a barrier method to prevent contracting the disease will help us reduce the increasing number of new infections in our communities. Those already living with HIV/AIDS need our support and care and all our health services are available as well.

We thank the artists, media, business sector, unions, NGO's/CBO's, youth structures, religions leaders who are in partnership with National, Provincial and Local Government to reduce the spread and impact of preventable disease and in particular the HIV/AIDS pandemic.

DR. G. M. RAMOKGOPA
MEC FOR HEALTH

Preface

The government of South Africa developed a framework for socio-economic development in its Reconstruction and Development Program (RDP). The RDP set out the broad principles and strategies for development in all key areas and sectors required to effectively address the various problems facing the majority of the people of South Africa in the immediate post-Apartheid era.

Among the major challenges facing the nation was the health care delivery system. The legacy of apartheid policies in South Africa had created a fragmented health system with racially based services, which resulted in inequitable access to health care. Health services were largely curative and hospital based with little importance placed on primary health care or public health.

In 1994, the South African Government committed itself to transforming the health sector in order to unify the fragmented health services at all levels into a comprehensive and integrated national health system (NHS) in order to reduce disparities and inequities in health service delivery and increase access to improved and integrated services. These services would be based on primary health care principles as enunciated at Alma Ata in 1978.

- The importance of equity as a component of health;
- The need for community participation in decision making;
- The need for a multi - sectoral approach to health problems

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- The need to ensure the adoption and use of appropriate technology; and
- An emphasis on health promotional activities.

The Declaration of Alma Ata lists the essential primary health care services:

- Education concerning prevailing health problems
- Promotion of food supply and proper nutrition
- Adequate supply of safe water and basic sanitation
- Maternal and child health care including family planning
- Immunization against major infectious diseases
- Prevention and control of locally infectious diseases
- Appropriate treatment of common diseases and injuries
- Provision of essential drugs.

The Gauteng Department of Health's overall strategic plan is founded on these core values and components of primary health care that are the essence of public health services around the world:

- Equity in service provision
- Universal access
- Quality based, both on effective treatment and caring attitudes
- Resource allocation to meet the priority health needs of all
- Efficiency, including the balancing of health outcomes with costs
- Integrated services, shaped to clients needs
- Accountability
- Community and staff participation.

In accordance with these core values, the vision and mission of the Gauteng Health Department are as follows

"Health for a better life."

The Gauteng Department of Health aims to promote and protect the health of our people, especially those most vulnerable to illness and injury.'

Through innovative leadership we will provide quality health services and strive to:

- ***Ensure a caring climate for service users***
- ***Create a positive work environment***
- ***Obtain the greatest benefit from public monies***
- ***Forge partnerships with others***
- ***Provide excellent training for health workers***

Our work is reflected in the enhanced well being of our staff and clients, the social and economic development of our province and a more just society.

In line with the National Public Sector Transformation policy framework and the National Department of Health , the Gauteng Department of Health has committed itself to a decentralised management system . The establishment of a District Health System as the building block of the National Health System in South Africa is an expression of this commitment. The health district shall be the vehicle through which comprehensive primary health care services will be delivered. A well functioning health district will bring health care managers and communities together to ensure the sustained improvement in the health status of the population through the provision of equitable, efficient, high quality, acceptable, appropriate and affordable health care.

This White Paper provides the policy framework for the establishment of a district health system in Gauteng. The challenges of effecting the decentralisation of responsibility and financial resources for provision of primary health care from Province to local authorities, and the proposed ways of addressing them, constitute the core of this document. Whereas the political imperative for the decentralisation of health services is clear, its implementation is complex. The form of decentralisation proposed in this

document is devolution, wherein local governments have clear and legally recognized geographical boundaries over which they exercise authority and within which they perform public functions.

The policy decisions in this document are the culmination of numerous consultations with political leaders, policy makers, provincial and local authority health providers, municipal authorities and members of the public. Numerous national, provincial and local government processes have been ongoing since 1994 culminating in a two-day workshop in November 1998 and a Declaration of Intent was signed between the Gauteng MEC for Health and local government. This declaration was a consolidation of the views of representatives of the Gauteng Department of Health and Local Authorities on all the administrative, operational and political issues inherent in establishing a district health system.

This consultation process in Gauteng has also culminated in the formation of the intergovernmental political structure, the Interim Provincial Health Authority, supported by a joint technical team , the Health System Committee.This structure oversees the establishment of the district health system in the Province and makes it possible for Local Government to advise the MEC for Health.

After considering public submissions and further sectoral consultation on this White paper , an official policy document will be submitted for Cabinet approval. An appropriate legislation, the District Health System Bill, will then be prepared to enact the policy directions contained herein.

Chapter 1 of the document provides a brief history of health service delivery in Gauteng and gives the national mandate for the transformation of the health sector and the establishment of a district health system. This chapter gives the principles of a district health system and the rationale for the governance option decided upon in Gauteng. A short situation analysis

highlights the demographic and social profile of the province as well as some of the priority health problems that challenge the health service.

This White Paper should not be seen in isolation from other changes currently being made to the public service as a whole, to the national health system and to local government. **Chapter 2** outlines the current and changing legislation that may impact on the development and functioning of a district health service.

Chapter 3 details the management and administrative aspects of a functioning health district, including the services that will be provided and proposed funding of the district.

The advantages of a district health system include the premise that both local accountability and community participation contribute substantially to the delivery of effective health services. **Chapter 4** outlines the governance structures that will ensure the full participation of the users of health system and that staff and services in a district are accountable to the communities that they serve.

Finally, **Chapter 5** recognises the importance of monitoring and evaluation in the planning and delivery of health services. This chapter outlines the roles and responsibilities of the Provincial Department of Health, as well as Local Government, in monitoring and evaluating the progress made with district development. It is imperative that while both spheres of government monitor their own performance and the health of the population, the province will monitor the performance of local government in relation to district health services, in particular whether health services are accessible, appropriate and of good quality. Furthermore, it is important to ensure that the important pillars of primary health care such as community participation and accountability are in place.

A glossary of some of the terms used throughout this document is provided at the end of the document.

In conclusion therefore, this district health policy is an attempt to define the responsibilities and obligations of Gauteng Province in partnership with local authorities with regards to provision of primary health care to all its citizens. It also sets out the underlying operational principles, the structures involved in the provision of care, and the actual care that the people of Gauteng can expect to receive in the District Health System.

Chapter 1 – Introduction and Background

1.1 Demographic , Health Service and Health Status Profile

At the time of the 1996 Census, the people of Gauteng numbered 7,35-million and accounted for 18% of the national population.

Gauteng exhibits a contradictory combination of social advantages and social problems, which have their roots in the province's highly urbanised, industrialised, densely populated and economically polarised population.

The Human Development Index (HDI) for Gauteng is 0,818 – which is comparable to that of Singapore, Venezuela and Mexico and well above the South African average of 0,677. However, when the Gauteng HDI is analysed by race, the index for African residents is 0,4 while for all other groups combined it is 0,85 (HSRC data). Since 79% of Gauteng residents are African, it will be appreciated how aggregation allows the privilege of the very wealthy few to mask the condition of poverty in which the vast majority live.

Some other population features relevant to health planning are that:

- About 12% of Gauteng residents are under five years; 32% under 15 years; and only 3,4% over 65 years.
- Females comprise 49% of the population.

Gauteng's population is more affluent and has lower unemployment rates than the rest of the country. As may be expected in an urban context, service provision is above the national average in almost all respects – and the social status indicators correspondingly better. (See tables 1 - .3)

However, on two significant counts quality of life in Gauteng is poorer than in the rest of South Africa.

- Over-crowding. 36% of households living in one or two rooms and 24% of the population lives in shacks.
- Violent crime: The margin between national murder and rape rates and those for Gauteng is not just significant – it is massive.

Table 1: Social Status Indicators – Census 1996

Indicator	Gauteng	South Africa
Adults with primary education	70,5%	57,8%
Unemployment rate (Ages 15-65 years)	28,2%	33,9%
Employed persons earning < R500/month	15,5%	26,0%
Employed persons earning > R4500/month	15,6%	10,7%
Households living in formal housing	62,0 %	57,5%
Households living in two or fewer rooms	36,3%	32,6%
Households using wood for cooking	0,9%	23,0%
Piped water in dwelling	67,7%	44,7%
Telephone (house or cellular)	45,6%	28,8%
Households without toilet facilities	2,5%	12,4%
Households with refuse removal at least once/week	82,9%	52,2%

Table 2: Social Status Indicators – Demographic and Health Survey 1998

Indicator	Gauteng	South Africa
Infant mortality rate (1988 – 1998)	36 per 1000	45 per 1000
Under-five mortality rate	45 per 1000	66 per 1000
Total fertility rate	2,3	2,9
Women ever raped	6,5%	4,4%
Women ever abused by partner	17,8%	12,5%

Table 3: Social Status Indicators – from other sources

Indicator	Gauteng	South Africa
Life expectancy at birth	65,8 years	64,4 years
HIV infection rate in women 15 to 45 years	23%	23%
Murder rate (SAPS data)	80/100 000	61,6/100 000
Rape rate (SAPS data)	179/100 000	120/100 000

Other health status information.

- Full immunization of children less than two years is 72%. This figure is well below the national target of 90%.
- Although few children in Gauteng appear to be acutely malnourished, 11.5% have stunted growth, which indicates poor nutrition over a long period and repeated infections.
- Data form Chris Hani Baragwanath Hospital indicates that 40% of children admitted to hospital are HIV positive and 50% of deaths in children in hospital are AIDS related.
- A national survey indicates that 35% of girls are pregnant by 19 years of age.
- The Maternal mortality rate is 88 women per 100 000 births – largely from preventable causes.
- TB remains a huge challenge for the province. Almost 300 people per 100 000 have the disease. Of these 8% die and less than 50% are cured. Alarmingly, only 17% actually complete their course of treatment.
- Violence and trauma impacts negatively on the socioeconomic status and contribute substantially to the burden of disease in Gauteng. Injuries account for 14% of all deaths and 73% of these are violence related.

1.2 Health service delivery in Gauteng Province prior to 1994

Prior to 1994, health service delivery in the province was governed by two main pieces of legislation: the Health Act 63 of 1977 and the Transvaal Hospital Ordinance 14 of 1958. In terms of this legislation all three tiers of government had responsibility for ensuring service delivery. (See figure 1)

The Provincial Administration (of the old Transvaal Province) was responsible for all curative and hospital services. The province was also responsible for

the delivery of preventive / promotive services in areas where no local authorities existed.

Local health authorities delivered preventive / promotive health services within their municipal boundaries. A regional office of the Department of National Health supervised the work of local authorities and allocated subsidies to local authorities to deliver these services

Although local authorities were allocated a subsidy for the provision of preventive and promotive services in their areas, many larger local authorities allocated additional money from their local tax revenue to health services. As a result these local authorities were able to provide a more sophisticated range of health services and maintain their health staff on significantly superior conditions of service as compared to smaller local authorities and the public service as a whole.

In addition to provincial and local authority services, the private sector hospitals and health care workers and non-governmental organisations (NGOs) also provided health services. There was little coordination between the different public sector authorities, between the public and private sectors and between primary health care services and the hospital services within the public sector. This resulted in the delivery of services that are not comprehensive, and often not appropriate for the needs of the community it served. The system did not encourage community participation, which resulted in services that were not accountable to the people served.

1.3 Health Service Delivery in Gauteng - 1994 to Present.

The Gauteng Provincial Government established in 1994 inherited a complicated infrastructure and a legacy of problems. Health services were fragmented and curative and hospital orientated. Management was largely centralised and top down and community participation limited. On the one hand hospitals were overloaded with patients but the majority of the

population had inadequate access to health services. The health infrastructure in rural areas was inadequate and in rapidly growing informal settlements, was effectively non-existent. Additional challenges were limited health care resources at both provincial and local authority level, a largely demotivated workforce and the perception that health care in public sector institutions was inferior than that available in the private sector.

One of the major initiatives of the Gauteng Department of Health to address these and other problems was the development of the Structural Transformation Plan (STP). The STP ensured the rationalisation of hospital services and the reallocation of health resources toward primary care infrastructure, especially in under-served areas.

The Gauteng Department of Health goals as set out in 1995 indicate the direction taken by the department to transform health services. These are :

- Unify fragmented public sector health services which are able to provide high quality effective services
- Build partnerships with private sector providers to develop an integrated Provincial Health System.
- Establish a comprehensive primary health care based service with autonomous decentralised health districts functioning within a unitary national health system
- Rationalise hospital services and create a strong referral network by strengthening weaker levels of the referral chain such as level II (regional) hospitals
- Establish an effective emergency health service able to respond rapidly when called upon
- Develop a strategic framework to attain equity in service provision between well-serviced and under-served areas
- Develop and implement comprehensive services delivered at the most appropriate level with emphasis on programs that address provincial priority health problems, vulnerable groups and underdeveloped aspects of the service.

- Developing a caring and friendly health service which maintains good quality by ensuring amongst other things effective human resource management
- Implement mechanisms to ensure accountability of services to local communities at all levels of the service
- Implement an information system that facilitates quality patient care and also allows effective monitoring and evaluation of the services and the health status of the Gauteng population
- Build and sustain the ability of communities to maintain health by developing an innovative health promotion program in the province
- Plan with related sectors such social welfare and education but also with other sectors such as the economic, physical and financial sectors to ensure the most cost effective use of scarce resources to attain sustained development.

1.4 National mandate for the delivery of health services

In 1994, the first democratic South African Government committed itself to transforming the health sector in order to unify the fragmented health services at all levels into a comprehensive and integrated national health system (NHS). This was with the aim to reduce racial and geographic disparities and inequities in the health service and to increase access to quality public services. These services would be based on primary health care principles as enunciated at The World Health Organization Alma Ata Conference in 1978 and as reviewed in later years. Since Alma Ata, a sixth principle for the effective delivery of health care has emerged, that of decentralisation. The decentralisation of decision making away from centralised levels of the health system to the district level is seen as essential in order to provide health care services that are equitable, accessible, efficient and effective. Decentralisation aims to :

- Facilitate community participation
- Bring health managers close enough to the communities they serve to ensure that health services are appropriate

- Facilitate a multi – sectoral approach to health care delivery and ensures that the social factors that affect health – housing, water, sanitation, education, employment and the environment – are addressed

International experience has shown that the DHS is the most effective vehicle for the delivery of comprehensive primary health care. The health district is the vehicle through which primary health care will be delivered. In a health district all primary health care services will be offered to a specific population, living in a clearly marked geographical area, through a variety of health care structures that aim to be involved in all aspects of community life that affect health (Box 1)

1.5 Principles of the District Health System

The National Health Policy outlines the principles that underlie the development of a DHS in South Africa. These are :

Overcome Fragmentation

An effective strategy is needed to rationalize service delivery and to overcome the present fragmentation as quickly as possible

Equity

The promotion of equity has two aspects:

- a rapid and substantial improvement in the delivery of services to under-served communities now; and
- the development of a system that will ensure equity in service provision in the long term

Comprehensive services

District health services must be planned, managed and delivered in a comprehensive, integrated manner. This includes both comprehensive community health services as well as non-specialist District Hospital Services.

The previous practice of local authorities rendering preventive primary health care services while provincial staff provided curative primary health care services must not be continued.

Box 1

A health district is:

- **A more or less self contained segment of the National Health System**
- **A clearly defined administrative and geographical area at which some form of local government or administration takes over many responsibilities from central / provincial government.**
- **Comprises a well defined population**
- **Includes all institutions and individuals providing health care**
- **Large enough to be economically efficient**
- **Small enough to ensure effective management, which is accountable to local communities.**
- **Responsive to local needs through the participation of communities**

Effectiveness

Resources must be targeted appropriately in order to achieve a demonstrable health gain

Efficiency

Maximal health gain must be achieved at lowest possible cost. A balance must be found between the advantages of local responsibility and those of economies of scale so that services can be run efficiently.

Quality

Services should be of the highest possible quality taking into account local needs and resources.

Access to services

Health authorities may not deny access to public sector health services to any person on the grounds that they may be resident outside the area of that authority. Provision must be made for cost recovery mechanisms between authorities for inter-district health service delivery.

Local accountability

Mechanisms must be established to ensure that staff and services in a district or in a local area within a district are accountable to the local communities they serve.

Community participation

There should be full participation of the users, as well as their political representatives in the planning, provision, control and monitoring of health services. Community representation should be in the majority on governance structures at community and district levels.

Decentralisation

It is vital that sufficient powers are devolved to the managers of the districts and their facilities, especially with respect to personnel and financial controls. This will increase both accountability and efficiency but is also important as a means of boosting staff morale and encouraging local initiative and flexibility in the light of local and changing circumstances.

Development and Intersectoral Approach

The health system must actively promote health and prevent ill health. It must empower individuals and communities to take responsibility for the promotion and maintenance of their health. This requires that the health system be based on a developmental and intersectoral philosophy, drawing on all the various elements required to build healthy individuals and communities.

Sustainability

The district services must be sustainable and must have a secure financial base to allow for long term planning.

1.6 Governance

The Constitution (section 125) gives legislative and executive authority to provincial government on matters relating to health of the population of the province. Section 126 allows the MEC for Health to assign functions to a municipal council or allow performance of functions on an agency or delegation basis.. Furthermore, in chapter 7 local authorities are mandated to:

- Provide democratic and accountable government for local communities
- Ensure the provision of services to communities in a sustainable manner
- Promote social and economic development
- Provide a safe and healthy environment
- Encourage the involvement of communities and community organizations in the matters of local government.

In line with National Policy Guidelines district health services would be provided by a governance structure known as a district health authority, which should correspond to the structures of political governance. The distribution, ownership and functioning of primary health care infrastructure varied from province to province and suggested that the DHA may be a structure of the Province, an entirely new and separate statutory structure of a structure of Local Government. (Box 2)

Gauteng made the decision to move forward and devolve responsibility for health services to local government. It was recognized that, as part of local government, the DHA would be able to deal more effectively with intersectoral and developmental issues that were imperative in the Province. The Province had a strong, well-established local government structures and many local authorities were already providing health services beyond the preventive / promotive services that they were mandated to, as well as generating some revenue for these services.

Box 2. Governance Options

The provincial option.

The Province would remain responsible for the delivery of all health services. This would involve the integration and absorption of all local authority personnel currently rendering health care services. The Province would delegate appropriate powers to a District Health Manager and a District Health Council would be established with community representation.

The statutory district health authority option.

The province, through legislation, would create a District Health Authority for each health district. This DHA, governed by a District Health Council, would have full governance powers for the provision and management of district health services and full autonomous powers with respect to finance and personnel.

The local government option.

A single, district based local authority would be responsible for the provision of all services within a defined area. Responsibility for all district health services is devolved by the province to a designated local authority, which establishes a District Health Council and Province remains the accounting authority.

1.7 Remaining challenges to the establishment of a District Health System

With the Constitution encouraging the delivery of services to the sphere of government nearest to the people, the integration of the primary health care services in the Provincial with local authority services has created fundamental challenges.

Personnel issues

One of the legacies of a fragmented health service has been the creation of discrepancies between salaries and conditions of service of health workers employed by different authorities. Health care workers with the same experience and qualifications have different salaries and working conditions depending on whether they are employed by the provincial administration or local authority. Differences also exist between local authorities. Furthermore, local authorities are not part of the Public Service and therefore not regulated by the Public Service Regulations. The transfer of provincial staff to local authorities will be a significant challenge for the development of a district health system. The creation of uniform conditions of service will require national legislation. It is imperative that equity and fairness is ensured for both provincial and local authority staff and that the transfer process is transparent and consultative. Although issues pertaining to the transfer of staff are not elaborated upon in this policy document, it is recognised that the successful transfer of staff is a necessary condition for a well functioning health district.

Community participation

The PHC approach emphasises the need for community participation in the planning, provision and monitoring of health services. For such community participation to be effective community development and empowerment are essential. There are relatively weak civil society structures in many communities and this constrains participative democracy. Community organisations must be accommodated within district health structures and maximal possible community participation ensured.

Definition municipal health services

Neither the Constitution nor the National Policy on the Transformation of Health Services define 'municipal health services'. Previously, municipal health services referred to environmental health services, the provision of water and sanitation and preventive and promotive health care functions such as health awareness, childcare and immunisation. Therefore whilst municipal health services are a component of "primary health care services" or "district

health services the constitutional competency of the overall health services are a concurrent function of both National and Provincial Governments. Clear guidelines are thus required around how both Province and Local government resources should be spent on health services within the District Health Service.

Capacity at district level.

Centralised planning and management has left a legacy of inadequate capacity to manage decentralised districts. Appropriate management training will be required for facility, programme and district managers, clinical skills training will be required for certain categories of health workers. Skills training will also be required for members of the community health committees and district hospital boards.

Financing a district health system

The financing of the DHS should be seen in the context of the current resource constraints and service backlogs at both the Provincial and Local Governments. The legacy of both significant under-funding by the apartheid state, and the inability of many local governments to obtain service payments, have severely constrained the revenue of many local authorities. A formula for allocating resources based on the need for equity and service needs will be developed . In the short term, studies need to be conducted to establish actual expenditure on Primary Health Care services per district, establishing unit costs of the different service components (e.g. family planning services, immunisation services or consultation for an acute illness) for each facility in order to facilitate appropriate budgets. A system should also be developed to monitor the cross-district utilisation of services.

The development of a single, coherent district health information system and a shared minimum data set is underway but as yet incomplete.

1.8 Conclusion

Gauteng Province has committed itself to a well functioning district health system rendered by Local Government and , that will contribute to sustained health status improvement through the provision of equitable, efficient, acceptable and appropriate health care. The achievement of a well functioning district requires the necessary inputs, processes and outputs as described in Table 4.

Table 4. Pre-requisites for a well functioning district	
Inputs	• Clear definition of district boundaries • Determination of governance structures • Clear legislative framework • Clear planning and management structures • Adequately trained clinical and managerial staff • Decentralisation of sufficient authority • Minimum data set
Processes	• Dynamic participative leadership • Community participation • Inter-sectoral collaboration • District level planning • District level management • Effective and enabling support for districts from Province • Clear provincial roles and responsibilities to ensure co-ordinated, equitable DHS development
Outputs	• Comprehensive primary health care services • Effective referral services • Services co-ordinated with those of private providers • Monitoring of health status and outcomes

This policy document aims to detail the inputs and processes that are required to ensure a well functioning health district, as well as describe the expected outputs.

Chapter 2 - Key legislation impacting on district health development

2.1 Introduction

One of the necessary inputs into effective district development is a clear legislative framework within which the DHS is developed and functions. A complex legislative web has plagued district health development and has impaired effective progress. Numerous changes to legislation have occurred in the form of general legislation governing local government. At the same time a number of changes have occurred in specific areas of health legislation.

The White Paper on the Transformation of Health Services proposes a district based primary health care service as the model for a new health system in South Africa. It advocates local government as the ideal provider of district health services.

The White Paper on Local Government provides the policy framework for the transformation of local government.

While the legislative framework continues to be flexible and incomplete many uncertainties can be expected in the quest for effective district health service implementation. A strong commitment to the district health services model and serious attempts to understand and implement the legislative framework is required by all managers to facilitate further districts development.

The Constitution (Act 108 of 1996) outlines the role of all spheres of government and in particular refers to the role of provincial as well as local government in health services.

- Chapters 7 and 8 put in place provincial and local governments and outlines their powers and functions
- Schedule 4A lists health services as a concurrent national and provincial legislative competence
- Schedule 4B lists municipal health services as a local government function
- Schedule 5 lists ambulance services as a provincial competence
- Clause 156 (1) (b) further states that a municipality may undertake 'any matter assigned to it by national or provincial legislation'

The constitution hence provides for all spheres of government to be involved in health service delivery. In the case of local government it limits this to municipal health services but does not define this in any detail.

2.2 Local Government Legislation

Legislation impacting on local government has a profound impact on district health development. The finalisation of local government boundaries and the structure and responsibility of local government are important in the devolvement of responsibility for health service delivery to local government.
It is important to note that in this complex process of restructuring local government the health department has been represented on the Demarcation Steering Committee. The position of the Health Department is that all sectors should preferably use common boundaries within provinces and that these be conterminous with local government boundaries.

2.2.1 The Local Government Transition Act (Act 209 of 1993)

The Local Government Transition Act has, as its primary objective, the provision of interim arrangements for promoting the restructuring of local government. It provides for:

- The establishment of negotiating forums and the appointment of transitional councils

- The issuing of relevant proclamations by the premiers of provinces
- The establishment of local government demarcation boards within the provinces

The Premier of Gauteng in a proclamation (no. 35 of 1995) outlines the powers and duties of transitional metropolitan council and substructures and includes ambulance and hospital services amongst the range of district level health services.

Two recent laws have expanded on the areas of demarcation as well as municipal structures.

2.2.2 Local Government: Municipal Demarcation Act of 1998

This Act:

- Establishes criteria and procedures for the determination of municipal boundaries by an independent authority
- The independent authority is called the Municipal Demarcation Board
- The board consists of 12 – 15 members appointed by the President on recommendations by a representative selection panel

The Act outlines the factors to be taken into account when setting municipal boundaries including:

- The need for cohesive, integrated and unfragmented areas;
- Financial viability and administrative capacity to perform municipal functions efficiency and effectively
- Existing and proposed functional boundaries including magisterial districts, voting, district health, transport and other matters
- The need for co-ordinate municipal provincial and national programmes and services, including the needs for the administration of justice and health care

- The need to rationalise the total number of municipalities (within different types) to achieve the objectives of effective and sustainable service delivery financial and macro-economic stability.

2.2.3 The Local Government: Municipal Structures Act of 1998

This Act provides for the establishment of municipalities and provides for the appropriate division of powers and functions between categories of municipalities. This Act provides for:

- The new constitutional dispensation for local government in terms of the various categories of municipalities specified in the constitution (section 155(1))
- The powers and functions of these municipalities
- The electoral system to be applied in the local sphere of government

2.2.4 The Local Government: Municipal Systems Bill 1999

This Bill provides for the administration of local government. In particular:

- Integrated development plans
- Options for the delivery of services
- Fees for municipal services
- Performance management system
- The mechanisms for public participation
- Standard setting

2.2.5 The Transfer of Employees to Municipalities Act, 1998

This Act aims to:

- Transfer persons in the employ of provincial administrations with the functions they perform to municipalities
- Transfer of certain assets, rights, liabilities and obligations to municipalities

Clearly, a number of matters such as parity in conditions of service, amongst others, need to be resolved before the Act can be effectively implemented. This has been one of the key impediments to effective integration of district services.

2.2.6 Development Facilitation Act, 1995 and the Gauteng Development Planning Bill

The aim of the Act is to facilitate development within communities. Its objective is stated as "To facilitate and speed up the implementation of reconstruction and development programmes and projects in relation to land." The Gauteng Development Planning Bill translates this for the purposes of Gauteng Province and provides for:

- The Gauteng Development Tribunal
- Integrated development plans
- Land use management plans and various other measures

The Gauteng Development Planning Bill has yet to be passed. Through the various provisions of these laws the health sector is expected to participate actively with other sectors in ensuring effective development of local communities in Gauteng.

2.2.7 Gauteng Rationalisation of Local Government Affairs Act, 1998

This Act passed by the Gauteng Legislature aims among others to:

- Standardise the status, power, functions and duties of a municipal council
- Facilitate the making and issuing of by-laws
- Harmonise labour relations
- Enable municipalities to more effectively conduct their affairs relating to procurement, public works and other matters.

2.3 Health Legislation

The current health legislation impacting on District Health Systems Development comprises largely the Health Act (63 of 1977) and the Transvaal Hospital Ordinance (14 of 1958). Clearly, one needs to take cognisance of the National Health Bill, which is expected to be tabled in 2000 and which will replace the current Health Act. A large number of other acts also impact albeit less directly on district health development. These Acts will be listed and only briefly discussed.

2.3.1 Health Act (63 of 1977) as ammended.

Health Services currently function within the framework of this act. Chapter III (Sections 16-19) deals with the functions of provincial administrations and Chapter IV (Section 20- 31 with the function of local authorities.
The Health Act specifies the following as the role of provincial administration:

- Hospital Services
- Ambulance Services
- Services for patients with acute mental illness
- Treatment of outpatients
- Maternity Services
- Personal Health Services
- Comprehensive Health Services
- Any other function determined by the Minister

The Act specifies the functions of local authorities as being:

- Environmental health services (viz. maintaining the district in a hygienic condition)
- Preventive, promotive and rehabilitative services
- That these services be co-ordinated with services rendered by provincial administrations

It is important to note that by Proclamation (R152 of 1994) the President assigned substantial functions of the National Department relating to health service provision to the provincial administrations. This includes the funding through subsidies and monitoring role over local authority health services. The Premier also has the duty to act as local authority in areas where there is no local authority. Furthermore, the Premier may relieve a local authority of its duty to provide health services if in the opinion of the Premier such local authority is not rendering its duties in a satisfactory manner.

The draft National Health Bill, which will replace the current Health Act, has as its object to create a national health system and specify the rights and duties of users and providers of services. It is expected that the bill will be tabled in 2000 and will provide the framework for the Gauteng District Health Services Bill which will provide the required detail for district health services in Gauteng.

2.3.2 The Hospital Ordinance (Transvaal, no 14 of 1958 as amended in 1999)

This Ordinance provides for a number of areas relating to governance and functions of hospitals and related institutions in that it provides for:

- Establishment and control of hospitals
- Makes provision for the transfer of a provincial hospital to a local authority
- Provides for the establishment of nursing colleges
- It empowers the MEC to establish hospital boards if (s) he sees fit and to disestablish these at his/her discretion
- Admission and treatment of patients
- Allowance is made for provincial hospitals to be associated with universities to allow for teaching of students and for research
- Private Hospitals. Private hospitals can only function in terms of a license granted by the MEC
- General Provisions. On approval by the MEC the department may supply medication and other suppliers to clinics

The ordinance is relevant to district health development in that the first level of referral (district hospitals) are envisaged to be part of the district health system and governed by the district health authority. However, until the districts are fully functional the provisions of the ordinance do not directly impact on district development.

The Ordinance is considerably dated and is currently in the process of being radically amended. It will be replaced by the Gauteng Hospitals Bill that we expect to introduce in the legislature early in 2001.

2.4. Other Health Legislation

A range of other health legislation which impact at all levels and not specifically on district health services need to be mentioned. All of these acts impact on the provision of health services. They hence influence strongly the provision of district health services in areas such as the role of the nurse practitioner, the medical doctor and pharmacist as well as in drug supply within district health services. However they are not discussed further within this paper.
These include:

- Termination of Pregnancy Act (92 of 1996)
- Nursing Act (Act 50 of 1978) and its recent Amendment, 1997
- Medical Dental and Supplementary Health Service Professions Act (Act 56 of 1974) and recent amendment
- Medicines and Related Substances Control Act (Act 101 of 1965) and recent amendment, 1997
- Pharmacy Act (53 of 1974) and recent amendment, 1997
- Medical Schemes Act, 1998
- Tobacco Products Control Act.(Act 12 of 1999)

2.5 Other legislation

Numerous pieces of legislation will impact on district health development and district health services. They are listed below but not expanded upon in this document. However, they should be consulted.

- Employment Equity Act (Act 55 of 1998)
- Public Finance Management Act (Act 1 of 1999)
- Labour Relations Act (1996)
- Public Service Act (1994)
- Occupational Health and Safety Act (Act 85 of 1993)
- Basic Conditions of Employment Act (Act 75 of 1997)

2.6 Outline of Proposed District Health System Bill

Following approval by Cabinet, this White Paper shall provide the framework for appropriate legislation, which will be drafted to enact the policy directions contained in this paper. Legislation shall be drafted by the Department of Health in consultation with local government representatives, Cabinet and other stakeholders. The draft bill will then be published in the Government Gazette for public comment. The draft bill will then be rewritten taking into consideration the comment received and submitted to Cabinet for consideration of the principles contained therein. The final Act will then be published in the Government Gazette and will become law. The Bill will cover the following:

- **General provisions and definitions**
- **Governance structures**
- **Institutional Framework**
- **District Health Services**
- **Financing and Resource allocation**
- **Monitoring and evaluation**
- **Regulations**

Chapter 3 - The District Health System in Gauteng

3.1 Introduction

This chapter aims to describe an established district. Comprehensive primary health care recognises that health is determined by factors that go beyond the traditional definition of health and health care. There are many social, and other, determinants such as housing, water, sanitation, education, employment, income and the environment that all play an important part in health. Therefore a district health service should:

- Be structured such that appropriate emphasis is placed on prevention, health education and promotion, early intervention and rehabilitation
- Be responsive to community needs by placing control and management responsibilities at a local level
- Promote equity and establish intersectoral links
- Integrate institutional, community based and preventive programmes both within the health sector and with all sectors impacting on health
- Reduce waste and eliminate duplication at all levels.

In line with the vision of the National Department of Health towards District Development, Box 3 outlines the principles of a health district in Gauteng.

Box 3 – The District Health System in Gauteng

- Every part of the province will be within a health district.
- The size of each district will vary according to local conditions.
- The health system in each district will be accountable to elected local government but operate within national and provincial policies and guidelines.
- Local Government will be responsible for the governance of the health services on the basis of a clear performance contract with the province.
- There will be a single employer of the health team
- All employees will have the same conditions of service and remuneration packages
- There will be an efficient referral system for secondary and tertiary care.
- The health team in each district will be accountable to a single District Health Authority
- There will be participation of community representatives, non-governmental organisations, community-based organisations and other role players.
- The District Health Authority and other relevant role players will be represented in the Provincial Health Authority.
- The District Hospitals will be part of the District Health System.

3.2 Structure of the District Health System

Gauteng province will be divided into geographically coherent, functional health districts. Peri-urban, farming and rural areas will fall within the same health district as the towns with which they have the closest economic and social links.

The Demarcation Act of 1998 makes provision for a Demarcation Board, which is responsible for the determination of municipal boundaries for the whole of South Africa. The Municipal Structures Act of 1998 provides for the establishment of various categories and types of municipalities as well as their functions and powers.

In terms of the re-demarcation of municipalities the following provisions have been made in Gauteng.

- Establishment of three **Metropolitan (Category A) municipalities** – Greater Johannesburg, Greater Pretoria, Greater East Rand. A Metropolitan municipality is one that has exclusive executive and legislative authority in its area.
- Establishment of three **District (Category C) municipalities.** These District Councils are completely new structures and have powers to co-ordinate services and administrations within their areas of jurisdiction. In terms of the Municipal Structures Act, a district municipality must seek to achieve the integrated, sustainable and equitable social and economic development of its area.
- The establishment of **Local (Category B) municipalities.** A local municipality has the functions and powers provided for in the Constitution but excludes those functions and powers vested in the District Municipality in whose area it falls.

  - All health districts shall be re-demarcated in line with the proposal of the Municipal Demarcation Board and the Provincial Legislature options chosen.

- The health districts shall align their terminology with that of local government.

- The MEC for Health in consultation with Local Government will establish the health districts .

3.3 Functions of the District Health System

3.3.1 A Health District

1. Shall be the structural entity responsible for the overall provision of a full range of comprehensive primary health care services within its area of jurisdiction.

2. Shall therefore be responsible for the planning and management of all local health services. It will develop a locally based service plan. All plans will take cognisance of national and provincial health priority programmes such as HIV/AIDS and TB as well as the needs of the community.

3. Shall submit health plans and reports annually to the Provincial Health Executing Authority , as prescribed ,through the Local Authority .

4. Shall ensure that health plans are integrated with those of the other sectors that impact on health.

5. Shall deliver a comprehensive package of primary health care as described in Tables 4 - 6

6. Shall ensure compliance with national and provincial health policies and guidelines as well as service norms and standards.

7. Shall ensure that the services rendered are of an acceptable quality and are delivered in accordance with the Batho Pele White Paper principles and the National Patients Rights Charter , which include:
    - Consultation with service users
    - Development of clear service standards and systems of monitoring them
    - Improving access to services, especially for the disadvantaged
    - Ensuring that all service users are treated with courtesy
    - Providing full and accurate information about services to those who need them
    - Ensuring that service users have effective complaints procedures
    - Ensuring value for money

8. Shall provide appropriate facilities to render comprehensive primary health care services.

9. Shall serve both as a provider and purchaser of health services, and select the appropriate strategy on the basis of equity, efficiency and assessment of local conditions. Public private partnerships (with the private sector, as well as NGO's and CBO's) should be considered provided that they are clearly advantageous to the public sector and meet the objectives of such partnerships:
    - Improving efficiency – either by reducing the cost of the service or increasing the quality and effectiveness of the service.
    - Improving equity
    - Improving access to services
    - Improving the quality of care
    - Generation of additional revenue
    - Retain health care workers in the public sector

- Build specific skills and capacity in the public sector
- Provision of under-provided services

10. Shall be responsible for the provision of health care services and , with the approval of the respective Local Authority and the Provincial Health Authority may enter into contractual relationships with accredited private providers with the district. These private practitioners may be individual private professionals of non-governmental organizations.

The respective Local Authority shall be responsible for coordinating and monitoring the activities of the Health Districts and report as required to the Provincial Executing Authority for Health .

3.4 Functions of Provincial Department of Health

The role of the provincial department of health in District Health System Development is essential.

- Developing Policy and Legislative Framework in consultation with Local Authority .
- Ensuring equity in health and health service provision within the province

- To support Local Government in order to ensure that the core package of services is delivered.

- Formulation and implementation of province wide service norms and standards .

- Developing criteria and co-ordination of the funding and financial management of district health care services

- Ensure an effective referral system. The roles of district, regional and provincial hospitals should be clearly defined in order to support the district and to create appropriate referral mechanisms to facilitate greater interaction between them.

3.5 Service Agreements

Service delivery agreements shall be negotiated between the Gauteng Department of Health and the respective Local Authorities .

3.5.1 Principle

- Health care services are the concurrent competencies of national and provincial government.

- Municipal health services are the competency of local government.

- The authority and ultimate accountability for District Health Services remains a Provincial competency . The Gauteng Health Department has an obligation to ensure that it receives value for the payments made for District Health services and remains accountable thereof.

- The service agreement shall indicate both the services to be performed by local government as well as the minimum acceptable level of quality. These contracts will specify the performance that is expected of the local government.

- The amount allocated to health care services by a municipality from its own funds cannot be dictated by way of these contracts. However, in terms of the Constitution, municipal health services are the responsibility of local government and local governments will continue to fund the services they are providing.

- Monitoring of the agreement will essentially involve comparing the targets / standards / indicators contained in the agreement with actual performance.

Table 4—Community Services		
Service component	**Level of delivery**	
Health Promotion		
Health campaigns	District	
Life skills programmes	District	
Plan health promotion for CHC's and clinics	District	
Training and support to clinics	District	
Ensure health promotion in schools	District	
Liaison and support		
NGO's and CBO's	District	
Private health sector	District	
Traditional healers	All	
Other department	District	
Tracing		
Child contact of TB patients	Clinic / CHC	
TB defaulters	Clinic / CHC	
Mental health defaulters	Clinic / CHC	
Pap smear defaulters	Clinic / CHC	
Community/home based care		
High risk clients	Clinic / CHC	
HIV, chronic. Geriatrics	Clinic / CHC	
Rehabilitation	Clinic / CHC	
School health services		
Health education	District	
Screening	District	
Oral health	District	
Workplace services		
TB DOTS	District	
Institutional support		
Crèches	District	
Children's homes	District	
Facilities for disabled	District	
Old age homes	District	
Hospices	District	
Prisons	District	

Environmental health services		
Qualitative risk assessment	District	
Other		
Community profiles and surveys	District	
Investigation and response to hazards, outbreaks and disasters	District	
Organisation of TB DOT	District	

Table 5—Clinic/Mobile services		
Children—Preventative		
Immunisation	Daily	
Information and health education	Daily	
Screening	Daily	
Identify abuse	Daily	
Vitamin A supplementation	Daily	
Children—curative		
Paediatric curative	Daily	
Stable chronic care	Daily`	
Oral health	Daily	
Emergency services	Daily	
Adults/Youth preventative		
Information and health education	Daily	
Identify abuse	Daily	
Adults/youth reproductive services		
ANC	Daily	
PNC	Daily	
Family planning	Daily	
Cervical screening	Daily	
TOP	Daily	
Adults / youth curative		
Adult acute services	Daily	
STD's	Daily	
HIV / AIDS	Daily	
TB	Daily	
Stable chronic	Dailey	
Stable psychiatric	Daily	
Chronic disabled	Daily	
Oral health	Daily	
Emergency services	Daily	

Table 6—Community health centres		
All clinic services	Daily	
More advanced paediatric services	Daily	
More advanced RHS	Daily	
More advanced adult curative	Daily	
Adult mental health	Monthly	
Child mental health	Monthly	
Oral health	Daily	
Palliative care	Daily	
Rehabilitative services	Monthly	
Specialised counselling	Daily	
Social services	Daily	
Occupational health services	Daily	
Medico-legal services	Daily	
Emergency services	Daily	
Minor procedures	Daily	
Casualty	24 hours	
Maternity	24 hours	
Phototherapy	Daily	
Specialised outreach	Monthly	
Podiatry	Monthly	
Optometry	Monthly	
Day surgery	Daily	
Short stay	24 hours	

3.6 Finance

There will be equitable allocation of funds to districts through the development, by the MEC, of a funding formula to be used in allocating resources from province to local authorities. Criteria that may be used in an attempt to overcome inequities between districts, taking into account the differences in the types and levels of services provided in different areas are listed hereunder:

- Population weighted by age.
- Access to private care
- Morbidity and mortality profiles
- Consideration of cross district flows
- Income generating capacity of the district
- Extent of informal housing and settlements
- Availability of basic services

3.7 Human Resources

People are the most important resource of the health sector. Effective human resource development and management contributes in a major way to the morale, motivation, knowledge and skills of personnel. All of these have a bearing on the quality of care provided to patients and communities.

- Human Resource planning will be in accordance with guidelines.

- There will be parity in salaries and conditions of services for all public sector health workers throughout the country, which includes appropriate incentives to encourage people to work in under-served areas

- A **health manager** will be the functional head of each Health District. Initially both Provincial and Local Government managers will have equal opportunity to apply for the posts. (The Health District is

coterminous with the Metro/District Council boundaries. The Health Sub-District will be a division of the Health District and coterminous with the Sub-Council boundaries).

- The manager of the health sub-district will have a general management function and will be responsible for the performance of the sub-district. The manager should have a health background and the appropriate management training and will be assisted by a District Management Team.

- The composition of the district health team will vary according to each district. The skills available on the team should include:

  - Financial management
  - Human resource management
  - Public health management
  - Information management
  - Environmental health management.

- The Health Manager will be accountable to the District Health Manager and the local community.

- Staffing norms for the level and types of service in the health sub-district shall be developed by Provincial Health Authority and will ensure the equitable distribution of staff in Gauteng, equitable workload ratios for all institutions and affordability.

- District staff will include the following:

Community Health Centres	Medical Officers Primary Health Care Nurses
Clinic	Primary Health Care Nurses
Mobile	Nurses with PHC training
Community services	Community health care workers

Chapter 4 - Governance of the District Health System

4.1 Introduction

The Constitution of the Republic of South Africa (Act 108 of 1996), the 1998 White Paper on Local Government and the 1996 White Paper on the Transformation of Health Service provide for a system of co-operative governance between the different spheres of government.

Co-operative governance provides strategic opportunities for the integration of local and provincial health services. It also serves as an impetus for developing partnerships between the local and provincial government. Co-operative governance provides opportunities to reduce disparities and inequalities in health through joint decision making and planning of services and resources.

Institutional structures and mechanisms shall be established to facilitate the development of a comprehensive integrated district health system within the Gauteng Province. The intention of the institutional structures and mechanisms is to strengthen and harness existing intergovernmental relations in health between the provincial and local governments, particularly regarding the development, implementation, management, monitoring and evaluation of the new integrated system of district health service.

The co-operative governance system within health shall consist of political, technical and public participation structures.

4.2 The political structures of the governance shall be:

1. Provincial Health Authority
2. District Health Authority

4.2.1 The Provincial Health Authority

Powers and Functions

The Provincial Health Authority will be the official co-ordinating and consultative structure for health services in the province. It will advise the MEC for health on matters pertaining to and impacting on health in the Districts. It will monitor and evaluate the implementation of national and provincial health policy and plans in respect of district health services. It will be established and de-established by the MEC for health.

Composition of the Provincial Health Authority

The Provincial Health Authority shall consist of:

- The MEC for Health who chairs and convenes the PHA
- Gauteng Local Government Association executive member responsible for health matters
- The Executive Councillor responsible for Health within the Metropolitan and District Councils.

The MEC for Health may invite any person that shall contribute to the effective functioning of the Provincial Health Authority or that may provide technical advice to the Provincial Health Authority.

4.2.2 District Health Authority

The Metropolitan and District Council shall serve as the District Health Authority by proclamation.

Functions and Responsibility of the District Health Authority

The District Health Authority shall

- Be responsible for the provision, administration and governance of comprehensive primary health care services to the communities residing in their districts.
- Be responsible for the planning and resources for the delivery of integrated health services within the district.
- Prepare a five-year plan and annual year health plans. These plans must conform to National and Provincial policy guidelines.
- Submit these plans to the MEC for Health, who shall approve these plans in consultation with the MEC for Local Government.

Powers of the District Health Authority

The DHA on delegation by the MEC for Health has the power to enter into contractual agreement

- With any public, non-governmental or private provider of health products or services to enable it to perform and fulfil its functions and responsibilities.

- With any adjacent DHA for the purposes of rationalising the performance and fulfilment of the functions and responsibilities referred to in (a) above.

- The MEC for Health may also authorise a DHA to perform a function if the authority has made the request to perform such a function and the MEC for Health is satisfied that the authority has the capacity to perform that function. This shall be approved in terms of the legislative provision for delegation of responsibilities.

Accountability

- The District Health Authority is a governance structure within health and not a sphere of government.
- The District Health Authority is accountable to the MEC for Health through the PHA.
- The MEC may table strategic issues and questions for deliberation by the District Health Authority.

Principles governing the District Health Authority

The DHA shall ensure that the implementation of the following general principles is adhered to:

(a) the avoidance of fragmentation and duplication of health services within the catchment area;

(b) health care shall be provided in an equitable, efficient and effective manner;

(c) health services shall be delivered in a comprehensive and integrated manner;

(d) health services must be affordable and sustainable;

(e) there shall be collaboration with other sectors that have an impact on health status; and

(f) Communities shall take part and be involved in the rendering of health services.

The District Health Authority must provide for:

- A efficient complaints procedure for residents, patients, communities and all stakeholders in the ward
- The public meeting of residents to discuss health related matters
- Health related survey among residents when appropriate and the processing and publication of results

- When establishing mechanisms, processes and procedures the District Health Authority must take into account the special needs of:

    - People with disabilities
    - People who cannot read and write and
    - Other disadvantaged groups

- A District Health Authority must within the financial and administrative constraints of the municipality ensure that the municipality disseminates among residents, communities, NGOs/CBOs and other stakeholders in the District information concerning these mechanisms, processes and procedures taking into account
    - Language preferences and usage in the Ward
    - The special needs of people who cannot read and write
- A Metropolitan and Local Council within the financial and administrative capacity of the district and the municipality must build the capacity of residents and communities to participate in the clinic and community health affairs of the District and the municipality by disseminating information concerning

    - Available mechanisms, processes and procedures to encourage and facilitate public participation;
    - The matters with regard to which public participation is encouraged;

- The patients charter and the rights and responsibilities contained therein of residents and communities
- Clinic and municipal health governance, management and development

4.3 Consultative structures and Community/Public Participation

The active involvement of communities and the public in health was formally adopted as a goal to the Alma Ata Declaration on Primary Health Care in 1978. The Alma- Declaration emphasises the establishment of institutions through which individuals, families and communities take responsibility for their health and community well being. This declaration also suggests that health problems were not caused only by service delivery issues or solved by service delivery interventions. A holistic approach is needed to address the root causes of poor health and empower people in the process to develop healthy communities. A key thrust of such a holistic approach in health is community public participation in health. Public participation is also a fundamental principle of the Ottawa Charter for Health Promotion and the WHO Health for All Strategy 2000.

On 2 November 1999 the National Ministry of Health supported by Provincial MEC of Health launched the first ever patients charter for health in South Africa. This charter states particularly "every citizen has the right to participate in the development of health policies and everyone has the right to participate in decision making on matters affecting one's health".

The 1998 Municipal Systems Bill and the 1998 Municipal Structures Act recognises communities and the general public as partners in the governance of municipalities and districts. Both Acts identify the rights and duties of residents and communities in the work of metropolitan and district councils, but also that of the governing bodies in relation to communities. The approach

of these documents is that accountability of councillors is a key to community participation.

The Municipal Systems Bill in particular states that: A municipality must establish appropriate mechanisms, processes and procedures to enable communities, residents, ratepayers, and stakeholders in the municipality to participate in local affairs in the municipality... It is with this in mind that institutions of community participation shall be established within communities. The community participation structures and mechanisms in shall advice the both the province government and the metropolitan and district councils on health related matters.

Civil society organisations are key role players in health service provision within communities. These organisations have overtime been characterised by their articulation of community needs and demands through processes of community participation and community conscious raising. It is through activities and processes like these that they came to be known as the ears and eyes of communities. It is therefore necessary that civil society organisations are a key member of the institutional arrangements of community/public participation in health.

The following community /public participation structures shall be established for health.

1. Community Health Committees
2. District Health Consultative Forums
3. Provincial Health Consultative

4.3.1 Community health committees

The Community Health Committee will operate and exist in a clearly demarcated geographic area. The District Health Authority shall determine the geographical area of the community health committee. The District Health

Authority shall establish or delegate the establishment of the community health committees to the District Health Systems Team.

Criteria to serve on the Community Health Committee

The appointment of members from the community to the community health committees is based on the following:

1) Community involvement and representativity in relation to the catchment community and service user profile. To achieve this – gender, race and special groups are to be considered.

2) Skills and experience mix in order to advise and support the District Councilor, clinic and community in health related matters of health care provision, organizational leadership, management skills and community work skills

Roles and Functions

The roles and function of the community health committee are to:

- Monitor the health service ethos
- Make recommendations to the clinic management about improving management of services
- Comment and make recommendations on budgets, capital spending, maintenance of assets
- Monitor the clinic's performance in delivering the service package to the community
- Monitor the clinics performance as measured against set health standards

- Receive complaints lodged by the public and make comments and recommendations to the clinic management

- Raise community consciousness about the health issues within the community through health promotion programmes and assisting in health surveys.

- Assist the clinic health workers in communication with the community

- Build support for the clinic and other health services in the community

- Raise funds in addition to government (Provincial and Municipal) funding for the operational activities of the clinic and the clinic/ community health community

- Monitor the extent to which the clinic serves all members of the broad community

- Report back quarterly to the District and District Health Consultative Forum.

Composition

The District Health Authority shall determine the composition of the community health committees. The majority on the committee shall be community residents. Its members shall be drawn from community social groups:

4.4.2 District Health Consultative Forum (DHCF).

The District Health Consultative Forum will be established by the municipality in consultation with the Gauteng Health Department.

Functions

The roles and functions of the District Health Consultative Forum is to:

1) Advise the District Health Authority on health matters pertaining to the district
2) Ensure that the District Health Authority reflects the health and development needs of the District
3) Support the district health management with health related matters within the district
4) Provide regular report to the District Health Authority of health matters within the district
5) Recommend to the District Health Authority about health service and management improvement through the DHS

Composition

The District health Authority shall establish the DHCF and will consider representation from: -

- Local Health Department
- Community Health Committee's .
- Hospital Board's in the district
- Private health sector organisations
- Local NGO's
- Trade Union structures
- Any other person(s) the DHA considers appropriate

4.4.3 Provincial Health Consultative Forum (PHCF)

The Provincial Health Consultative Forum shall be established by the MEC for Health.

Functions of PHCF

The role and function of the Provincial Health Consultative Forum is to advise the Provincial Health Authority on any matter relating to health,

Composition

The MEC for Health will determine the composition of the PHCF but will consider representation from: -

- The Gauteng Health Department
- Community Health Committee's.
- Hospital Board's.
- Medical-Aid Industry.
- Private health sector organisations
- Public Health academic.
- Provincial NGO Coalition structures.
- Trade Union structures from the health sector (both Province and Local Authority)
- Any other person(s) the MEC considers appropriate

Processes and procedures for participation in the health structure at community and district level.

The Metropolitan and Local Councils must establish appropriate mechanisms, processes and procedures to enable residents, communities, NGOs/CBOs in a district to participate in the clinic affairs and other health related matters within the district and broader community.

Chapter 5 - Monitoring and Evaluation of the District Health System

5.1 Introduction

The monitoring of the implementation of the district health plan and evaluating the results are an integral part of planning. Planning is a method of trying to ensure that resources available now and in the future are used in the most efficient way to obtain explicit objectives. District level planning therefore involves:

- An assessment of the present situation
- Setting priorities, goals and objectives
- Appraising the options
- Budgeting and programming
- Implementation
- Monitoring – checking how implementation is progressing and the degree of implementation with respect to planned or targeted levels.
- Evaluation – this process examines the achievements of implementation and assessing whether the goals are being reached.

5.2 Responsibility for monitoring and evaluation

- The DHA will be jointly answerable to the local government/s, which it serves, and the Gauteng Health Department.

- Line function responsibility for day-to-day matters will be dealt with by the local government concerned.

- The Gauteng Health Department will provide technical support to the DHA with regard to matters concerned with health and health service delivery.

- This implies that both local government and the province will have a role in monitoring and evaluation with regard to the district.

- Province will, as part of its technical support role, monitor progress with policy implementation on a quarterly and annual basis.

5.3 Performance contracts

Performance contracts will be concluded between each DHA and the Gauteng Health Department. These contracts will form the basis for monitoring and evaluation of implementation of this policy.

5.4 Performance Indicators

5.4.1 Principles

- The indicators shall be developed in a consultative process between province and local government.

- The indicators shall only measure those activities that the local government has the capacity and ability to render.

- Ultimately, it should be possible to contract with local government on outputs and outcomes achieved.

Indicators will be developed in the following areas where possible:

Inputs	• Staff – numbers and skills • Equipment • Financial resources • Facilities
Processes	• Efficiency • Level of community participation / governance • Level of inter-sectoral collaboration • The supportive and capacity building obligation of the province to assist local government • Human resource development • Resource management

Outputs	• User satisfaction • Utilisation of services • Effectiveness • Cost-effectiveness • Quality of service • Customer service and satisfaction • Assessment of the perceptions of district and provincial managers, district staff and service users regarding their opinions of the services. • Administrative performance of local government where it is required to support the service agreement.
Outcomes	• Health of population • Infant mortality • Maternal mortality

5.4.2 Method of developing indicators

The Outcome and Indicator Method has been developed around the Year 2000 Health Goals, Objectives and Indicators together with other key performance information that is considered essential to the preparation of service agreements. The outcomes and indicators have also been developed around health care information that is important to both national and provincial governments to aassess the level of health care services rendered by a municipality and the extent to which national and provincial goals and objectives are being achieved. Where possible, national outcomes and indicators should be used as a basis for specifying indicators.

The performance indicators developed will depend on the information available at district level. District information on health and health services has been specified at various levels. The National Department of Health requires district to collect and report on a range of areas. Province has also specified its information needs on various areas. In order to streamline the information province has in conjunction with districts developed a minimum data set for district health information. This data set will form the basis for monitoring of health services within the district from a perspective of routine information collection.

However, population based information and some service-based information cannot be routinely collected. This information may need to be collected

through special mechanisms such as surveys or other mechanisms such as periodic reviews of progress on priority programs such as immunization, HIV/AIDS or Tuberculosis. Indicators such as those specified below would more often be collected through periodic surveys:

- Infant mortality rate
- Under 5 mortality rate
- Immunisation coverage
- Weight for age
- Height for age
- % of infants on exclusive breastfeeding
- Contraceptive prevalence
- Total fertility rate
- Condom use
- Antenatal care attendance
- HIV prevalence
- Smoking rate
- Prevalence of chronic diseases
    - Asthma
    - Hypertension
    - Ischaemic heart disease
- Prevalence of obesity and overweight

Not all aspects of the health care services will be able be monitored by performance indicators. The qualitative aspects of the health service such as customer satisfaction and staff satisfaction will need to be measured on a periodic basis.

Chapter 7 - Conclusion

The development of a district health system is fundamental to the restructuring of the health service in South Africa and essential for the development of primary health care. It is internationally accepted that the district level is the right level for engaging community participation in decision-making and for the implementation of national and provincial policies in a form adapted to local need. The district level is the most appropriate level for evaluating the health impact of policies and the most flexible level for improving them. It is also the level at which real collaboration with other sectors such as education and agriculture can happen.

Gauteng Province is committed to the development of a district health system and over the past five years has moved decisively towards this goal. The restructuring of the Gauteng Health Department has brought together previously fragmented administrations and has supported the development of primary health care. The Province has committed itself to devolving responsibility for health care services to local government, which will ensure accountability to the electorate. Functional integration has started and in working well in many health care institutions. Regional directors and interim district management teams have been appointed and many health districts have been demarcated.

Despite progress made towards district health system development, policy guidance and development is still required in several areas. – firstly, the development of organisational processes and systems that support district health system development, particularly with respect to resource management, public participation and intersectoral collaboration. The second critical area is the regulatory framework that establishes a legal foundation for the transfer of powers to the district level. It is the intention of this policy document to address these critical areas.

District Health System development faces many challenges in Gauteng. The issue of the transfer of staff remains contentious and is not addressed in this policy document. Districts have recently been re-demarcated and this has implications for health district development. Community participation structures are generally not well organised or representative. International experience has indicated that ensuring effective community participation is difficult.

District health development and the decentralisation of authority and decision-making can have negative consequences. Inequities between districts may worsen and there may be unacceptable variation in standards and services between districts. A lack of trained staff, for example in areas such as financial management, may hinder the expansion of primary health care. Finally, DHS development represents a fundamental change in the way health services are delivered and many staff will perceive this change as threatening.

However, the challenges facing district health development are not insurmountable. With political commitment, strategic planning, clear policy guidelines and an enabling legislative framework, the development of well functioning districts and the improvement of health for the people of Gauteng are achievable and realistic goals.

Glossary Of Terms

This glossary is included in order to try to give clarity as to the meaning of terms used in this document, and is not intended to give dictionary-type definitions.

access	ease with which health services may be utilised; encompasses geographic access (the distance from facilities), financial access (refers to affordability of services) and social access (e.g., attitude of health workers).
accountable	liable to be called to account, or to answer for responsibilities and conduct; people in decision-making positions are held responsible for their actions; mechanisms that should be used to ensure this.
Accountability	to give account of, and answer for discharge of duties or conduct; mechanisms to ensure this.
audit	a calling to account, usually applied to the use of funds, but also applied to any function or action that has measurable consequences; hence "clinical audit" refers to an evaluation of the value of clinical procedure in producing the desired result or consequence.

capacity development	the creation of skills necessary to function more effectively; the process used is important as it should be empowering.
clinic	fixed structure in which basic health services are provided, usually by nurses; linked to a Community Health Centre.
coherent	things that hold together in a meaningful way; connected.
coincident	occupying the same place or time.
community area	geographic area that it served by a community health facility, e.g., health centre or clinic, a sub-unit of the health district.
community development	the process of involving a community in the identification and reinforcement of the aspects of everyday life, culture and political activity that are conductive to health; this might include support for political action to modify the total environment and strengthen resources for healthy living, as well as reinforcing social networks and social support within a community and developing the material resources available to the community.
community health	the organised co-operative efforts of all agencies in the community, both governmental and non-governmental, directed towards the promotion of health in

the community; it is based on the concept that all agencies and individuals have a role to play in promoting, maintaining and improving the health and well being of people.

community health centre	usually a 24-hour health facility providing a greater variety of services than is provided at a clinic.
community involvement	the active involvement if people living together in some form of social organisation and cohesion in the planning, operation and control of primary health care, using local, national and other resources;
community participation	a process where people participate individually and collectively as part of their right duty, in the planning, implementation and control of activities for their health and related social development.
comprehensive	the fullest possible range of, for example, primary health services; the provision of preventive, promotive, curative and rehabilitative care by a health care facility or authority.

congruent	being similar or appropriate; agreeing; matching with.
contiguous	joined together like a jigsaw puzzle.
coterminous	sharing similar boundaries
decentralisation	the process of shifting responsibility, authority and accountability for planning, management and the allocation (and raising) of resources to those who are implementing policy at the lowest level; the transfer of appropriate authority from central government to provinces, regional offices, district health authorities, local governments and/or non-governmental organisations.
deconcentration	the process of shifting power from the central office to regional/district offices within the same Department (e.g. Department of Health); often means the transfer of some administrative authority, rather than political authority; accountability is to higher levels.
delegation	the process of shifting authority and responsibility over specific issues and defined functions to other administrative structures or individuals; responsibility remains with the delegating authority.
de novo	from new

devolution	the creation or strengthening of sub-national levels of government (such as local authorities) that are substantially independent of national level with respect to a defined set of functions; there is normally geographic responsibility for a range of services and the power to raise revenue; accountability is usually to the electorate.
district council area	area controlled by district council; may be larger that a health region; may contain a Transitional Rural Council and Transitional Local Councils.
district health authority	governance structure which is responsible for ensuring the delivery of all primary care in the health district.
district hospital	first level non-specialist hospital to which patients from clinics or health centres may be referred.
economies of scale	achieving the correct scale of operations such that the unit cost of each production or purchase is reduced to a minimum; e.g., it may be cheaper for national Department of Health to purchase medicines than for the district health authority to do so.
effectiveness	the best possible outcome or result.
efficiency	the attainment of the best outcome or result at the lowest possible cost.

ensure	to make it happen; to co-ordinate.
equity	the universal provision of services on the basis of need rather than any other criterion.
evidence-based procedures	health programmes that have been proven to be effective in producing the desired outcome or result.
governance	the processes used by governing structures to make and implement laws and provide services.
health district	geographic area that is small enough to allow maximal involvement of community participation so that local health needs are met, but also large enough to effect economies of scale.
health region	geographic area into which a province is divided and within which secondary hospital services are available to health districts which may fall within its boundaries.
inter alia	amongst other; amongst other things, aspects.
impact	the outcome of an intervention.
local authority	administrative structure that is responsible for the provision of a service within a local government.

local government	third tier of government: most suitable for a village, rural setting, town or city.
national health service	health services provided by a country for all its citizens
national health systems	the organisation of the country's health services (including services provided by central government, the provincial government, local government, the NGO's/ CBO's and the private sector).
prevention	to ensure that diseases or illness do not occur.
primary health care approach	the underlying philosophy for the provision of health care services that are based on the Alma Ata Declaration, i.e., comprehensive care that includes curative, preventive, promotive and rehabilitative are within the context of, amongst others, community participation and intersectoral collaboration.
private sector	that sector of the health care industry which treats health and illness as a commodity; as a patient you must pay usually un-regulated fees to the health care provider or to the provider via a third party insurer (medical aid scheme, insurance, company, etc.); the provider may be self-employed or employed by a for-profit

organisation; most private hospitals belong to companies listed on the Stock Exhchange, which must generate profits for their share-holders.

provide	to take fiscal responsibility for the provision of services; to pay for services.
provincial hospital	a hospital providing specialist and super-specialist (tertiary) care, managed by the provincial Department of Health.
public sector	services provided by and through government structures (national or provincial Departments of Health, Local Government), or the benefit of all citizens.
quality assurance	a management system designed to ensure the provision of Services that are of the highest possible standard.
rationalise	process whereby resources are used most effectively and efficiently; often used to mean, especially in the civil service a cutting back or reduction of resources.
regional hospital	usually a secondary hospital to which patients are referred from the district hospital (i.e., a hospital which serves many Districts and at which more specialised services are available); managed by the provincial Department of Health.

render	to provide services directly.
retrenchment	termination of employment because one's services/skills are no longer required, or can no longer be afforded.
revenue	monies earned; income; usually refers to income earned by government or authority, e.g. from taxes, or from user fees collected by a hospital.
soft boundaries	boundaries that are subject to change, to take into account changing circumstances.
wellness approach	an approach to the provision of services that places an emphasis on creating all the conditions (i.e. not just health services) to enable people to become, and remain healthy, and that contribute to the well-being of all.

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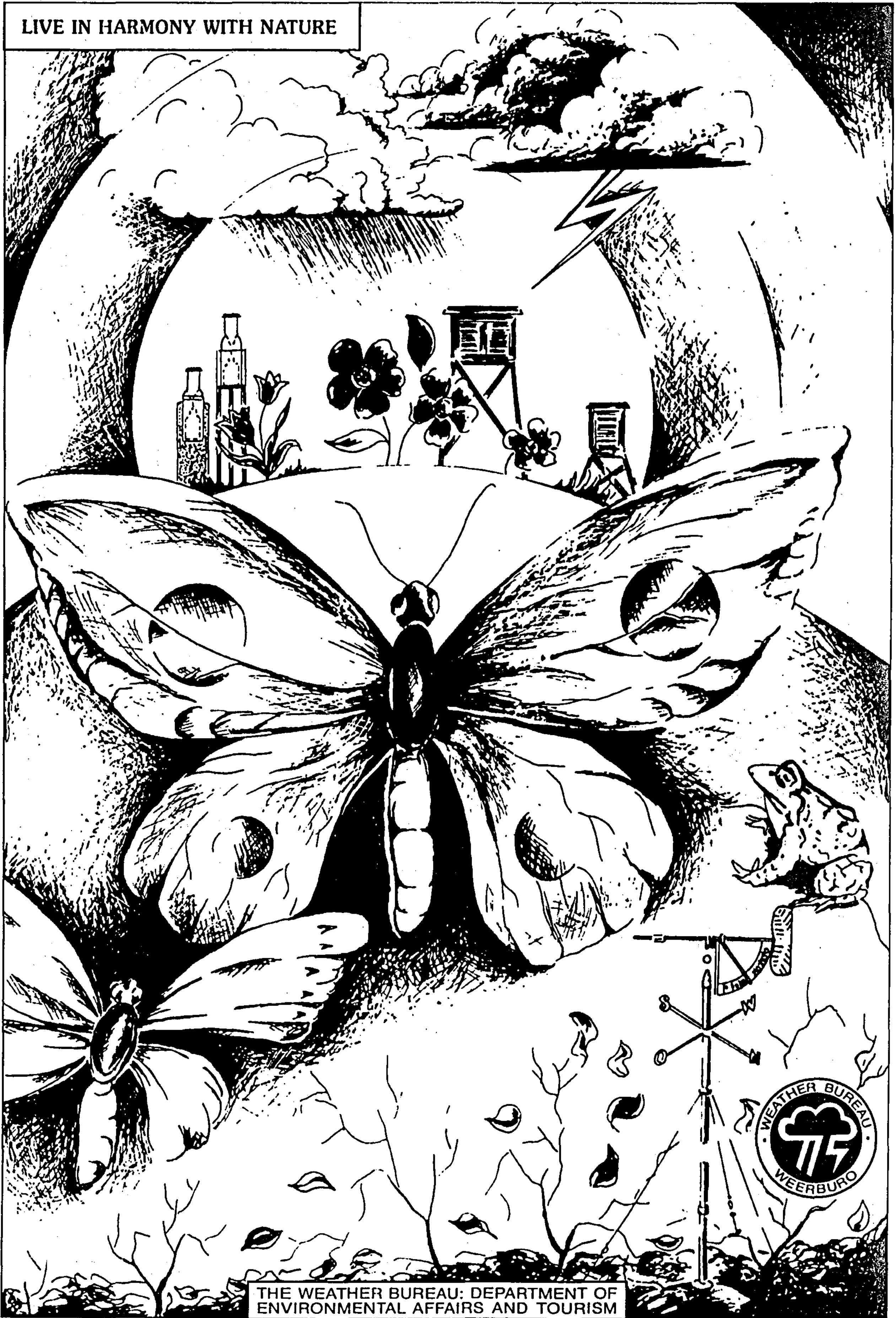
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